## Categories and links
| Key to source of statements, with numbering to match column B in Statements sheet. E.g., 3a = Rating 1 for Case ID questionnaire and 3b = Rating 2 for Case ID questionnaire: |
| --- |
| 1.       Occupational interventions |
| Excel: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Occupational interventions\MHLD Occupational consensus questionnaire results R1.xlsx |
| (no 2nd rating needed) |
| NaN |
| 2.       Social and physical environmental |
| Rating 1: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Social and physical environmental interventions\MHLD Soc and phys env consensus questionnaire results R1.xlsx |
| Rating 2: yet to be completed!\* |
| NaN |
| 3 a+b.       Case ID |
| Rating 1: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Case ID and assessment\MHLD Case id consensus questionnaire results R1.xlsx |
| NaN |
| Rating 2: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Case ID and assessment\MHLD R2 Case id questionnaire results.xlsx |
| NaN |
| 4 a+b.       Brief assessment |
| Rating 1: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Case ID and assessment\MHLD brief assessment consensus questionnaire results.xlsx |
| NaN |
| Rating 2: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Case ID and assessment\MHLD R2 Brief questionnaire results.xlsx |
| NaN |
| 5.       Comprehensive assessment |
| Excel: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Case ID and assessment\MHLD comprehensive assessment consensus questionnaire results.xlsx |
| (no 2nd rating needed) |
| NaN |
| 6.       Interventions/adaptations for people with severe or profound LD |
| Excel: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Severe or profound LD\MHLD Severe to profound questionnaire results R1.xlsx |
| (no 2nd rating needed) |
| NaN |
| 7 a+b.       Service delivery/organisation of care |
| Rating 1 |
| Excel: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Service delivery\MHLD service delivery consensus questionnaire results.xlsx |
| NaN |
| Rating 2 |
| Excel: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Service delivery\MHLD R2 Service delivery questionnaire results.xlsx |
| NaN |
| 8.       Adaptations to pharmacological interventions |
| Rating 1: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Pharmacological interventions\MHLD R1 Pharm adaptation consensus questionnaire results.xlsx |
| (no 2nd rating needed) |
| NaN |
| 9 a+b.       Adaptations to psych interventions |
| Rating 1: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Adaptations to psych interventions\MHLD Psych adaptation consensus questionnaire results R1.xlsx |
|  |
| Rating 2: W:\NCCMH\LDMH\Reviewing work\Developing recommendations\Adaptations to psych interventions\MHLD R2 Psych adaptation consensus questionnaire results.xlsx |
| (most of the statements have changed quite a bit so not sure of the best way to deal with this…) |

## Statements
| Unique identifier | Topic area and topic subsection (a=round 1, b=round 2, c= second section from round 2) | Original statement numbers (corresponding to the blank questionnaires) | Statement | Initial percentage agreement (presented to GC) | n (Total possible=17) | Final percentage agreement | n (Total possible=17).1 | Decisions (Use, re-draft, discard) | Revised statement (unique identifier = eg. a.1.r) | Recommendations | Agreement, but did not become a recommendation | Lower agreement but used to inform a recommendation | Reason |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a | 1. OCCUPATIONAL INTERVENTIONS | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN |
| a.1 | 1 General | 1.0 | People with a learning disability may have a broad range of sensory, physical, cognitive and communication difficulties; the use of occupational interventions should be informed by understanding of the person and tailored to their needs. | 93.33 | 15.0 | 93.750000 | 16.0 | Use | NaN | 1.11.4 | NaN | NaN | NaN |
| a.2 | 1 Prevention | 1.0 | Adults with a learning disability should be actively encouraged and supported (for example, by their support worker) to find and participate in meaningful work, either paid or voluntary, if it is possible for them to do so. | 73.33 | 15.0 | 75.000000 | 16.0 | Use | NaN | 1.11.2 | NaN | NaN | NaN |
| a.3 | 1 Prevention | 2.0 | Adults with a learning disability who are capable of participating in meaningful work should be provided with opportunities to do so. | 86.67 | 15.0 | 81.250000 | 16.0 | Discard | NaN | NaN | x | NaN | Less preferred option of several variations presented to the GC. |
| a.4 | 1 Prevention | 3.0 | Young people with a learning disability may benefit from support to identify personal strengths, potential occupations of interest and to develop work skills at special educational needs colleges. | 73.33 | 15.0 | 75.000000 | 16.0 | Use | NaN | 1.11.3 | NaN | NaN | NaN |
| a.5 | 1 Prevention | 4.0 | Services should provide information and guidance to people with a learning disability regarding tasks that are typically required to find employment (either paid or voluntary). | 66.67 | 15.0 | 68.750000 | 16.0 | Discard | NaN | NaN | x | NaN | Less preferred option of several variations presented to the GC. |
| a.6 | 1 Prevention | 5.0 | People with a learning disability should be offered practical support with specific tasks typically required to find employment (substantive or voluntary) with writing a CV, completing application forms, preparing for interviews and completing any pre-employment checks, as necessary. | 86.67 | 15.0 | 87.500000 | 16.0 | Use | NaN | 1.11.3 | NaN | NaN | NaN |
| a.7 | 1 Prevention | 6.0 | Services should assist people with a learning disability and potential employers in identifying areas of potential difficulty during employment, and how best to prevent these. | 80.00 | 15.0 | 81.250000 | 16.0 | Use | NaN | 1.11.4 | NaN | NaN | NaN |
| a.8 | 1 Prevention | 7.0 | Support workers should assist people with a learning disability in addressing any work difficulties in order to help them remain engaged in meaningful activity. | 80.00 | 15.0 | 75.000000 | 16.0 | Use | NaN | 1.11.4 | NaN | NaN | NaN |
| a.9 | 1 Treatment | 1.0 | Adults with a learning disability and a mental health problem should be actively encouraged and supported (for example, by their support worker) to find and participate in meaningful work, either paid or voluntary, if it is possible for them to do so. | 86.67 | 15.0 | 87.500000 | 16.0 | Use | NaN | 1.11.2 | NaN | NaN | NaN |
| a.10 | 1 Treatment | 2.0 | Adults with a learning disability and a mental health problem who are capable of participating in meaningful work should be provided with opportunities to do so. | 93.33 | 15.0 | 87.500000 | 16.0 | Discard | NaN | NaN | x | NaN | Less preferred option of several variations presented to the GC. |
| a.11 | 1 Treatment | 3.0 | Young people with a learning disability and a mental health problem may benefit from support to identify personal strengths, potential occupations of interest and to develop work skills at special educational needs colleges. | 80.00 | 15.0 | 81.250000 | 16.0 | Use | NaN | 1.11.3 | NaN | NaN | NaN |
| a.12 | 1 Treatment | 4.0 | Services should provide information and guidance to people with a learning disability and a mental health problem regarding tasks that are typically required to find employment (either paid or voluntary). | 66.67 | 15.0 | 68.750000 | 16.0 | Discard | NaN | NaN | x | NaN | Less preferred option of several variations presented to the GC. |
| a.13 | 1 Treatment | 5.0 | People with a learning disability and a mental health problem should be offered practical support with specific tasks typically required to find employment (substantive or voluntary) with writing a CV, completing application forms, preparing for interviews and completing any pre-employment checks, as necessary. | 73.33 | 15.0 | 73.330000 | 16.0 | Use | NaN | 1.11.3 | NaN | NaN | NaN |
| a.14 | 1 Treatment | 6.0 | Services should assist people with a learning disability and a mental health problem and potential employers in identifying areas of potential difficulty during employment, and how best to prevent these. | 80.00 | 15.0 | 81.250000 | 16.0 | Use | NaN | 1.11.4 | NaN | NaN | NaN |
| a.15 | 1 Treatment | 7.0 | Support workers should assist people with a learning disability and mental health problem in addressing any work difficulties in order to help them remain engaged in meaningful activity. | 80.00 | 15.0 | 75.000000 | 16.0 | Use | NaN | 1.11.4 | NaN | NaN | NaN |
| b | 2. SOCIAL AND PHYSICAL ENVIRONMENTAL | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN |
| b.1 | 2a Prevention | 1.0 | Social relationships may help prevent the development of mental health problems in people with a learning disability. | 53.30 | 15.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| b.2 | 2a Prevention | 2.0 | Support to develop and maintain fulfilling social relationships, including intimate relationships, may help prevent the development of mental health problems in people with a learning disability. | 40.00 | 16.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| b.3 | 2a Prevention | 3.0 | Additional support for people with a learning disability to develop and maintain fulfilling social relationships may be provided by families and carers, or through formal educational programs. | 53.30 | 16.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| b.4 | 2a Prevention | 4.0 | People with a learning disability should be offered social opportunities that will allow them to develop meaningful social relationships. | 87.50 | 16.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Decision taken following discussion with GC to re-work and present all statements in this section |
| b.5 | 2a Prevention | 5.0 | People with a learning disability should not be subject to frequent changes of environment. | 57.14 | 14.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| b.6 | 2a Prevention | 6.0 | When changes to the care setting of a person with a learning disability are required, the details should be explained and consent should be obtained. | 71.43 | 14.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Decision taken following discussion with GC to re-work and present all statements in this section |
| b.7 | 2a Prevention | 7.0 | When changes to the environment of people with a learning disability are necessary, the change should be planned in advance. | 64.29 | 14.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Decision taken following discussion with GC to re-work and present all statements in this section |
| b.8 | 2a Prevention | 8.0 | Where possible, people with a learning disability and their families and carers should be provided with the support necessary to allow them to live at home, and as independently as possible. | 78.57 | 14.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Decision taken following discussion with GC to re-work and present all statements in this section |
| b.9 | 2a Content | 1.0 | Social relationships can help people with a learning disability manage mental health problems. | 50.00 | 14.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| b.10 | 2a Content | 2.0 | People with a learning disability and mental health problem may require additional support to develop and maintain fulfilling social relationships, including intimate relationships. | 75.00 | 16.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Decision taken following discussion with GC to re-work and present all statements in this section |
| b.11 | 2a Content | 3.0 | People with a learning disability and a mental health problem should be supported to develop fulfilling social relationships, including intimate relationships. | 66.67 | 15.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Decision taken following discussion with GC to re-work and present all statements in this section |
| b.12 | 2a Content | 4.0 | Additional support for people with a learning disability and mental health problem to develop and maintain fulfilling social relationships can be provided informally by families and carers or through education programmes. | 50.00 | 16.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| b.13 | 2a Content | 5.0 | People with a learning disability and mental health problem should be offered social opportunities that will allow them to develop meaningful social relationships. People with a learning disability and a mental health problem should not be subject to frequent changes of care setting. PART 2 OF 13: People with a learning disability and a mental health problem should not be subject to frequent changes of care setting. | 71.43 | 14.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Decision taken following discussion with GC to re-work and present all statements in this section |
| b.14 | 2a Content | 6.0 | When changes to the care setting of people with a learning disability and a mental health problem are necessary, the details should be clearly explained and consent should be obtained. | 73.33 | 15.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Decision taken following discussion with GC to re-work and present all statements in this section |
| b.15 | 2a Content | 7.0 | When changes to the environment of people with a learning disability and a mental health problem are necessary, the change should be planned in advance. | 53.30 | 15.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| b.16 | 2a Content | 8.0 | Depending upon their individual needs, people with a learning disability and a mental health problem should be able to live at home with varying degrees of independence, as needed; removal to institutionalised care should be the exception rather than the rule. | 71.43 | 14.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Decision taken following discussion with GC to re-work and present all statements in this section |
| b.17 | 2b | 1.0 | People with a learning disability and mental health problem should be assisted to live independently if they wish to do so. | 90.91 | 11.0 | 76.923077 | 13.0 | Use | NaN | 1.10.1 | NaN | NaN | NaN |
| b.18 | 2b | 2.0 | People with a learning disability and mental health problem should be assisted to live within their family home. | 63.64 | 11.0 | 53.846154 | 13.0 | Use | NaN | 1.10.1 | NaN | NaN | NaN |
| b.19 | 2b | 3.0 | If people with a learning disability and mental health problem are unable to live either independently or with their family they should be offered a place that is close to important members of their social and support network. | 100.00 | 11.0 | 92.307692 | 13.0 | Use | NaN | 1.10.1 | NaN | NaN | NaN |
| b.20 | 2b | 4.0 | The person with a learning disability and mental health problem should be empowered to make a decision about living environment that is right for them and their needs. | 100.00 | 11.0 | 100.000000 | 13.0 | Use | NaN | 1.10.1 | NaN | NaN | NaN |
| b.21 | 2b | 5.0 | Provide a positive educational environment for a person with a learning disability and mental health problem. | 100.00 | 10.0 | 91.666667 | 12.0 | Use | NaN | 1.10.2 | NaN | NaN | NaN |
| b.22 | 2b | 6.0 | Provide consistent physical healthcare for a person with a learning disability and mental health problem. | 72.73 | 11.0 | 69.230769 | 13.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| b.23 | 2b | 7.0 | Where a person with a learning disability and mental health problem is cared for by their family within the family home, alternatives should be considered as the parents approach later life. | 90.91 | 11.0 | 84.615385 | 13.0 | Use | NaN | 1.10.1 | NaN | NaN | NaN |
| b.24 | 2b | 8.0 | Care should be taken when arranging foster or other care placements for children for children and young people with a learning disability and mental health problem, to minimise the risk of placement breakdown. | 80.00 | 10.0 | 83.333333 | 12.0 | Use | NaN | 1.10.2 | NaN | NaN | NaN |
| b.25 | 2b | 9.0 | Opportunities to participate in a range of social activities of interest to the individual should be offered. | 100.00 | 11.0 | 100.000000 | 13.0 | Use | NaN | 1.10.1 | NaN | NaN | NaN |
| b.26 | 2b | 10.0 | Opportunities to participate in community activities of interest to the individual should be offered. | 100.00 | 11.0 | 100.000000 | 13.0 | Use | NaN | 1.10.1 | NaN | NaN | NaN |
| b.27 | 2b | 11.0 | When mental health difficulties emerge or worsen, consider the possibility that environmental or social factors have contributed to these. | 90.91 | 11.0 | 92.307692 | 13.0 | Use | NaN | 1.10.1 | NaN | NaN | NaN |
| b.28 | 2b | 12.0 | When mental health difficulties emerge or worsen, consider the possibility that changes to social relationships may alleviate these. | 90.91 | 11.0 | 92.307692 | 13.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| b.29 | 2b | 13.0 | In people with a severe or profound learning disability, consider that the nature and quality of the physical environment can have a significant positive or negative impact upon their health and wellbeing. | 100.00 | 11.0 | 100.000000 | 13.0 | Informed other recommendations | NaN | NaN | x | NaN | While the level of impact may be higher in people with severe or profound LD, this was felt to be applicable to people with mild and moderate LD as well. Covered by recommendations 1.10.1 and 1.10.2? It could also be considered in 1.1.2 (bullet on taking into consideration treatment setting) |
| b.30 | 2b | 14.0 | In people with a severe or profound learning disability and mental health problems careful consideration should be given to the physical environment. | 90.91 | 11.0 | 92.307692 | 13.0 | Informed other recommendations | NaN | NaN | x | NaN | While the level of impact may be higher in people with severe or profound LD, this was felt to be applicable to people with mild and moderate LD as well. Covered by recommendations 1.10.1 and 1.10.2? It could also be considered in 1.1.2 (bullet on taking into consideration treatment setting) |
| c | 3 CASE IDENTIFICATION | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN |
| c.1 | 3a Case id: general principles | 1.0 | All staff who come into contact with people with a learning disability should understand the different ways in which mental health problems may develop and present (compared with in people without a learning disability). | 53.85 | 13.0 | 57.140000 | 14.0 | Re-draft | c.18.r | NaN | NaN | NaN | Although agreement was low, the comments from GC members suggested that this was an important issue, and would benefit from re-wording and re-rating. |
| c.2 | 3a Case id: general principles | 2.0 | For a person with a mild learning disability, the use of identification questions recommended in relevant NICE guidelines for common mental health problems should be considered. | 100.00 | 13.0 | 92.860000 | 14.0 | Use | NaN | 1.5.2 | NaN | NaN | NaN |
| c.3 | 3a Case id: general principles | 3.0 | For a person with a mild learning disability, minor adaptations to the identification questions recommended in relevant NICE guidelines for common mental health problems should be considered, taking into account the individual’s level of comprehension and abilities. | 92.31 | 13.0 | 85.710000 | 14.0 | Use | NaN | 1.5.2 | NaN | NaN | NaN |
| c.4 | 3a Case id: general principles | 4.0 | Questions designed to identify mental health problems in people with a learning disability should focus not only on signs and symptoms but also on changes in behaviour. | 100.00 | 13.0 | 100.000000 | 14.0 | Use | NaN | 1.5.1 | NaN | NaN | NaN |
| c.5 | 3a Case id: general principles | 5.0 | Changes in behaviour that could indicate the presence of a mental health problem in a person with a learning disability include behaviour that challenges, social withdrawal, avoidance and agitation. | 100.00 | 13.0 | 100.000000 | 14.0 | Use | NaN | 1.5.1 | NaN | NaN | NaN |
| c.6 | 3a Case id: general principles | 6.0 | In people with a learning disability increased difficulties in communication may indicate the presence of a mental health problem.. | 69.23 | 13.0 | 71.430000 | 14.0 | Re-draft | c.19.r | NaN | NaN | NaN | Although agreement was low, the comments from GC members suggested that this was an important issue, and would benefit from re-wording and re-rating. |
| c.7 | 3a Case id: general principles | 7.0 | When determining if a mental health problem is present in a person with a learning disability, focusing on what has changed for the individual at the personal or environmental level is important. | 69.23 | 13.0 | 64.290000 | 14.0 | Re-draft | c.19.r | NaN | NaN | NaN | Although agreement was low, the comments from GC members suggested that this was an important issue, and would benefit from re-wording and re-rating. |
| c.8 | 3a Case id: general principles | 8.0 | Records and relevant outcome or behavioural data should be reviewed to help determine if a mental health problem might be present. | 69.23 | 13.0 | 85.710000 | 14.0 | Use | NaN | 1.6.6 | NaN | NaN | Although agreement was low, the comments from GC members suggested that this was an important issue, and would benefit from re-wording and re-rating. |
| c.9 | 3a Case id: general principles | 9.0 | Prospective monitoring should be considered to help determine if a mental health problem might be present. | 76.92 | 13.0 | 71.430000 | 14.0 | Discard | NaN | NaN | NaN | NaN | Covered in recommendation 1.2.9 and annual health care recommendations |
| c.10 | 3a Case id: general principles | 10.0 | A person with a learning disability should be asked direct questions about their current thoughts and feelings, and whether anything has been bothering them recently. | 69.23 | 13.0 | 64.290000 | 14.0 | Re-draft | c.20.r | NaN | NaN | NaN | Although agreement was low, the comments from GC members suggested that this was an important issue, and would benefit from re-wording and re-rating. |
| c.11 | 3a Case id: general principles | 11.0 | Family members or carers should be asked if recent changes in behaviour are accompanied by a person changes in mood or anxiety levels. | 100.00 | 13.0 | 100.000000 | 14.0 | Use | NaN | 1.5.1 | NaN | NaN | NaN |
| c.12 | 3a Case id: general principles | 12.0 | Family members, carers and support workers who are in contact with people with a severe or profound learning disability should be aware that changes in the persons’ behaviour, such as phobic or avoidant behaviour, might indicate the development of a mental health problem. | 100.00 | 13.0 | 100.000000 | 14.0 | Use | NaN | 1.5.1 | NaN | NaN | NaN |
| c.13 | 3a Action following possible identification of a mental health problem | 1.0 | If a mental health problem is suspected by a staff member, they should conduct an assessment if they are competent to do so. | 53.85 | 13.0 | 57.140000 | 14.0 | Re-draft | c.21.r | NaN | NaN | NaN | Although agreement was low, the comments from GC members suggested that this was an important issue, and would benefit from re-wording and re-rating. |
| c.14 | 3a Action following possible identification of a mental health problem | 2.0 | If a mental health problem is suspected by a person who is not competent to complete an assessment, the person with a learning disability should be referred to a competent professional for an assessment. | 100.00 | 13.0 | 100.000000 | 14.0 | Use | NaN | 1.5.4 | NaN | NaN | NaN |
| c.15 | 3a Action following possible identification of a mental health problem | 3.0 | The person with a learning disability or their family or carers should be offered support and advice in obtaining a mental health assessment for the person with a learning disability. | 100.00 | 13.0 | 92.860000 | 14.0 | Use | NaN | 1.5.3 | NaN | NaN | NaN |
| c.16 | 3a Action following possible identification of a mental health problem | 4.0 | All health and social care workers conducting a mental health assessment should be aware of the nature of the person’s learning disability, their strengths and needs and their current care. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.6.4 | NaN | NaN | NaN |
| c.17 | 3a Action following possible identification of a mental health problem | 5.0 | People with a suspected psychotic disorder should be referred to a psychiatrist with experience or expertise of treating mental health problems in people with a learning disability. | 84.62 | 13.0 | 85.710000 | 14.0 | Use | NaN | 1.5.5 | NaN | NaN | NaN |
| c.18r | 3b General principles | 1.0 | All staff (social care, health care, etc) who come into contact with people with a learning disability should be aware that people with learning disabilities have mental health problems like everyone else but that these problems may develop and present in different ways. | 94.12 | 16.0 | NaN | NaN | Use | NaN | 1.2.9 | NaN | NaN | NaN |
| c.19.r | 3b General principles | 2.0 | One consideration when determining if a mental health problem is present in a person with a learning disability, is what has changed for the individual at the personal or environmental level as it may give an indication of what may have caused a mental health problem. | 81.25 | 16.0 | NaN | NaN | Use | NaN | 1.2.9 | NaN | NaN | NaN |
| c.20.r | 3b General principles | 3.0 | Dependent on their communication ability and level of learning disability, a person with a learning disability should be asked open questions about their current thoughts and feelings, and whether anything has been bothering them recently. | 80.00 | 14.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | GC discussion indicated that open questions may be difficult for some people, and that id questions may be more useful. |
| c.21.r | 3b Action following id of a possible mental health problem | 4.0 | Offer health and social care workers who are doing a mental health assessment in people with a learning disability supervision or consultation with a more qualified and skilled professional, specialising in both learning disabilities and mental health. | 75.00 | 16.0 | NaN | NaN | Use | NaN | 1.2.10 | NaN | NaN | NaN |
| d | 4 BRIEF ASSESSMENT | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN |
| d.1 | 4a Principles | 1.0 | A brief assessment should be conducted based on an understanding of the context and setting in which it is undertaken. | 91.67 | 12.0 | 92.860000 | 14.0 | Use | NaN | 1.6.4 | NaN | NaN | NaN |
| d.2 | 4a Principles | 2.0 | A brief assessment should take into account symptom severity, the service user’s understanding of the problem, degree of distress and functional impairment. | 83.33 | 12.0 | 78.570000 | 14.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| d.3 | 4a Principles | 3.0 | A brief assessment should draw on those information sources that directly relate to the purpose of the assessment. | 91.67 | 12.0 | 92.860000 | 14.0 | Discard | NaN | NaN | x | NaN | Superseded by more specific information source requirements. |
| d.4 | 4a Principles | 4.0 | The content and structure of the brief assessment should be adapted to the severity of the learning disability which a person has. | 100.00 | 12.0 | 100.000000 | 14.0 | Informed other recommendations | NaN | NaN | x | NaN | Covered elsewhere |
| d.5 | 4a Principles | 5.0 | A brief assessment should consider the misuse of drugs or alcohol as a potential problem in itself and also as a contributory factor in other disorders. | 50.00 | 12.0 | 57.140000 | 14.0 | Use | NaN | 1.6.5 | NaN | x | GC changed their mind having discussed within the meeting. |
| d.6 | 4a Principles | 6.0 | A brief assessment should have an identified outcome. | 66.67 | 12.0 | 64.290000 | 14.0 | Use | NaN | 1.6.3 | NaN | NaN | NaN |
| d.7 | 4a Principles | 7.0 | A brief assessment should be repeated if further relevant information emerges. | 75.00 | 12.0 | 71.430000 | 14.0 | Use | NaN | 1.6.10 | NaN | NaN | NaN |
| d.8 | 4a Principles | 8.0 | A brief assessment should seek to identify service users’ strengths. | 66.67 | 12.0 | 57.140000 | 14.0 | Discard | NaN | NaN | NaN | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.9 | 4a Principles | 9.0 | When conducting a brief assessment, staff should seek to understand how the physical and social environment may contribute to the development or maintenance of the issues that are the focus of the assessment. | 91.67 | 12.0 | 78.570000 | 14.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| d.10 | 4a Principles | 10.0 | A brief assessment with a person with a learning disability should consider any neurological or physical health problems or genetic syndromes that may influence the development or presentation of mental health problems. | 91.67 | 11.0 | 84.620000 | 13.0 | Use | NaN | 1.6.4 and 1.6.5 | NaN | NaN | NaN |
| d.11 | 4a Principles | 11.0 | Service users, and if appropriate family members, carers or support workers, should be provided with a summary of the brief assessment, including any potential implications. | 83.33 | 12.0 | 71.430000 | 14.0 | Use | NaN | 1.6.8 | NaN | NaN | NaN |
| d.12 | 4a Principles | 12.0 | Confidentiality (and its limits) should be explained clearly to the service user, and family members or carers as appropriate, before the assessment. | 83.33 | 12.0 | 85.710000 | 14.0 | Informed other recommendations | NaN | NaN | x | NaN | Covered at organisational level on protocol for sharing info |
| d.13 | 4a Principles | 13.0 | Staff conducting a brief assessment should be aware of diagnostic overshadowing (that a physical health problem or cognitive impairment may mask an underlying mental health problem). | 100.00 | 12.0 | 100.000000 | 14.0 | Use | NaN | 1.6.4 | NaN | NaN | NaN |
| d.14 | 4a Principles | 14.0 | Staff conducting a brief assessment should be aware of the likely presentations of mental health disorders associated with specific disorders or syndrome which causal of the learning disability. | 75.00 | 12.0 | 64.290000 | 14.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| d.15 | 4a Principles | 15.0 | Staff conducting a brief assessment should be aware of the impact of neurodevelopmental disorders on the presentations of mental health symptoms. | 91.67 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| d.16 | 4a Principles | 16.0 | Staff conducting a brief assessment should be aware that what presents as a mental health problem might be caused by an underlying physical health problem. | 100.00 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.4 | NaN | NaN | NaN |
| d.17 | 4a Principles: Collaborative approach | 17.0 | A brief assessment should be undertaken in a collaborative manner and maximise the contribution of all people involved. | 91.67 | 12.0 | 92.860000 | 14.0 | Use | NaN | 1.6.1 | NaN | NaN | NaN |
| d.18 | 4a Principles: Collaborative approach | 18.0 | Staff conducting a brief assessment should consider involving a family member, partner, carer or advocate to support the service user in order to facilitate the collaborative nature of the assessment. | 83.33 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.1 | NaN | NaN | NaN |
| d.19 | 4a Principles: Collaborative approach | 19.0 | Families and carers should be included in decision making if the service user agrees, and this is deemed appropriate. | 81.82 | 11.0 | 76.920000 | 13.0 | Discard | NaN | NaN | x | NaN | GC felt this was outside of the scope of a brief assessment. |
| d.20 | 4a Principles: Collaborative approach | 20.0 | At the beginning of a brief assessment the preferred format for feedback about the outcome of the assessment and formulation should be discussed with the service user. | 75.00 | 12.0 | 78.570000 | 14.0 | Use | NaN | 1.6.8 | NaN | NaN | NaN |
| d.21 | 4a Principles: Collaborative approach | 21.0 | Staff conducting a brief assessment should acknowledge and identify the reasons for any significant differences between their views and the views of the service user about the issues that are the focus of the assessment. | 91.67 | 12.0 | 92.860000 | 14.0 | Use | NaN | 1.6.10 | NaN | NaN | NaN |
| d.22 | 4a Principles: Collaborative approach | 22.0 | Staff should discuss any queries or concerns that the service user may have regarding the assessment process and ensure they feel comfortable about asking questions. | 91.67 | 11.0 | 92.310000 | 13.0 | Use | NaN | 1.6.3 | NaN | NaN | NaN |
| d.23 | 4a Principles: Collaborative approach | 23.0 | A collaborative formulation should acknowledge and address the factors that the service user considers relevant. | 75.00 | 12.0 | 78.570000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside the scope of a brief assessment. |
| d.24 | 4a Principles: Accessible assessments | 24.0 | Staff conducting the brief assessment should ensure the environment for the assessment is free from unnecessary distractions including noise and visual stimuli. | 91.67 | 12.0 | 92.860000 | 14.0 | Informed other recommendations | NaN | NaN | x | NaN | Importance of environment, in general, is covered elsewhere |
| d.25 | 4a Principles: Accessible assessments | 25.0 | Staff conducting the brief assessment should ensure that the assessment is adapted to the person with a learning disability, including their cognitive and communication abilities and any other specific needs (including visual, hearing and other sensory impairments). | 100.00 | 12.0 | 100.000000 | 14.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| d.26 | 4a Principles: Accessible assessments | 26.0 | The structure and pace of a brief assessment should be tailored to the service user’s level of comprehension. | 100.00 | 12.0 | 100.000000 | 14.0 | Use | NaN | 1.3.3 | NaN | NaN | NaN |
| d.27 | 4a Principles: Accessible assessments | 27.0 | The structure and pace of a brief assessment should be tailored to the person’s immediate levels of stress and capacity to deal with the emotional content of the assessment. | 100.00 | 12.0 | 100.000000 | 14.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| d.28 | 4a Principles: Accessible assessments | 28.0 | Staff conducting the brief assessment should use clear and unambiguous questions, employ aids to facilitate communication, ensure brevity, and regularly check understanding. | 100.00 | 12.0 | 100.000000 | 14.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| d.29 | 4 Principles: Accessible assessments | 29.0 | Tools such as a visual timeline should be used to explain the assessment process and be referred to throughout the brief assessment. | 66.67 | 12.0 | 71.430000 | 14.0 | Use | NaN | 1.6.3 | NaN | NaN | NaN |
| d.30 | 4a Principles: Accessible assessments | 30.0 | The presentation of information should be tailored to the ability of the service user to comprehend the purpose of the brief assessment. | 100.00 | 11.0 | 100.000000 | 13.0 | Use | NaN | 1.3.3 | NaN | NaN | NaN |
| d.31 | 4a Principles: Accessible assessments | 31.0 | The pace and content of a brief assessment should be adjusted to be in line with the person’s immediate levels of stress and capacity to deal with the emotional content of the assessment. | 100.00 | 12.0 | 100.000000 | 14.0 | Informed other recommendations | NaN | NaN | x | NaN | Covered in section on communication |
| d.32 | 4a Principles: Accessible assessments | 32.0 | A brief assessment should be flexible and responsive to new information and concerns. | 100.00 | 12.0 | 100.000000 | 14.0 | Use | NaN | 1.6.10 | NaN | NaN | NaN |
| d.33 | 4a Principles: Accessible assessments | 33.0 | Staff conducting a brief assessment should be competent in a range of communication skills, including the assessment of people with communication difficulties and sensory impairments. | 100.00 | 12.0 | 100.000000 | 14.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| d.34 | 4 Principles: Accessible assessments | 34.0 | Staff conducting a brief assessment should be aware of the impact of neurodevelopmental problems on the presentations of mental health problems. | 75.00 | 12.0 | 78.570000 | 14.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| d.35 | 4 Principles: Accessible assessments | 35.0 | Staff conducting a brief assessment should be aware of the impact of neurodevelopmental problems on the ability of an individual to participate in an assessment and adjust the structure and content of the assessment as necessary. | 91.67 | 12.0 | 92.860000 | 14.0 | Informed other recommendations | NaN | NaN | x | NaN | Covered in section on communication |
| d.36 | 4a Principles: Rigorous assessments | 36.0 | A brief assessment may use validated tools relevant to the disorder(s) or problem(s) being assessed. | 91.67 | 12.0 | 92.860000 | 14.0 | Use | NaN | 1.6.11 | NaN | NaN | NaN |
| d.37 | 4a Principles: Rigorous assessments | 37.0 | Staff conducting a brief assessment should maintain a record of the content and outcome of the assessments. | 100.00 | 12.0 | 92.860000 | 14.0 | Use | NaN | 1.2.10 | NaN | NaN | NaN |
| d.38 | 4a Purpose | 38.0 | A brief assessment should seek to increase understanding of a potential problem, and, where necessary, to describe the problem and develop a plan of action to address the problem and any needs associated with it. | 83.33 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.8 | NaN | NaN | NaN |
| d.39 | 4a Purpose | 39.0 | The purpose of the brief assessment, and how the data may be used, should be made clear to all people involved in the assessment, including other staff members. | 83.33 | 12.0 | 92.860000 | 14.0 | Use | NaN | 1.6.3 | NaN | NaN | NaN |
| d.40 | 4a Purpose | 40.0 | A brief assessment should take into account symptom severity, the service user’s understanding of the problem, degree of distress and functional impairment. | 100.00 | 11.0 | 100.000000 | 13.0 | Use | NaN | 1.6.4 | NaN | NaN | NaN |
| d.41 | 4a Purpose | 41.0 | A brief assessment should focus on specific areas of need, in agreement with the service user, family members or carers as appropriate. | 66.67 | 12.0 | 64.290000 | 14.0 | Re-draft | d.100r | NaN | NaN | NaN | NaN |
| d.42 | 4a Purpose | 42.0 | Identifying the presence or otherwise of a mental health diagnosis or problem specification may be an important component of a brief assessment. | 75.00 | 12.0 | 71.430000 | 14.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| d.43 | 4a Purpose | 43.0 | A brief assessment should provide relevant information on the nature, duration and severity of the presenting disorder or problem. | 91.67 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| d.44 | 4a Purpose | 44.0 | A brief assessment should consider the consequence of any possible or established coexisting mental or physical health problems. | 91.67 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| d.45 | 4a Purpose: risk assessment and management | 45.0 | In any brief assessment the decision to undertake a risk assessment should be considered. | 83.33 | 12.0 | 71.430000 | 14.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| d.46 | 4a Purpose: risk assessment and management | 46.0 | A risk assessment should form part of any brief assessment. | 75.00 | 12.0 | 71.430000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was beyond the scope of a brief assessment. |
| d.47 | 4a Purpose: risk assessment and management | 47.0 | Vulnerability to exploitation should be assessed as part of a brief assessment. | 66.67 | 12.0 | 64.290000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.48 | 4a Purpose: risk assessment and management | 48.0 | Safeguarding concerns should be assessed as part of a brief assessment. | 83.33 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.2 | NaN | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.49 | 4a Purpose: risk assessment and management | 49.0 | Risk to self (self-harm, self-neglect) should be assessed as part of a brief assessment. | 100.00 | 12.0 | 100.000000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.50 | 4a Purpose: risk assessment and management | 50.0 | Risk to others (including aggression, violence and sexual offending) should be assessed as part of a brief assessment. | 83.33 | 12.0 | 85.710000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.51 | 4a Purpose: risk assessment and management | 51.0 | Risk assessment should assess the nature and severity of any behaviours, potential triggers and maintaining factors. | 91.67 | 12.0 | 92.860000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.52 | 4a Purpose: risk assessment and management | 52.0 | Risk assessment should assess the likelihood, imminence and severity of events. | 83.33 | 12.0 | 85.710000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.53 | 4a Purpose: risk assessment and management | 53.0 | Risk assessment should involve a consideration of demographic, psychological, social and historical factors. | 66.67 | 12.0 | 64.290000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.54 | 4a Purpose: risk assessment and management | 54.0 | Risk assessment should be informed by knowledge of the service user and their social context. | 83.33 | 12.0 | 78.570000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.55 | 4a Purpose: risk assessment and management | 55.0 | Risk assessment should always lead to the development of a risk management plan. | 58.33 | 12.0 | 64.290000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.56 | 4a Purpose: risk assessment and management | 56.0 | A risk management plan should identify interventions and protective factors that may reduce risk. | 83.33 | 12.0 | 85.710000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.57 | 4a Purpose: risk assessment and management | 57.0 | The risk management plan should be communicated to relevant services or agencies. | 75.00 | 12.0 | 78.570000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was only relevant if a risk assessment had been deemed necessary. |
| d.58 | 4a Purpose: formulation | 58.0 | A brief assessment should involve a formulation of the service user’s identified problems. | 91.67 | 12.0 | 92.860000 | 14.0 | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| d.59 | 4a Purpose: formulation | 59.0 | A formulation should provide a shared understanding of the nature of any problems, and the factors leading to their development and maintenance. | 91.67 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| d.60 | 4a Purpose: formulation | 60.0 | A formulation should provide a shared understanding of the focus and potential impact of any interventions and the barriers to delivering those interventions. | 91.67 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| d.61 | 4a Purpose: formulation | 61.0 | A formulation should consider any risk factors and the impact of the social and physical environment. | 100.00 | 12.0 | 100.000000 | 14.0 | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| d.62 | 4a Structure: staff completing the assessment | 62.0 | A brief assessment should be conducted by a clinician with specialist knowledge and understanding of mental health difficulties in people with a learning disability. | 58.33 | 12.0 | 64.290000 | 14.0 | Re-draft | d.101r | NaN | NaN | NaN | NaN |
| d.63 | 4a Structure: staff completing the assessment | 63.0 | A brief assessment should be conducted by a clinician with specialist knowledge and understanding of mental health problems in people with a learning disability in collaboration with other professionals with relevant expertise. | 66.67 | 12.0 | 71.430000 | 14.0 | Re-draft | d.102r | NaN | NaN | NaN | NaN |
| d.64 | 4a Structure: staff completing the assessment | 64.0 | Staff involved in a brief assessment should be trained and competent in using a range of assessment tools and methods relevant to people with a learning disability and a mental health problem. | 91.67 | 12.0 | 92.860000 | 14.0 | Use | NaN | 1.6.1 | NaN | NaN | NaN |
| d.65 | 4a Structure: staff completing the assessment | 65.0 | Staff involved in a brief assessment should be trained and competent in using routine outcome measures relevant to people with a learning disability and a mental health problem. | 91.67 | 12.0 | 92.860000 | 14.0 | Use | NaN | 1.2.10 | NaN | NaN | NaN |
| d.66 | 4a Structure: staff completing the assessment | 66.0 | Staff conducting a brief assessment should have knowledge of diagnostic classification systems. | 66.67 | 12.0 | 71.430000 | 14.0 | Re-draft | d.103r | NaN | NaN | NaN | NaN |
| d.67 | 4a Structure: staff completing the assessment | 67.0 | Staff conducting a brief assessment should have knowledge of diagnostic classification systems, their limitations and specific concerns such as diagnostic overshadowing relevant to this population. | 83.33 | 12.0 | 85.710000 | 14.0 | Re-draft | d.103r | NaN | NaN | NaN | NaN |
| d.68 | 4a Structure: staff completing the assessment | 68.0 | Staff should make use of reliable pre-existing information to avoid duplicating areas of assessment that have already been undertaken. | 75.00 | 12.0 | 78.570000 | 14.0 | Discard | NaN | NaN | x | NaN | On reflection, it was felt that this is not specific to people with LD |
| d.69 | 4a Structure: involving service users, families and carers | 69.0 | A brief assessment should elicit service users’ views and corroborate these with families and carers. | 50.00 | 12.0 | 50.000000 | 14.0 | Discard | NaN | NaN | NaN | NaN | NaN |
| d.70 | 4a Structure: involving service users, families and carers | 70.0 | A brief assessment should elicit service users’ views and corroborate these with professionals involved in the person’s care and other informants. | 50.00 | 12.0 | 50.000000 | 14.0 | Discard | NaN | NaN | NaN | NaN | NaN |
| d.71 | 4a Structure: involving service users, families and carers | 71.0 | A brief assessment should consider the views of other people relevant to the care of the service user, including families, carers and other staff members, with permission and where appropriate. | 83.33 | 12.0 | 78.570000 | 14.0 | Use | NaN | 1.6.1 | NaN | NaN | NaN |
| d.72 | 4a Structure: involving service users, families and carers | 72.0 | The person with a learning disability should be offered the opportunity to speak to the clinician alone, in order to elicit any concerns that they are uncomfortable sharing in front of family members or carers, including safeguarding concerns. | 91.67 | 12.0 | 92.860000 | 14.0 | Use | NaN | 1.6.2 | NaN | NaN | NaN |
| d.73 | 4a Structure: involving service users, families and carers | 73.0 | A brief assessment should, with the service user’s agreement, gather information from relevant data sources and informants who know the service user well. | 100.00 | 12.0 | 100.000000 | 14.0 | Use | NaN | 1.6.6 | NaN | NaN | NaN |
| d.74 | 4a Structure: involving service users, families and carers | 74.0 | A brief assessment should corroborate information with families and carers, if agreed by the service user. | 83.33 | 12.0 | 78.570000 | 14.0 | Use | NaN | 1.6.6 | NaN | NaN | NaN |
| d.75 | 4a Structure: data sources | 75.0 | The impact of environmental factors on data availability and reliability should be considered in a brief assessment. | 83.33 | 12.0 | 71.430000 | 14.0 | Use | NaN | 1.6.6 | NaN | NaN | NaN |
| d.76 | 4a Structure: data sources | 76.0 | A brief assessment should evaluate and integrate information from relevant sources, including interviews with service users and others, observations, standardised assessments, psychometric assessments and clinical records. | 66.67 | 12.0 | 71.430000 | 14.0 | Discard | NaN | NaN | NaN | NaN | Principles covered elsewhere |
| d.77 | 4a Structure: data sources | 77.0 | A brief assessment should consider whether, and how, the service user’s behaviour and functioning changes across different settings. | 75.00 | 12.0 | 71.430000 | 14.0 | Use | NaN | 1.6.4 | NaN | NaN | NaN |
| d.78 | 4a Structure: data sources | 78.0 | A brief assessment should review relevant history and past behaviour. | 75.00 | 12.0 | 78.570000 | 14.0 | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| d.79 | 4a Structure: data sources | 79.0 | Staff conducting a brief assessment should be able to appraise the reliability and validity of data sources. | 66.67 | 12.0 | 71.430000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided this was beyond the scope of a brief assessment. |
| d.80 | 4a Structure: data sources | 80.0 | Staff conducting a brief assessment should use measures that have been developed in, or adapted for, people with a learning disability. | 75.00 | 12.0 | 78.570000 | 14.0 | Use | NaN | 1.6.11 | NaN | NaN | NaN |
| d.81 | 4a Outcomes | 81.0 | Staff conducting a brief assessment should agree with the service user appropriate outcome measures used in evaluating any care plan. | 66.67 | 12.0 | 71.430000 | 14.0 | Re-draft | d.104r | NaN | NaN | NaN | NaN |
| d.82 | 4a Outcomes | 82.0 | An outcome of a brief assessment should be the identification of realistic and optimistic short and medium-term goals. | 66.67 | 12.0 | 71.430000 | 14.0 | Informed other recommendations | NaN | NaN | x | NaN | Covered by recommendations on care plan |
| d.83 | 4a Outcomes | 83.0 | An outcome of a brief assessment should be the identification of realistic and optimistic long-term goals. | 25.00 | 12.0 | 28.570000 | 14.0 | Informed other recommendations | NaN | NaN | NaN | NaN | Covered by recommendations on care plan |
| d.84 | 4a Outcomes | 84.0 | Goals for interventions should be prioritised and start with areas most likely to be amenable to change. | 58.33 | 12.0 | 57.140000 | 14.0 | Discard | NaN | NaN | NaN | NaN | NaN |
| d.85 | 4a Outcomes | 85.0 | When making a referral, sufficient information should be provided to allow the service to make an informed decision about how to proceed. | 83.33 | 12.0 | 78.570000 | 14.0 | Informed other recommendations | NaN | NaN | x | NaN | Coverd in organisational recommendaitons |
| d.86 | 4a Outcomes: the care plan | 86.0 | A care plan should be informed by the brief assessment, the formulation that emerges from this and the service user’s goals. | 83.33 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| d.87 | 4a Outcomes: the care plan | 87.0 | Initial care plans appropriate for the current setting should be developed as soon as possible following assessment. | 100.00 | 12.0 | 92.860000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.88 | 4a Outcomes: the care plan | 88.0 | Initial care plans should be communicated in the most appropriate way to the service user and all services involved in their care in a timely manner. | 100.00 | 12.0 | 92.860000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.89 | 4a Outcomes: the care plan | 89.0 | The care plan should be developed collaboratively with the service user and, if they agree, their family or carers. | 100.00 | 12.0 | 100.000000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.90 | 4a Outcomes: the care plan | 90.0 | If the care plan involves a family member, partner, carer or advocate, their involvement should be used to help explain feedback from the assessment to the service user. | 66.67 | 12.0 | 71.430000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.91 | 4a Outcomes: the care plan | 91.0 | The care plan should identify appropriate evidence-based interventions. | 83.33 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| d.92 | 4a Outcomes: the care plan | 92.0 | The care plan should include any necessary adaptations to the social or physical environment. | 100.00 | 12.0 | 100.000000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.93 | 4a Outcomes: the care plan | 93.0 | The care plan should take into account the needs of families and carers. | 83.33 | 12.0 | 78.570000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.94 | 4a Outcomes: the care plan | 94.0 | Risk and crisis management plans should be incorporated into the care plan. | 83.33 | 12.0 | 85.710000 | 14.0 | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| d.95 | 4a Outcomes: the care plan | 95.0 | The care plan should identify the roles and responsibilities of all people involved in the service user’s care. | 83.33 | 12.0 | 85.710000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.96 | 4a Outcomes: monitoring | 96.0 | A brief assessment should inform necessary routine outcome monitoring including changes in symptoms and functioning. | 100.00 | 12.0 | 92.860000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.97 | 4a Outcomes: monitoring | 97.0 | The care plan should establish a timetable to review whether goals have been met by an agreed time or point in treatment. | 100.00 | 12.0 | 92.860000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.98 | 4a Outcomes: monitoring | 98.0 | Outcome measures should be selected that are designed to detect changes in the areas targeted by interventions. | 75.00 | 12.0 | 71.430000 | 14.0 | Discard | NaN | NaN | x | NaN | GC decided that this was outside of the scope of a brief assessment. |
| d.99 | 4a Outcomes: monitoring | 99.0 | Systems should be developed for routine data sharing between other health and social care services and agencies, to reduce repetition in the assessment process. | 75.00 | 12.0 | 78.570000 | 14.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| d.100r | 4b Statements relating to purpose of a brief assessment of mental health problems in people with learning disabilities. | 1.0 | A brief assessment should be broad with the aim of identifying areas to be addressed in more detail as part of a comprehensive assessment. | 80.00 | 15.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | GC decided that a specific focus initially would be more appropriate. |
| d.101r | 4b Statements relating to the staff who should participate in a brief assessment of mental health problems in people with learning disabilities. | 2.0 | A brief assessment should be conducted by a professional with knowledge and understanding of mental health difficulties in people with a learning disability. | 80.00 | 15.0 | NaN | NaN | Use | NaN | 1.6.1 | NaN | NaN | NaN |
| d.102r | 4b Statements relating to the staff who should participate in a brief assessment of mental health problems in people with learning disabilities. | 3.0 | A brief assessment should be conducted by a professional with knowledge and understanding of mental health problems in people with a learning disability in collaboration with other professionals with relevant expertise. | 62.50 | 15.0 | NaN | NaN | Use | NaN | 1.6.1 | NaN | NaN | NaN |
| d.103r | 4b Statements relating to the staff who should participate in a brief assessment of mental health problems in people with learning disabilities. | 4.0 | Staff conducting a brief assessment should have knowledge of diagnostic classification systems. | 43.75 | 15.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| d.104r | 4b Statements relating to outcomes from a brief assessment of mental health problems in people with learning disabilities. | 5.0 | Staff conducting a brief assessment should agree with the person being assessed and other involved family members or carers, if needed, appropriate outcome measures used in evaluating any care plan. | 50.00 | 15.0 | NaN | NaN | Use | NaN | 1.3.3 | NaN | x | GC decided, upon discussion, that this was an important consideration |
| e | 5 COMPREHENSIVE ASSESSMENT | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN |
| e.1 | 5 Principles | 1.0 | A comprehensive assessment should be conducted based on an understanding of the context and setting in which it is undertaken. | 100.00 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Principles covered elsewhere. |
| e.2 | 5 Principles | 2.0 | A comprehensive assessment should take into account symptom severity, the service user’s understanding of the problem, degree of distress and functional impairment. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.3 | 5 Principles | 3.0 | A comprehensive assessment should draw on a wide range of information sources. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.6 | NaN | NaN | NaN |
| e.4 | 5 Principles | 4.0 | The content and structure of the comprehensive assessment should be adapted to the severity of the learning which a person has. | 91.67 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Covered elsewhere |
| e.5 | 5 Principles | 5.0 | A comprehensive assessment should consider the misuse of drugs or alcohol as a potential problem in itself and also as a contributory factor in other disorders. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.6 | 5 Principles | 6.0 | A comprehensive assessment should have an identified outcome. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.3 | NaN | NaN | NaN |
| e.7 | 5 Principles | 7.0 | A comprehensive assessment should be reviewed in line with an agreed timescale. | 100.00 | 12.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | GC decided upon discussion that this was not appropriate. |
| e.8 | 5 Principles | 8.0 | A comprehensive assessment should be revised when further relevant information emerges. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.10 | NaN | NaN | NaN |
| e.9 | 5 Principles | 9.0 | A comprehensive assessment should seek to identify service users’ strengths. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.8.2 | NaN | NaN | NaN |
| e.10 | 5 Principles | 10.0 | When conducting a comprehensive assessment, staff should seek to understand how the physical and social environment may contribute to the development or maintenance of the issues that are the focus of the assessment. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.11 | 5 Principles | 11.0 | A comprehensive assessment with a person with a learning disability should take into account any neurological or physical health problems or genetic syndromes that may influence the development or presentation of mental health problems. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.4 and 1.6.5 | NaN | NaN | NaN |
| e.12 | 5 Principles | 12.0 | Service users, and if appropriate family members, carers or support workers, should be provided with a summary of the comprehensive assessment, including any potential implications. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.8 | NaN | NaN | NaN |
| e.13 | 5 Principles | 13.0 | Service users, and if appropriate family members, carers or support workers, should be offered be given a further opportunity (such as a follow-up appointment) to discuss the outcomes and implications of the comprehensive assessment. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.9 | NaN | NaN | NaN |
| e.14 | 5 Principles | 14.0 | Confidentiality (and its limits) should be explained clearly to the service user, and family members or carers as appropriate, before the assessment. | 83.30 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Covered by recomendaitons on consent and capacity |
| e.15 | 5 Principles | 15.0 | Staff conducting a comprehensive assessment should be aware of diagnostic overshadowing (that a physical health problem or cognitive impairment may mask an underlying mental health problem). | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.4 | NaN | NaN | NaN |
| e.16 | 5 Principles | 16.0 | Staff conducting a comprehensive assessment should be aware of the likely presentations of mental health disorders associated with specific disorders or syndrome which causal of the learning disability. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.17 | 5 Principles | 17.0 | Staff conducting a comprehensive assessment should be aware of the impact of neurodevelopmental disorders on the presentations of mental health symptoms. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.18 | 5 Principles | 18.0 | Staff conducting a comprehensive assessment should be aware that what presents as a mental health problem might be caused by an underlying physical health problem. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.4 | NaN | NaN | NaN |
| e.19 | 5 Principles: Collaborative approach | 19.0 | A comprehensive assessment should be undertaken in a collaborative manner and maximise the contribution of all people involved. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.1 | NaN | NaN | NaN |
| e.20 | 5 Principles: Collaborative approach | 20.0 | Staff conducting a comprehensive assessment should consider involving a family member, partner, carer or advocate to support the service user in order to facilitate the collaborative nature of the assessment. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.1 | NaN | NaN | NaN |
| e.21 | 5 Principles: Collaborative approach | 21.0 | Families and carers should be included in decision making if the service user agrees, and this is deemed appropriate. | 100.00 | 12.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| e.22 | 5 Principles: Collaborative approach | 22.0 | At the beginning of a comprehensive assessment the preferred format for feedback about the outcome of the assessment and formulation should be discussed with the service user. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.8 | NaN | NaN | NaN |
| e.23 | 5 Principles: Collaborative approach | 23.0 | How information about the service user will be shared with families, carers and other staff members should be negotiated with service users and carers. | 83.30 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Covered by general recommendation on consent, capacity and decision making |
| e.24 | 5 Principles: Collaborative approach | 24.0 | Staff conducting a comprehensive assessment should acknowledge and identify the reasons for any significant differences between their views and the views of the service user about the issues that are the focus of the assessment. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.3 | NaN | NaN | NaN |
| e.25 | 5 Principles: Collaborative approach | 25.0 | Staff should discuss any queries or concerns that the service user may have regarding the assessment process and ensure they feel comfortable about asking questions. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.3 | NaN | NaN | NaN |
| e.26 | 5 Principles: Collaborative approach | 26.0 | A collaborative formulation should acknowledge and address the factors that the service user considers relevant. | 100.00 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Principle covered elsewhere |
| e.27 | 5 Principles: Accessible assessments | 27.0 | Staff conducting the comprehensive assessment should ensure the environment for the assessment is free from unnecessary distractions including noise and visual stimuli. | 83.30 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | NaN | NaN | Importance of environment, in general, is covered elsewhere |
| e.28 | 5 Principles: Accessible assessments | 28.0 | Staff conducting the comprehensive assessment should ensure that the assessment is adapted to the person with a learning disability, including their cognitive and communication abilities and any other specific needs (including visual, hearing and other sensory impairments). | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| e.29 | 5 Principles: Accessible assessments | 29.0 | The structure and pace of the comprehensive assessment should be tailored to the service user’s level of comprehension. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.3.3 | NaN | NaN | NaN |
| e.30 | 5 Principles: Accessible assessments | 30.0 | The structure and pace of the comprehensive assessment should be tailored to the person’s immediate levels of stress and capacity to deal with the emotional content of the assessment. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| e.31 | 5 Principles: Accessible assessments | 31.0 | Staff conducting the comprehensive assessment should use clear and unambiguous questions, employ aids to facilitate communication, ensure brevity, and regularly check understanding. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| e.32 | 5 Principles: Accessible assessments | 32.0 | Tools such as a visual timeline should be used to explain the assessment process and be referred to throughout the comprehensive assessment. | 75.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.3 | NaN | NaN | NaN |
| e.33 | 5 Principles: Accessible assessments | 33.0 | The presentation of information should be tailored to the ability of the service user to comprehend the purpose of the comprehensive assessment. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.3.3 | NaN | NaN | NaN |
| e.34 | 5 Principles: Accessible assessments | 34.0 | The pace and content of a comprehensive assessment should be adjusted to be in line with the person’s immediate levels of stress and capacity to deal with the emotional content of the assessment. | 100.00 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | NaN | NaN | Covered by communication recs |
| e.35 | 5 Principles: Accessible assessments | 35.0 | A comprehensive assessment should be flexible and responsive to new information and concerns. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.10 | NaN | NaN | NaN |
| e.36 | 5 Principles: Accessible assessments | 36.0 | Staff conducting a comprehensive assessment should be competent in a range of communication skills, including the assessment of people with communication difficulties and sensory impairments. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| e.37 | 5 Principles: Accessible assessments | 37.0 | Staff conducting a comprehensive assessment should be aware of the impact of neurodevelopmental problems on the presentations of mental health problems. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.38 | 5 Principles: Accessible assessments | 38.0 | Staff conducting a comprehensive assessment should be aware of the impact of neurodevelopmental problems on the ability of an individual to participate in an assessment and adjust the structure and content of the assessment as necessary. | 91.67 | 12.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| e.39 | 5 Principles: Rigorous assessments | 39.0 | A comprehensive assessment should use validated tools relevant to the disorder(s) or problem(s) being assessed. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.11 | NaN | NaN | NaN |
| e.40 | 5 Principles: Rigorous assessments | 40.0 | If tools have (not) been adapted specifically for use with a person with a learning disability, this should be taken into account in their interpretation. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.12 | NaN | NaN | NaN |
| e.41 | 5 Principles: Rigorous assessments | 41.0 | Staff conducting a comprehensive assessment should maintain a record of the content and outcome of the assessments. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.2.10 | NaN | NaN | NaN |
| e.42 | 5 Purpose | 42.0 | A comprehensive assessment should seek to increase understanding of a potential problem, and, where necessary, to describe the problem and develop a plan of action to address the problem and any needs associated with it. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 and 1.6.24 | NaN | NaN | NaN |
| e.43 | 5 Purpose | 43.0 | The purpose of the comprehensive assessment, and how the data may be used, should be made clear to all people involved in the assessment, including other staff members. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.3 | NaN | NaN | NaN |
| e.44 | 5 Purpose | 44.0 | A comprehensive assessment should assess multiple areas of need, including social and personal circumstances, physical health, occupational rehabilitation, and previous care and support. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.45 | 5 Purpose | 45.0 | A comprehensive assessment should assess the impact that mental health problems may have on treatment planning. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| e.46 | 5 Purpose | 46.0 | Service users should be reassessed on transfer between or out of institutions or care settings. | 66.67 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Covered in 1.2.3 |
| e.47 | 5 Purpose | 47.0 | Obtaining a mental health diagnosis or problem specification is central to comprehensive assessment. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.48 | 5 Purpose | 48.0 | A comprehensive assessment should determine the nature, duration and severity of the presenting disorder or problem. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.49 | 5 Purpose | 49.0 | A comprehensive assessment should assess any possible or established coexisting mental or physical health problems. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.50 | 5 Purpose: risk assessment and management | 50.0 | In any comprehensive assessment the decision to undertake a risk assessment should be considered. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.51 | 5 Purpose: risk assessment and management | 51.0 | Any comprehensive assessment should involve a risk assessment. | 75.00 | 12.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | GC decided that this should be on a case-by-case basis |
| e.52 | 5 Purpose: risk assessment and management | 52.0 | Vulnerability to exploitation should be assessed as part of a comprehensive assessment. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.18 | NaN | NaN | NaN |
| e.53 | 5 Purpose: risk assessment and management | 53.0 | Safeguarding concerns should be assessed as part of a comprehensive assessment. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.18 | NaN | NaN | NaN |
| e.54 | 5 Purpose: risk assessment and management | 54.0 | Risk to self (self-harm, self-neglect) should be assessed as part of a comprehensive assessment. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.18 | NaN | NaN | NaN |
| e.55 | 5 Purpose: risk assessment and management | 55.0 | Risk to others (including aggression, violence and sexual offending) should be assessed as part of a comprehensive assessment. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.18 | NaN | NaN | NaN |
| e.56 | 5 Purpose: risk assessment and management | 56.0 | Risk assessment should assess the nature and severity of any behaviours, potential triggers and maintaining factors. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.18 | NaN | NaN | NaN |
| e.57 | 5 Purpose: risk assessment and management | 57.0 | Risk assessment should assess the likelihood, imminence and severity of events. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.18 | NaN | NaN | NaN |
| e.58 | 5 Purpose: risk assessment and management | 58.0 | Risk assessment should involve a systematic assessment of demographic, psychological, social and historical factors. | 100.00 | 11.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | GC felt that this was covered by a basic assessment and not specific to risk assessment. |
| e.59 | 5 Purpose: risk assessment and management | 59.0 | Risk assessment should be informed by knowledge of the service user and their social context. | 100.00 | 12.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | GC felt that this was covered by a basic assessment and not specific to risk assessment. |
| e.60 | 5 Purpose: risk assessment and management | 60.0 | Risk assessment should always lead to the development of a risk management plan. | 50.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.20 | NaN | NaN | NaN |
| e.61 | 5 Purpose: risk assessment and management | 61.0 | A risk management plan should identify interventions and protective factors that may reduce risk. | 75.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.21 | NaN | NaN | NaN |
| e.62 | 5 Purpose: risk assessment and management | 62.0 | The risk management plan should be communicated to relevant services or agencies. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.21 | NaN | NaN | NaN |
| e.63 | 5 Purpose: formulation | 63.0 | A comprehensive assessment should involve a formulation of the service user’s identified problems. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| e.64 | 5 Purpose: formulation | 64.0 | A formulation should provide a shared understanding of the nature of any problems and the factors leading to their development and maintenance. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| e.65 | 5 Purpose: formulation | 65.0 | A formulation should provide a shared understanding of the focus and potential impact of any interventions and the barriers to delivering those interventions. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| e.66 | 5 Purpose: formulation | 66.0 | A formulation should consider any risk factors and the impact of the social and physical environment. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.7 | NaN | NaN | NaN |
| e.67 | 5 Structure: staff completing the assessment | 67.0 | A comprehensive assessment should be conducted by a multidisciplinary team. | 91.67 | 12.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Upon discussion, GC felt that this was not always the case, and another option (in collaboration with) was preferred. |
| e.68 | 5 Structure: staff completing the assessment | 68.0 | A comprehensive assessment should be conducted by a clinician with specialist knowledge and understanding of mental health problems in people with a learning disability. | 75.00 | 12.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Less preferred option (statement 69 used instead) |
| e.69 | 5 Structure: staff completing the assessment | 69.0 | A comprehensive assessment should be conducted by a clinician with specialist knowledge and understanding of mental health problems in people with a learning disability in collaboration with other professionals with relevant expertise. | 75.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.1 | NaN | NaN | NaN |
| e.70 | 5 Structure: staff completing the assessment | 70.0 | Staff involved in a comprehensive assessment should be trained and competent in using a range of assessment tools and methods relevant to people with a learning disability and a mental health problem. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.1 | NaN | NaN | NaN |
| e.71 | 5 Structure: staff completing the assessment | 71.0 | Staff involved in a comprehensive assessment should be trained and competent in using routine outcome measures relevant to people with a learning disability and a mental health problem. | 91.67 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Addressed in organisation of care recommendations |
| e.72 | 5 Structure: staff completing the assessment | 72.0 | Staff conducting a comprehensive assessment should have knowledge of diagnostic classification systems. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.73 | 5 Structure: staff completing the assessment | 73.0 | Staff conducting a comprehensive assessment should have knowledge of diagnostic classification systems, their limitations and specific concerns such as diagnostic overshadowing relevant to this population. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.4 | NaN | NaN | NaN |
| e.74 | 5 Structure: staff completing the assessment | 74.0 | Staff should make use of reliable pre-existing information to avoid duplicating areas of assessment that have already been undertaken. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.6 | NaN | NaN | NaN |
| e.75 | 5 Structure: staff completing the assessment | 75.0 | A comprehensive assessment should elicit service users’ views and corroborate these with families and carers. | 75.00 | 12.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Less preferred option |
| e.76 | 5 Structure: staff completing the assessment | 76.0 | A comprehensive assessment should elicit service users’ views and corroborate these with professionals involved in the person’s care and other informants. | 75.00 | 12.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Less preferred option |
| e.77 | 5 Structure: staff completing the assessment | 77.0 | A comprehensive assessment should consider the views of other people relevant to the care of the service user, including families, carers and other staff members, with permission and where appropriate. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.6 | NaN | NaN | NaN |
| e.78 | 5 Structure: staff completing the assessment | 78.0 | The person with a learning disability should be offered the opportunity to speak to the clinician alone, in order to elicit any concerns that they are uncomfortable sharing in front of family members or carers, including safeguarding concerns. | 100.00 | 11.0 | NaN | NaN | Use | NaN | 1.6.2 | NaN | NaN | NaN |
| e.79 | 5 Structure: staff completing the assessment | 79.0 | A comprehensive assessment should, with the service user’s agreement, gather information from multiple data sources and informants who know the service user well. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.6 | NaN | NaN | NaN |
| e.80 | 5 Structure: staff completing the assessment | 80.0 | A comprehensive assessment should corroborate information with families and carers, if agreed by the service user. | 75.00 | 12.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Less preferred option |
| e.81 | 5 Structure: data sources | 81.0 | A comprehensive assessment should aim to capture baseline data on what is typical behaviour for the person so that differences in behaviour can be evaluated. | 100.00 | 11.0 | NaN | NaN | Use | NaN | 1.6.17 | NaN | NaN | NaN |
| e.82 | 5 Structure: data sources | 82.0 | The impact of environmental factors on data availability and reliability should be considered in a comprehensive assessment. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.6 | NaN | NaN | NaN |
| e.83 | 5 Structure: data sources | 83.0 | A comprehensive assessment should evaluate and integrate information from multiple sources, including structured interviews with service users and others, observations, standardised assessments, psychometric assessments and clinical records. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.6 | NaN | NaN | NaN |
| e.84 | 5 Structure: data sources | 84.0 | A comprehensive assessment should consider whether, and how, the service user’s behaviour and functioning changes across different settings. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.85 | 5 Structure: data sources | 85.0 | A comprehensive assessment should review relevant history and past behaviour. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.5 | NaN | NaN | NaN |
| e.86 | 5 Structure: data sources | 86.0 | Staff conducting a comprehensive assessment should be able to appraise the reliability and validity of data sources. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.6 | NaN | NaN | NaN |
| e.87 | 5 Structure: data sources | 87.0 | Staff conducting a comprehensive assessment should use measures that have been developed in, or adapted for, people with a learning disability. | 72.73 | 11.0 | NaN | NaN | Use | NaN | 1.6.11 | NaN | NaN | NaN |
| e.88 | 5 Outcomes | 88.0 | Staff conducting a comprehensive assessment should agree with the service user appropriate outcome measures used in evaluating any care plan. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.89 | 5 Outcomes | 89.0 | An outcome of a comprehensive assessment should be the identification of realistic and optimistic short and medium-term goals. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.90 | 5 Outcomes | 90.0 | An outcome of a comprehensive assessment should be the identification of realistic and optimistic long-term goals. | 75.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.91 | 5 Outcomes | 91.0 | Goals for interventions should be prioritised and start with areas most likely to be amenable to change. | 66.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.92 | 5 Outcomes | 92.0 | When making a referral, sufficient information should be provided to allow the service to make an informed decision about how to proceed. | 83.30 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Addressed in organisation of care recommendations |
| e.93 | 5 Outcomes: the care plan | 93.0 | Staff conducting the assessment should engage the service user in a collaborative discussion of their treatment options and support their participation in decision making. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.94 | 5 Outcomes: the care plan | 94.0 | A care plan should be informed by the comprehensive assessment, the formulation that emerges from this and the service user’s goals. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.95 | 5 Outcomes: the care plan | 95.0 | Initial care plans appropriate for the current setting should be developed as soon as possible following assessment. | 100.00 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Addressed in care planning recommendations |
| e.96 | 5 Outcomes: the care plan | 96.0 | Initial care plans should be communicated in the most appropriate way to the service user and all services involved in their care in a timely manner. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.24 | NaN | NaN | NaN |
| e.97 | 5 Outcomes: the care plan | 97.0 | The care plan should be multidisciplinary and developed collaboratively with the service user and, if they agree, their family or carers. | 81.82 | 11.0 | NaN | NaN | Use | NaN | 1.6.22 | NaN | NaN | NaN |
| e.98 | 5 Outcomes: the care plan | 98.0 | If the care plan involves a family member, partner, carer or advocate, their involvement should be used to help explain feedback from the assessment to the service user. | 83.30 | 12.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Principles covered elsewhere |
| e.99 | 5 Outcomes: the care plan | 99.0 | The care plan should identify appropriate evidence-based interventions. | 75.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.100 | 5 Outcomes: the care plan | 100.0 | The care plan should include a profile of the service user’s needs, including any necessary adaptations to the social or physical environment. | 90.91 | 11.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.101 | 5 Outcomes: the care plan | 101.0 | The care plan should take into account the needs of families and carers. | 83.30 | 12.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | GC decided that this was beyond the scope of a careplan. |
| e.102 | 5 Outcomes: the care plan | 102.0 | Risk and crisis management plans should be incorporated into the care plan. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.103 | 5 Outcomes: the care plan | 103.0 | The care plan should identify the roles and responsibilities of all people involved in the service user’s care. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.24 | NaN | NaN | NaN |
| e.104 | 5 Outcomes: referral to other services | 104.0 | A comprehensive assessment should identify appropriate treatment and referral options in line with relevant NICE guidance. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.6.24 | NaN | NaN | NaN |
| e.106 | 5 Outcomes: referral to other services | 105.0 | A comprehensive assessment should inform on necessary routine outcome monitoring including changes in symptoms and functioning. | 100.00 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.107 | 5 Outcomes: referral to other services | 106.0 | The care plan should establish a timetable to review whether goals have been met by an agreed time or point in treatment. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.24 | NaN | NaN | NaN |
| e.108 | 5 Outcomes: referral to other services | 107.0 | Outcome measures should be selected that are designed to detect changes in the areas targeted by interventions. | 91.67 | 12.0 | NaN | NaN | Use | NaN | 1.6.23 | NaN | NaN | NaN |
| e.109 | 5 Outcomes: referral to other services | 108.0 | Systems should be developed for routine data sharing between other health and social care services and agencies, to reduce repetition in the assessment process. | 83.30 | 12.0 | NaN | NaN | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f | 6 SERVICE DELIVERY/ORGANISATION OF CARE | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN |
| f.1 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 1.0 | Services for people with a learning disability and a mental health problem should be co-located, if possible, in order to facilitate co-working and joined-up service provision. | 63.64 | 11.0 | 57.140000 | 14.0 | Re-draft | f.60.r | NaN | NaN | NaN | NaN |
| f.2 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 2.0 | To prevent people with a learning disability and a mental health problem from falling ‘between the gaps’ of different services, care should generally be provided within mainstream mental health services with staff who have appropriate specialist training in working with people with learning disabilities. | 70.00 | 10.0 | 69.230000 | 13.0 | Re-draft | f.61.r | NaN | NaN | NaN | NaN |
| f.3 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 3.0 | Where people with a learning disability and a mental health problem are treated in mainstream settings (such as by a crisis or home response team), care coordinators should ensure that these services are fully informed of the nature of the person’s disability and the impact on the mental health problem. | 100.00 | 11.0 | 100.000000 | 14.0 | Use | NaN | 1.2.7 | NaN | NaN | NaN |
| f.4 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 4.0 | General mental health service who provide crisis care to people with a learning disability and mental health problem should ensure that they are fully informed about the nature of the learning disability. | 100.00 | 11.0 | 92.860000 | 14.0 | Use | NaN | 1.2.7 | NaN | NaN | NaN |
| f.5 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 5.0 | Specific dedicated beds should be provided in a general mental health service for people with a learning disability and a mental health problem who require an acute admission. | 27.27 | 11.0 | 28.570000 | 14.0 | Re-draft | f.62.r | NaN | NaN | NaN | NaN |
| f.6 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 6.0 | Inpatient services with dedicated beds for people with a learning disability and mental health problem should have staff with specialists training in learning disability. | 81.82 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.2.6 | NaN | NaN | NaN |
| f.7 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 7.0 | General mental health services who provide out- or day-patient care for people with a learning disability and a mental health problem should employ staff who are competent to treat and aware of the interaction between the learning disability and mental health problems. | 100.00 | 11.0 | 92.860000 | 14.0 | Use | NaN | 1.2.10 | NaN | NaN | NaN |
| f.8 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 8.0 | To improve outcomes in people with a learning disability and a severe mental health problem intensive support at home and in community settings, with provision for more frequent contact with services, could be considered. | 100.00 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| f.9 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 9.0 | If care is not provided by a practitioner with accredited specialist skills in work with people with a learning disability and a mental health problem, supervision must be provided by a more senior member of staff who has these skills. | 90.91 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.2.10 | NaN | NaN | NaN |
| f.10 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 10.0 | Guidance and supervision should be sought by any staff member working with an individual with a learning disability and a mental health problem from a colleague with appropriate accredited specialist skills. | 90.91 | 11.0 | 92.310000 | 13.0 | Use | NaN | 1.2.10 | NaN | NaN | NaN |
| f.11 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 11.0 | All staff who will work with people with a learning disability and a mental health problem should receive training in the needs of people with a learning disability, including issues relating to safeguarding and communication challenges, and the potential different presentations of mental health problems in these people. | 100.00 | 11.0 | 100.000000 | 14.0 | Use | NaN | 1.2.9 | NaN | NaN | NaN |
| f.12 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 12.0 | Staff who work with people with a learning disability and a mental health problem on a regular basis should receive training in the needs of people with a learning disability, including issues relating to safeguarding and communication challenges, and the potential different presentations of mental health problems in these people. | 100.00 | 11.0 | 100.000000 | 14.0 | Discard | NaN | NaN | NaN | NaN | Less preferred option, upon discussion at the GC |
| f.13 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 13.0 | Specialist LD services should have the capacity to offer a broad range of psychological interventions for common and severe mental disorders. | 100.00 | 11.0 | 100.000000 | 14.0 | Use | NaN | 1.2.5 | NaN | NaN | NaN |
| f.14 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 14.0 | Generic psychological treatment services (for example, IAPT) should have the competence to be able to delivery treatment to people with LD. | 72.73 | 11.0 | 78.570000 | 14.0 | Re-draft | f.63.r | NaN | NaN | NaN | NaN |
| f.15 | 6a Structures, training and supervision to support practitioners in the effective delivery of interventions | 15.0 | Generic MH services should have the competence to be able to delivery treatment to people with LD. | 72.73 | 11.0 | 71.430000 | 14.0 | Re-draft | f.64.r | NaN | NaN | NaN | NaN |
| f.16 | 6a Improving accessibility of services | 16.0 | Services for people with a learning disability and a mental health problem should be delivered flexibly, taking into account the person’s needs (including financial considerations, mobility needs or any anxieties about travel). | 100.00 | 11.0 | 92.860000 | 14.0 | Use | NaN | 1.2.2 | NaN | NaN | NaN |
| f.17 | 6a Improving accessibility of services | 17.0 | Services for people with learning disabilities and mental health problems should be delivered flexibly (including provision of care outside of the care environment) where possible. | 100.00 | 11.0 | 92.860000 | 14.0 | Discard | NaN | NaN | x | NaN | Less preferred option |
| f.18 | 6a Improving accessibility of services | 18.0 | Services for people with learning disabilities and mental health problems should be accessible to people from different cultural backgrounds. | 100.00 | 11.0 | 100.000000 | 14.0 | Use | NaN | 1.2.2. | NaN | NaN | NaN |
| f.19 | 6a Improving accessibility of services | 19.0 | When a person with a learning disability and a mental health problem is having difficulties accessing services, consider if communication difficulties may be a contributing factor. | 81.82 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.2.8 | NaN | NaN | NaN |
| f.20 | 6a Improving accessibility of services | 20.0 | For people with a learning disability and a mental health problem service-user preference for a worker of a particular gender, or ethnic or cultural background, should be accommodated where possible. | 81.82 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.2.2 | NaN | NaN | NaN |
| f.21 | 6a Models or support for transition between services | 21.0 | Transitions for people with a learning disability and a mental health problem should be planned in advance. | 100.00 | 11.0 | 100.000000 | 14.0 | Use | NaN | 1.2.4 | NaN | NaN | NaN |
| f.22 | 6a Models or support for transition between services | 22.0 | The person with a learning disability and a mental health problem and their families and carers should be involved in the planning of transitions. | 100.00 | 11.0 | 100.000000 | 14.0 | Use | NaN | 1.2.4 | NaN | NaN | NaN |
| f.23 | 6a Models or support for transition between services | 23.0 | All effort should be made to ensure the person with a learning disability and a mental health problem feels adequately supported during transitions. | 90.00 | 10.0 | 92.310000 | 13.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.24 | 6a Models or support for transition between services | 24.0 | When a person with a learning disability and a mental health problem is transitioning between services, all effort should be made to ensure a smooth transition of care. | 90.00 | 11.0 | 84.620000 | 14.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.25 | 6a Models or support for transition between services | 25.0 | For people with a learning disability and a mental health problem, a key individual should be identified to facilitate a smooth transition between services. | 100.00 | 11.0 | 100.000000 | 14.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.26 | 6a Models or support for transition between services | 26.0 | For people with a learning disability and a mental health problem consideration should be given to any special requirements that may assist with a smooth transition between services (such as difficulties with changes to routine or anxiety about meeting new people). | 100.00 | 11.0 | 100.000000 | 14.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.27 | 6a Models or support for transition between services | 27.0 | A joint meeting should be held during the transition period with the person with a learning disability and a mental health problem, their families and carers and staff from both the outgoing and incoming services. | 90.91 | 11.0 | 92.860000 | 14.0 | Informed other recommendations | NaN | NaN | x | NaN | Principle covered generally in 1.2.3 |
| f.28 | 6a Models or support for transition between services | 28.0 | Children and young people with a learning disability and a mental health problem who are within the care system should receive additional support when transitioning between settings. | 90.91 | 11.0 | 92.860000 | 14.0 | Use | NaN | 1.10.2 | NaN | NaN | NaN |
| f.29 | 6a Models or support for transition between services | 29.0 | People with a learning disability and a mental health problem who are admitted to hospital because of neurological or physical health problems should receive additional support during admission or discharge. | 100.00 | 10.0 | 100.000000 | 13.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.30 | 6a Models or support for transition between services | 30.0 | For people with a learning disability and a mental health problem, a referral needs to be accepted by the organisation accepting care before discharge from the referring organisation. | 63.64 | 11.0 | 64.290000 | 14.0 | Re-draft | f.65.r | NaN | NaN | NaN | NaN |
| f.31 | 6a Models or support for transition between services | 31.0 | When a person’s care is being transferred to another service or organisation, the referring or discharging organisations should ensure that information related to the person with a learning disability and a mental health problem and their families and carers is provided securely and in a timely manner to the organisation accepting care. | 90.91 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.32 | 6a Models or support for transition between services | 32.0 | When a person’s care is being transferred to another service or organisation, the referring or discharging organisation should ensure that information relating to any safeguarding concerns for the person with a learning disability and a mental health problem is shared with all relevant services. | 100.00 | 11.0 | 100.000000 | 14.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.33 | 6a Models or support for transition between services | 33.0 | It is the responsibility of the organisation accepting care to ensure that they have received the person’s records, including any safeguarding concerns. | 72.73 | 11.0 | 64.290000 | 14.0 | Discard | NaN | NaN | x | NaN | Less preferred option. |
| f.34 | 6a Models or support for transition between services | 34.0 | In educational settings, children and adolescent mental health services staff should provide advice and facilitate transitions for people with learning disabilities and mental health problems. | 81.82 | 11.0 | 78.570000 | 14.0 | Use | NaN | 1.2.4 | NaN | NaN | NaN |
| f.35 | 6a Coordination and communication between key persons and services in the life of a person with LD and MH problems | 35.0 | All involved agencies should ensure that they communicate information clearly, both between services and with the person with a learning disability and a mental health problem and any key people involved (such as family members or carers). | 100.00 | 11.0 | 100.000000 | 14.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.36 | 6a Coordination and communication between key persons and services in the life of a person with LD and MH problems | 36.0 | A key worker should be allocated who co-ordinates all aspects of care for people with a learning disability and a mental health problem. | 90.91 | 11.0 | 92.860000 | 14.0 | Use | NaN | 1.2.8 | NaN | NaN | NaN |
| f.37 | 6a Coordination and communication between key persons and services in the life of a person with LD and MH problems | 37.0 | A key worker should be allocated to facilitate clear communication between the person with a learning disability and mental health problem, their family and carers, and involved services. | 81.82 | 11.0 | 78.570000 | 14.0 | Use | NaN | 1.2.8 | NaN | NaN | NaN |
| f.38 | 6a Coordination and communication between key persons and services in the life of a person with LD and MH problems | 38.0 | For people with a learning disability and a mental health problem, a proactive approach should be taken to the sharing of information with key people and services, in line with local procedures and with the permission of the person with a learning disability and a mental health problem. | 100.00 | 11.0 | 92.860000 | 14.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.39 | 6a Coordination and communication between key persons and services in the life of a person with LD and MH problems | 39.0 | It is important that staff familiarise themselves with the role of each key person or service in the life of the person with a learning disability and a mental health problem. | 90.91 | 11.0 | 92.860000 | 14.0 | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.40 | 6a Coordination and communication between key persons and services in the life of a person with LD and MH problems | 40.0 | It is important that staff familiarise themselves with the working practices of each key person or service in the life of the person with a learning disability and a mental health problem. | 63.64 | 11.0 | 64.290000 | 14.0 | Discard | NaN | NaN | x | NaN | Less preferred option |
| f.41 | 6a Coordination and communication between key persons and services in the life of a person with LD and MH problems | 41.0 | It is important for each key person and service to clarify their role and responsibility regarding the care of the person with a learning disability and a mental health problem. | 90.91 | 11.0 | 92.860000 | 14.0 | Use | NaN | 1.2.8 | NaN | NaN | NaN |
| f.42 | 6a Coordination and communication between key persons and services in the life of a person with LD and MH problems | 42.0 | Communications between key persons in the life of a person with a learning disability and a mental health problem should be timely and in an agreed format. | 90.91 | 11.0 | 92.860000 | 14.0 | Use | NaN | 1.2.8 | NaN | NaN | NaN |
| f.43 | 6a Coordination and communication between key persons and services in the life of a person with LD and MH problems | 43.0 | For people with a learning disability and a mental health problem, clarity of coordination and communication is particularly crucial regarding safeguarding concerns and risk management. | 90.91 | 11.0 | 92.860000 | 14.0 | Use | NaN | 1.2.8 | NaN | NaN | NaN |
| f.44 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 44.0 | It may be helpful to consult family members, carers and staff/advocates of people with a learning disability and a mental health problem, if possible, to inform the design of interventions to treat the person’s mental health problems. | 90.91 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| f.45 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 45.0 | When designing an intervention for a person with a learning disability and a mental health problem, input from and knowledge of family members, carers and staff/advocates should be sought, with the person’s permission if possible. | 90.91 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.3.4 | NaN | NaN | NaN |
| f.46 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 46.0 | When implementing interventions for people with a learning disability and a mental health problem, it may be helpful to consider offering consultation to family members, carers and staff/advocates. | 81.82 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.3.4 | NaN | NaN | NaN |
| f.47 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 47.0 | Family members, carers and staff/advocates of people with a learning disability and a mental health problem should be encouraged to be actively involved in the implementation of intervention plans to treat the person’s mental health problems. | 81.82 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.3.4 | NaN | NaN | NaN |
| f.48 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 48.0 | Family members, carers and staff/advocates of people with a learning disability and a mental health problem should be encouraged to be actively involved in the implementation of intervention plans to treat the persons’ mental health problems, including attendance at sessions so that they feel able to adopt a co-therapist role, if this is felt to be appropriate. | 54.55 | 11.0 | 64.290000 | 14.0 | Discard | NaN | NaN | NaN | NaN | NaN |
| f.49 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 49.0 | When considering the progress and acceptability of interventions for people with a learning disability and a mental health problem, the opinions of family members, carers and staff/advocates should be sought via attendance at sessions, if possible (and if this is not feasible, via telephone). | 63.64 | 11.0 | 71.430000 | 14.0 | Use | NaN | 1.3.4 | NaN | NaN | NaN |
| f.50 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 50.0 | When considering the progress and acceptability of interventions for people with a learning disability and a mental health problem, the opinions of family members, carers and staff/advocates should be sought using standardised outcome measurement tools via post. | 36.36 | 11.0 | 50.000000 | 14.0 | Discard | NaN | NaN | NaN | NaN | NaN |
| f.51 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 51.0 | Family members or carers of people with a learning disability and a mental health problem should be provided with information about support and interventions in an appropriate language and format, including NICE’s ‘Information for the Public’. | 90.91 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.3.5 | NaN | NaN | NaN |
| f.52 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 52.0 | Before delivering interventions to people with a learning disability and mental health problem allow sufficient preparation time for service users and their carers about what to expect from the treatment by providing them with information (in an ‘easy read’ format, using lay terms) at the time of arranging the treatment. | 90.91 | 11.0 | 85.710000 | 14.0 | Discard | NaN | NaN | x | NaN | Less preferred option |
| f.53 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 53.0 | Before delivering interventions to people with a learning disability and mental health problem allow sufficient preparation time for service users and their carers about what to expect from the treatment by providing them with information (in ‘easy read’ format, using lay terms) at some point in advance of the treatment. | 90.91 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.3.5 and 1.3.3 | NaN | NaN | NaN |
| f.54 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 54.0 | For people with a learning disability and a mental health problem who are undergoing an intervention, their understanding of the purpose, plan and content of the intervention should be checked at the start and then regularly throughout. | 81.82 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.3.3 | NaN | NaN | NaN |
| f.55 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 55.0 | Staff members should allocate time to thoroughly explain to the person with a learning disability and a mental health problem any outcome measures that are used to monitor progress during an intervention. | 81.82 | 11.0 | 78.570000 | 14.0 | Use | NaN | 1.3.3 | NaN | NaN | NaN |
| f.56 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 56.0 | Staff members should offer support to people with a learning disability and a mental health problem to complete any outcome measures used to monitor progress during an intervention. | 81.82 | 11.0 | 78.570000 | 14.0 | Informed other recommendations | NaN | NaN | x | NaN | Principles already covered elsewhere |
| f.57 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 57.0 | To ensure that the service user feels able to engage as fully as possible, communication needs and degree of understanding should be held in mind at all stages of the intervention. | 90.91 | 11.0 | 85.710000 | 14.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| f.58 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 58.0 | Families and carers should be involved in assisting with the implementation of the intervention, if possible and if agreed with the person with a learning disability and a mental health problem. | 81.82 | 10.0 | 84.620000 | 13.0 | Use | NaN | 1.3.4 | NaN | NaN | NaN |
| f.59 | 6a Engaging the family and staff/advocate of people with LD in the design, implementation and monitoring of interventions for that person’s mental health problems | 59.0 | If possible, the views of families and carers should be elicited to monitor the implementation of interventions for people with a learning disability and a mental health problem and progress towards goals. | 80.00 | 11.0 | 78.570000 | 14.0 | Use | NaN | 1.3.4 | NaN | NaN | NaN |
| f.60.r | 6b Structures, training and supervision to support practitioners in the effective delivery of interventions | 1.0 | Services for people with a learning disability should work closely with services for people with a learning disability and a mental health problem, if possible, in order to facilitate co-working and joined-up service provision. | 92.31 | 13.0 | NaN | NaN | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| f.61.r | 6b Structures, training and supervision to support practitioners in the effective delivery of interventions | 2.0 | To prevent people with a mild learning disability and a mental health problem from falling ‘between the gaps’ of different services, care should generally be provided within mainstream mental health services with staff who have appropriate specialist training in working with people with learning disabilities. | 84.62 | 13.0 | NaN | NaN | Use | NaN | 1.2.5 | NaN | NaN | NaN |
| f.62.r | 6b Structures, training and supervision to support practitioners in the effective delivery of interventions | 3.0 | Specific dedicated beds should be provided for people with a learning disability and a mental health problem who require an acute admission. | 64.29 | 14.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Alternative proposed from this option and others from round 1 during GC discussions. |
| f.63.r | 6b Structures, training and supervision to support practitioners in the effective delivery of interventions | 4.0 | Generic psychological treatment services (for example, IAPT) should have the competence to be able to delivery treatment to people with mild LD, calling on specialist support when needed. | 100.00 | 14.0 | NaN | NaN | Use | NaN | 1.2.5 | NaN | NaN | NaN |
| f.64.r | 6b Structures, training and supervision to support practitioners in the effective delivery of interventions | 5.0 | Generic MH services should have the competence to be able to delivery treatment to people with mild LD. | 92.86 | 14.0 | NaN | NaN | Use | NaN | 1.2.5 | NaN | NaN | NaN |
| f.65.r | 6b Models or support for transition between services | 6.0 | For people with a learning disability and a mental health problem who needs ongoing care, the referring organisation should ensure that they do not discharge the person before another organisation has accepted the referral. | 76.92 | 13.0 | NaN | NaN | Use | NaN | 1.2.3 | NaN | NaN | NaN |
| g | 7 ADAPTATIONS TO PHARMACOLOGICAL INTERVENTIONS | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN |
| g.1 | 7 | 1.0 | Only learning disabilities specialists should start drug treatment for a mental health problem in people with a learning disability. | 37.50 | 16.0 | NaN | NaN | Use | NaN | 1.9.2 | NaN | NaN | NaN |
| g.2 | 7 | 2.0 | Before prescribing a drug to treat a mental health problem in people with a learning disability, there needs to be careful consideration of a number of things when obtaining consent including the mode of communication. | 93.75 | 16.0 | NaN | NaN | Use | NaN | 1.3.3 | NaN | NaN | NaN |
| g.3 | 7 | 3.0 | Before prescribing a drug to treat a mental health problem in people with a learning disability, there needs to be careful consideration of a number of things when obtaining consent including the environment where the information is provided. | 75.00 | 16.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| g.4 | 7 | 4.0 | Before prescribing a drug to treat a mental health problem in people with a learning disability, there needs to be careful consideration of a number of things when obtaining consent including the person’s familiarity with whoever provides the information. | 56.25 | 16.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| g.5 | 7 | 5.0 | Before prescribing a drug to treat a mental health problem in people with a learning disability, there needs to be careful consideration of a number of things when obtaining consent including the pace the information is provided. | 86.67 | 15.0 | NaN | NaN | Use | NaN | 1.3.3 | NaN | NaN | NaN |
| g.6 | 7 | 6.0 | Before prescribing a drug to treat a mental health problem in people with a learning disability, there needs to be careful consideration of a number of things when obtaining consent including the person’s capacity to consent. | 93.75 | 16.0 | NaN | NaN | Use | NaN | 1.3.2 | NaN | NaN | NaN |
| g.7 | 7 | 7.0 | The potential for people with a learning disability and a mental health problem to react to psychotropic medication atypically should be taken into account. | 87.50 | 16.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Discussion within GC that this did not need to be explicitly stated. |
| g.8 | 7 | 8.0 | Additional risk factors due to underlying syndromes (such as cardiovascular risk factors, difficulties with weight management, increased susceptibility to metabolic syndromes) should be borne in mind before prescribing a drug to treat a mental health problem in people with a learning disability. | 100.00 | 16.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Discussion within GC that this did not need to be explicitly stated. |
| g.9 | 7 | 9.0 | Before prescribing a drug to treat a mental health problem in people with a learning disability, the difficulty of taking blood samples from some people with a learning disability should be borne in mind. | 75.00 | 16.0 | NaN | NaN | Use | NaN | 1.9.3 | NaN | NaN | NaN |
| g.10 | 7 | 10.0 | Before prescribing a drug to treat a mental health problem in people with a learning disability, likely compliance issues, should be borne in mind. | 75.00 | 16.0 | NaN | NaN | Use | NaN | 1.9.3 | NaN | NaN | NaN |
| g.11 | 7 | 11.0 | It may be helpful to support and monitor people with mild learning disabilities who are taking medication for mental health problems to improve compliance with drug regimens (such as through blood testing). | 81.25 | 16.0 | NaN | NaN | Use | NaN | 1.9.3 | NaN | NaN | NaN |
| g.12 | 7 | 12.0 | The potential difficulties for people with a learning disability and a mental health problem in tolerating or communicating any side effects should be borne in mind. | 100.00 | 15.0 | NaN | NaN | Use | NaN | 1.9.4 | NaN | NaN | NaN |
| g.13 | 7 | 13.0 | When prescribing a drug to treat a mental health problem in people with a learning disability, polypharmacy should be avoided. | 75.00 | 16.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Discussion in GC that this would be ideal but is not realistic as many people have additional diffs such as epilepsy that are treated with medication. |
| g.14 | 7 | 14.0 | To avoid polypharmacy, regular comprehensive medication review is necessary. | 80.00 | 15.0 | NaN | NaN | Use | NaN | 1.9.4 | NaN | NaN | NaN |
| g.15 | 7 | 15.0 | When prescribing a drug to treat a mental health problem in people with a learning disability, any drugs that the person is taking for other conditions (such as epilepsy) should be taken into consideration. | 100.00 | 16.0 | NaN | NaN | Use | NaN | 1.9.3 | NaN | NaN | NaN |
| g.16 | 7 | 16.0 | Cardiovascular investigations should be undertaken before prescribing a drug to treat a mental health problem because of an increased risk of stroke in some people with a learning disability. | 40.00 | 15.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| g.17 | 7 | 17.0 | ‘Easy read’ written or pictorial instructions can be helpful to increase compliance with drug treatment in people with a learning disability. | 68.75 | 16.0 | NaN | NaN | Use | NaN | 1.9.3 | NaN | NaN | NaN |
| g.18 | 7 | 18.0 | When prescribing a drug to treat a mental health problem in people with a learning disability, prescribing clinicians should start with a low dose. | 53.33 | 15.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| g.19 | 7 | 19.0 | When determining the initial dose, prescribing clinicians should balance the need to ensure a low dose to monitor for side effects while avoiding sub-therapeutic doses that may not treat the mental health problem effectively. | 93.75 | 16.0 | NaN | NaN | Use | NaN | 1.9.5 | NaN | NaN | NaN |
| g.20 | 7 | 20.0 | If the person with a learning disability is physically healthy, the mean therapeutic dose recommended for use in the non-learning disability population may be appropriate. | 68.75 | 16.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Less preferred option of several presented. |
| g.21 | 7 | 21.0 | The dose of a drug to treat a mental health problem in people with a learning disability should be increased very gradually. | 56.25 | 16.0 | NaN | NaN | Discard | NaN | NaN | NaN | NaN | NaN |
| g.22 | 7 | 22.0 | Particular care needs to be taken when discontinuing a drug in people with a learning disability because symptoms may be exacerbated such as with selective serotonin reuptake inhibitors (SSRIs) for anxiety. | 68.75 | 16.0 | NaN | NaN | Use | NaN | 1.9.8 | NaN | NaN | NaN |
| g.23 | 7 | 23.0 | Particular vigilance for side effects should be exercised when starting or changing a drug to treat a mental health problem in a person with a learning disability. | 93.75 | 16.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Covered elsewhere. |
| g.24 | 7 | 24.0 | Before prescribing a drug to treat a mental health problem in people with a learning disability, clinicians should ensure that they liaise with any other involved specialists (such as neurologists for epilepsy care) to discuss existing drug regimens and possible interactions. | 81.25 | 16.0 | NaN | NaN | Use | NaN | 1.9.3 | NaN | NaN | NaN |
| g.25 | 7 | 25.0 | Prescribing clinicians should liaise with other involved specialists (such as neurologists for epilepsy care) regarding the person’s drug regimen. | 75.00 | 16.0 | NaN | NaN | Informed other recommendations | NaN | NaN | x | NaN | Covered elsewhere |
| g.26 | 7 | 26.0 | A drug used to treat a mental health problem in people with a learning disability should be reviewed for effectiveness and side effects after 3 to 4 weeks. | 80.00 | 15.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Principle adopted in 1.9.5 but specific timescale not needed. |
| g.27 | 7 | 27.0 | A drug used to treat a mental health problem in people with a learning disability should be reviewed for effectiveness and side effects after 6 weeks. | 62.50 | 16.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | Less preferred option of several presented to the GC. |
| g.28 | 7 | 28.0 | Use of in psychotropics in people with a learning disability and a mental health problem should ideally not be long-term. | 40.00 | 15.0 | NaN | NaN | Use | NaN | 1.9.6 and 1.9.7 | NaN | x | Issues felt to be important when discussed in GC. |
| g.29 | 7 | 29.0 | Psychotropic medication for behavioural and cognitive symptoms in dementia should only be considered if other approaches have been ineffective and risk from symptoms is high. | 68.75 | 16.0 | NaN | NaN | Discard | NaN | NaN | x | NaN | GC discussions indicated that this was not needed after all. |
| g.30 | 7 | 30.0 | Drug treatment for a mental health problem in people with a learning disability should be reviewed by learning disabilities specialists, unless there are locally agreed protocols for shared care. | 66.67 | 15.0 | NaN | NaN | Use | NaN | 1.9.2 | NaN | NaN | NaN |
| h | 8 ADAPTATIONS TO PSYCHOLOGICAL INTERVENTIONS | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN | NaN |
| h.1 | 8a Structure | 1.0 | The duration and pace of each session should be modified according to the capacity of the individual to engage. For example, sessions should be shorter in duration, slower paced and more frequent than for people without a learning disability. | 92.31 | 13.0 | 75.000000 | 16.0 | Re-draft | h.32.r - h.36.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.2 | 8a Structure | 2.0 | The person’s ability to correctly identify and label their emotions, and identify situations or thoughts which may make them feel a certain way, should be evaluated prior to commencement of therapy. | 76.92 | 13.0 | 75.000000 | 16.0 | Re-draft | h.37.r and h.43.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.3 | 8a Structure | 3.0 | A course of treatment may need to be longer, with sessions closer together, than for people without a learning disability to allow more time to establish a therapeutic alliance, for learning, and for consolidation of concepts. | 100.00 | 13.0 | 68.750000 | 16.0 | Re-draft | h.38.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.4 | 8a Structure | 4.0 | Structure sessions using an agenda or visual timetable which sets out what the session aims to achieve, with the goals of the intervention clearly indicated. | 69.23 | 13.0 | 87.500000 | 16.0 | Re-draft | NaN | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.5 | 8a Structure | 5.0 | Use a written or visual agenda depending on the capabilities of the individual. | 84.62 | 13.0 | 100.000000 | 16.0 | Re-draft | h.47.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.6 | 8a Structure | 6.0 | The choice of intervention and introduction of subsequent adaptations should be informed by the person’s strengths and weaknesses, employing areas of relative strength, such as verbal abilities in people with William’s Syndrome, as much as possible. | 92.31 | 12.0 | 81.250000 | 15.0 | Re-draft | h.29.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.7 | 8a Structure | 7.0 | The importance of routine should be considered when establishing a treatment plan and scheduling appointments. For example, scheduling at the same time and in the same place as often as possible and that sessions follow a consistent format. | 69.23 | 13.0 | 100.000000 | 16.0 | Re-draft | h.30.r and h.31.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.8 | 8a Structure | 8.0 | Ensure that the individual’s needs, including physical disabilities, distractibility and sensitivity to noise, are considered carefully when choosing a location for therapy sessions. | 84.62 | 13.0 | 87.500000 | 16.0 | Re-draft | h.27.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.9 | 8a Structure | 9.0 | Deliver interventions face-to-face. | 61.54 | 13.0 | 100.000000 | 16.0 | Re-draft | h.28.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.10 | 8a Content | 1.0 | All aspects of the intervention, including the setting of goals and evaluation of progress, should be as collaborative as possible. | 53.85 | 13.0 | 87.500000 | 16.0 | Re-draft | h.45.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.11 | 8a Content | 2.0 | Consider reducing the reliance upon written materials and activities, such as workbooks and diaries. For example, consider using materials such as pictures and simple diagrams. | 69.23 | 13.0 | 81.250000 | 16.0 | Re-draft | h.54.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.12 | 8a Content | 3.0 | Continue to use written materials and activities such as homework diaries and workbooks, but provide support to the person to use these. | 69.23 | 13.0 | 100.000000 | 16.0 | Re-draft | h.39.r and h.55.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.13 | 8a Content | 4.0 | Use concrete examples, visual methods and practical demonstrations to explain concepts. | 84.62 | 13.0 | 75.000000 | 16.0 | Re-draft | h.56.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.14 | 8a Content | 5.0 | If the individual has a specific area of interest it may be helpful to try and use this to improve understanding and engagement with sessions. | 76.92 | 13.0 | 93.750000 | 16.0 | Re-draft | h.57.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.15 | 8a Content | 6.0 | It is important to adapt to the individual’s level of understanding. | 100.00 | 13.0 | 81.250000 | 16.0 | Re-draft | h.42.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.16 | 8a Content | 7.0 | If thought to be helpful, undertake some initial work to help the person to identify and label their own emotions. | 92.31 | 13.0 | 75.000000 | 16.0 | Re-draft | NaN | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.17 | 8a Content | 8.0 | Identify and use the terms clients themselves use to describe their emotions. | 100.00 | 13.0 | 75.000000 | 16.0 | Re-draft | h.44.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.18 | 8a Content | 9.0 | Provide opportunities to practise and generalise any new skills developed through treatment. | 92.31 | 13.0 | 68.750000 | 16.0 | Re-draft | h.58.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.19 | 8a Content | 10.0 | Ensure systems are in place to support practice between sessions. | 84.62 | 13.0 | 87.500000 | 16.0 | Re-draft | NaN | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.20 | 8a Content | 11.0 | Consider whether the individual has difficulty generalising information across different settings such as home, school, and therapy. If so, provide support to achieve this | 84.62 | 13.0 | 100.000000 | 16.0 | Re-draft | h.63.r and h.67.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.21 | 8a Content | 12.0 | Employ a range of aids to facilitate communication and understanding including: clear, straight-forward language, role plays, visual and practical aids and modelling. | 100.00 | 13.0 | 81.250000 | 16.0 | Re-draft | h.48.r and h.49.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.22 | 8a Content | 13.0 | Consider involving a family member or carer to facilitate engagement. | 76.92 | 13.0 | 100.000000 | 16.0 | Re-draft | h.61.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.23 | 8a Content | 14.0 | Consider involving a family member or carer to assist with implementation. | 76.92 | 13.0 | 87.500000 | 16.0 | Re-draft | h.62.r and h.66.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.24 | 8a Content | 15.0 | Support individuals to identify and reflect on change and progress after treatment using different methods such as a thermometer or numerical scale. | 53.85 | 13.0 | 100.000000 | 16.0 | Re-draft | h.59.r and h.60.r | NaN | x | NaN | The GC felt that they needed more input from expert advisors, and that the first round did not adequately ccapture all of the issues, or cover the needs of those with severe to profound disabilities. |
| h.25 | 8b General | 1.0 | People with a learning disability may have a broad range of sensory, physical, cognitive and communication difficulties; any adaptations to psychological treatments should be informed by careful assessment of the person and tailored to their needs. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.8.2 | NaN | NaN | NaN |
| h.26 | 8b Setting | 2.0 | Ensure that the chosen setting provides sufficient privacy (such as when offering treatment on an outreach basis). | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.8.2 | NaN | NaN | NaN |
| h.27.r | 8b Setting | 3.0 | When choosing a location for therapy sessions ensure that the person’s needs, for example neurological or physical health problems or sensory sensitivities, are taken into account. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.8.2 | NaN | NaN | NaN |
| h.28.r | 8b Setting | 4.0 | The mode of delivery of an intervention, for example face-to-face or online, should be decided based on the person’s needs rather than the preference of the service. | 83.33 | 12.0 | 84.620000 | 13.0 | Use | NaN | 1.8.2 | NaN | NaN | NaN |
| h.29.r | 8b Structure | 5.0 | the choice of intervention and introduction of adaptations should be informed by the person’s strengths and weaknesses identified during assessment, drawing on areas of relative strength as much as possible. | 83.33 | 12.0 | 84.620000 | 13.0 | Use | NaN | 1.8.2 | NaN | NaN | NaN |
| h.30.r | 8b Structure | 6.0 | When establishing a treatment plan and scheduling appointments, whether routine is important to, or would be helpful for, the person should be taken into account. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| h.31.r | 8b Structure | 7.0 | For some people with a learning disability, for instance those with autistic traits or memory impairments, scheduling therapy sessions at the same time of day/week and in the same place, and ensuring that sessions follow a consistent format, can be beneficial. | 75.00 | 12.0 | 69.230000 | 13.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| h.32.r | 8b Structure | 8.0 | The duration of each therapy session should be modified according to the person’s needs. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| h.33.r | 8b Structure | 9.0 | Therapy sessions may need to be shorter or longer than the standard clinical hour or breaks may need to be provided. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| h.34.r | 8b Structure | 10.0 | The pace of each therapy session should be modified according to the person’s needs. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| h.35.r | 8b Structure | 11.0 | Therapy sessions may need to be slower paced and/or include more repetition of key concepts. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| h.36.r | 8b Structure | 12.0 | Thought should be given to the frequency of therapy sessions, taking into account clinical need and the frequency of the person’s other appointments. | 83.33 | 12.0 | 84.620000 | 13.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| h.37.r | 8b Structure | 13.0 | In order to guide individualisation of the intervention, the person’s ability to identify their emotions, and thoughts or situations which make them feel a certain way, should be evaluated before starting treatment. | 83.33 | 12.0 | 84.620000 | 13.0 | Informed other recommendations | NaN | NaN | x | NaN | Covered by bullet in 1.8.3 |
| h.38.r | 8b Structure | 14.0 | A course of treatment may need to be longer than for people without a learning disability to allow more time for learning and consolidation of concepts. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.8.3 and 1.3.1 | NaN | NaN | NaN |
| h.39.r | 8b Structure | 15.0 | Consider providing reminders to assist in the completion of homework tasks. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.8.4 | NaN | NaN | NaN |
| h.40 | 8b Content | 16.0 | Maintain an awareness of the potential impact of the person’s experiences of stigma and prejudice on engagement with therapy. | 58.33 | 12.0 | 61.540000 | 13.0 | Discard | NaN | NaN | NaN | NaN | NaN |
| h.41 | 8b Content | 17.0 | Clinicians should be careful to communicate with the person with a learning disability and mental health problem directly, rather than talking about, or over them. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| h.42.r | 8b Content | 18.0 | Psychological interventions should be adapted to the person’s level of understanding. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.8.2 | NaN | NaN | NaN |
| h.43.r | 8b Content | 19.0 | If indicated by assessment, initial work may be undertaken to help the person to identify and label their own emotions. | 91.67 | 12.0 | 92.310000 | 13.0 | Informed other recommendations | NaN | NaN | NaN | NaN | Covered by bullet in 1.8.3 |
| h.44.r | 8b Content | 20.0 | The terms that the person uses to describe their emotions should be used during therapy sessions. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| h.45.r | 8b Content | 21.0 | All aspects of the intervention, including the setting of goals and evaluation of progress, should be developed collaboratively with the person. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| h.46 | 8b Content | 22.0 | Agreed goals for the intervention should be clear and concrete. | 58.33 | 12.0 | 69.230000 | 13.0 | Discard | NaN | NaN | NaN | NaN | NaN |
| h.47.r | 8b Content | 23.0 | The agenda for the session should be communicated in the way most suited to the person, for example in a written format, visually, orally or a combination of these. | 90.91 | 11.0 | 91.670000 | 12.0 | Informed other recommendations | NaN | NaN | NaN | NaN | Principles covered elsewhere. |
| h.48.r | 8b Content | 24.0 | A range of aids to facilitate communication and understanding should be used including role play, visual and practical aids and modelling. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| h.49.r | 8b Content | 25.0 | Explanations should be provided in clear, straightforward language; complicated sentences should be avoided. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| h.50 | 8b Content | 26.0 | Abstract visual stimuli, such as symbols, may require explanation as to their meaning and purpose. | 100.00 | 12.0 | 100.000000 | 13.0 | Informed other recommendations | NaN | NaN | x | NaN | Principles covered elsewhere |
| h.51 | 8b Content | 27.0 | Repeating key messages can help the person remember them. | 100.00 | 12.0 | 100.000000 | 13.0 | Informed other recommendations | NaN | NaN | x | NaN | Principles covered elsewhere |
| h.52 | 8b Content | 28.0 | It may be helpful to regularly summarise and review the material covered. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| h.53 | 8b Content | 29.0 | It may be helpful to check understanding at regular intervals and clarify areas of confusion. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| h.54.r | 8b Content | 30.0 | Depending on the person’s needs and preferences, reducing reliance on written materials and activities (such as workbooks and diaries) and using materials such as pictures and diagrams, should be considered. | 100.00 | 12.0 | 100.000000 | 13.0 | Discard | NaN | NaN | x | NaN | GC discussion about the fact that written materials are a key component of CBT |
| h.55.r | 8b Content | 31.0 | If written materials and activities such as (workbooks and diaries) are used, it should be assessed whether the person will require any support to use these. | 100.00 | 12.0 | 100.000000 | 13.0 | Informed other recommendations | NaN | NaN | x | NaN | Principles covered elsewhere |
| h.56.r | 8b Content | 32.0 | The use of abstract examples should be avoided as much as possible. Concrete examples, visual methods and practical demonstrations should be used to explain concepts. | 81.62 | 11.0 | 83.330000 | 12.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| h.57.r | 8b Content | 33.0 | If the person has a specific area of interest, consider incorporating this into therapy sessions to improve engagement and understanding of concepts. It should be borne in mind that this may not be a helpful approach with people who are very perseverative or have a rehearsed script around a topic. | 83.33 | 12.0 | 84.620000 | 13.0 | Discard | NaN | NaN | x | NaN | GC could not reach agreement in discussion about this as a tool, so felt best to leave out. |
| h.58.r | 8b Content | 34.0 | In-session opportunities to practise and generalise new skills, depending on the person’s needs, should be considered. | 83.33 | 12.0 | 84.620000 | 13.0 | Use | NaN | 1.8.4 | NaN | NaN | NaN |
| h.59.r | 8b Content | 35.0 | Thought should be given to the best way of supporting people to identify and reflect upon change both during and at the end of the intervention. | 83.33 | 12.0 | 84.620000 | 13.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| h.60.r | 8b Content | 36.0 | The choice of progress and outcome measure should be based on the person’s needs and understanding, and could include tools such as face scales, thermometers to depict anger or distress, or numerical scales. | 92.31 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.8.3 | NaN | NaN | NaN |
| h.61.r | 8b Involving others | 37.0 | If appropriate, a family member or carer may be involved in the therapeutic process to facilitate engagement. | 83.33 | 12.0 | 84.620000 | 13.0 | Informed other recommendations | NaN | NaN | NaN | NaN | Principles covered elsewhere |
| h.62.r | 8b Involving others | 38.0 | If appropriate, involving a family member of carer may help to assist with implementation of the intervention, including in the person’s everyday life. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.8.4 | NaN | NaN | NaN |
| h.63.r | 8b Involving others | 39.0 | It should be discussed with the person whether they require any support to practice new skills between sessions. If support is required, liaise with relevant individuals or services to ensure that this is put in place. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.8.4 | NaN | NaN | NaN |
| h.64 | 8b Involving others | 40.0 | If appropriate, a family member or carer may help maintain change after the therapy has finished by supporting the individual to continue using strategies learned. | 100.00 | 12.0 | 100.000000 | 13.0 | Use | NaN | 1.3.4 | NaN | NaN | NaN |
| h.65 | 8b Involving others | 41.0 | Care needs to be taken to avoid inviting family or carer members to take part in the therapy if they are in conflict with the individual or involved in the individual’s distress. | 83.33 | 12.0 | 84.620000 | 13.0 | Use | NaN | 1.3.4 | NaN | NaN | NaN |
| h.66.r | 8b Involving others | 42.0 | When considering whether to involve the family or carer member in therapy the individual with a learning disability and a mental health problem should be asked for their views. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.3.4 | NaN | NaN | NaN |
| h.67.r | 8b Involving others | 43.0 | If the person is experiencing difficulties generalising information learnt within sessions to other settings, discuss with the person how to address this and liaise with relevant individuals or services to implement necessary support. | 91.67 | 12.0 | 92.310000 | 13.0 | Use | NaN | 1.8.4 | NaN | NaN | NaN |
| h.68 | 8c Interventions or adaptations to interventions for people with severe to profound learning disabilities | 1.0 | For people with severe or profound learning disabilities, it may be particularly useful to help to manage the person’s environment to reduce stressors or to help them to manage change. | 100.00 | 13.0 | 100.000000 | 14.0 | Use | NaN | 1.10.1 | NaN | NaN | NaN |
| h.69 | 8c Interventions or adaptations to interventions for people with severe to profound learning disabilities | 2.0 | For people with severe or profound learning disabilities with mental health problems, techniques that involve demonstration (such as modelling) are likely to be more beneficial at treating the mental health problem than techniques that involve verbal explanations. | 61.54 | 13.0 | 64.290000 | 14.0 | Use | NaN | 1.3.1 | NaN | NaN | NaN |
| h.70 | 8c Interventions or adaptations to interventions for people with severe to profound learning disabilities | 3.0 | For people with severe or profound learning disabilities with mental health problems, psychological or psychosocial interventions should include clear, structured activities and provide support to the person to engage with the activities. | 84.63 | 13.0 | 85.710000 | 14.0 | Use | NaN | 1.8.4 | NaN | NaN | NaN |
| h.71 | 8c Interventions or adaptations to interventions for people with severe to profound learning disabilities | 4.0 | For people with severe or profound learning disabilities with phobias and anxiety problems, graded exposure may be useful in supporting the person to deal with these problems. | 76.92 | 13.0 | 78.570000 | 14.0 | Use | NaN | 1.8.7 | NaN | NaN | NaN |
| h.72 | 8c Interventions or adaptations to interventions for people with severe to profound learning disabilities | 5.0 | Staff working with people with severe or profound learning disabilities with mental health problems should work with the family members or carers of the person to ensure that their input is consistent and sensitive to the individual. | 100.00 | 13.0 | 100.000000 | 14.0 | Use | NaN | 1.8.4 | NaN | NaN | NaN |

## Additional comments
| Additional comments/issues not covered | Unnamed: 1 |
| --- | --- |
| Comment/issue | Reply |
| 4 BRIEF ASSESSMENT | NaN |
| There needs to also be consideration of the person’s decision-making capacity to consent to the treatment and any investigations. Consideration should be given to the need for referral for more detailed specialist assessment | SEE COOMENTS ON FULL ASSESSMENT |
| For risk assessment as a part of a brief assessment, there is no statement about using structured risk assessment tools. Specific mention of assessing recent life events is not mentioned as a part of brief assessment. In terms of diagnostic systems, no mention is made of using adapted diagnostic systems for people with ID (DM-ID, DC-LD) | SEE COOMENTS ON FULL ASSESSMENT |
| There needs to also be consideration of the person’s decision-making capacity to consent to the treatment and any investigations. Consideration should be given to the need for referral for more detailed specialist assessment | NaN |
| 5 COMPREHENSIVE ASSESSMENT | NaN |
| Issues not covered: Assessment of decision-making capacity, When Mental Health Act overrides some of these statements , Written from an adult perspective – role of education, People with Down syndrome re high rates of dementia e.g. detailed baseline asses | MCA NOT IN THE SCOPE SO LETS LEAVE |
| In terms of diagnostic systems, no mention is made of using adapted diagnostic systems for people with ID (DM-ID, DC-LD) | AGREE RELEVANT – REVIEW AFTER LOOK AT ALL STATEMEMTS AND WHAT WE HAVE DONE ON THE SPECIDC MESURES ADAPTED FOR LD |