

Putting NICE guidance into practice

**Resource impact report:  
Mental health problems in people with  
learning disabilities: prevention, assessment  
and management (NG54)**

Published: September 2016

## Summary

This report looks at the resource impact of implementing NICE's guideline on [mental health problems in people with learning disabilities](#) in England.

This report focuses on the recommendations that we think will have the greatest resource impact nationally, and will need the most additional resources to implement or potentially generate the biggest savings.

Experts suggest there is variation in services across England. Depending on local services there may be a resource impact for the NHS and local authorities in the following areas:

- staffing
- staff training
- psychological interventions
- annual health checks.

Implementing the guideline may result in the following benefits and savings:

- improved recognition of the symptoms and signs of mental health problems in people with learning disabilities, leading to effective treatment
- prevention of mental health problems in people with learning disabilities, leading to reduced costs
- reduction in the costs of treating mental health problems in people with learning disabilities
- reduction in associated support and social care costs.

Mental health services for people with learning disabilities are commissioned by clinical commissioning groups (CCGs) and NHS England. Providers are NHS hospital trusts and primary care services. Providers can also be independent hospitals and secure care services (usually through specialist commissioning).

# **1 Introduction**

- 1.1 The guideline offers best practice advice on the prevention, assessment and management of mental health problems in people with learning disabilities in all settings.
- 1.2 This report discusses the resource impact of implementing the guideline on mental health problems in people with learning disabilities in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.
- 1.4 Mental health services for people with learning disabilities are commissioned by clinical commissioning groups (CCGs) and NHS England. Providers are NHS hospital trusts and primary care services. Providers can also be independent hospitals and secure care services (usually through specialist commissioning).

# **2 Background**

- 2.1 Mental health problems in people with learning disabilities are more common than in the general population, with a point prevalence of about 30% (Cooper et al. 2007b; Emerson and Hatton 2007).
- 2.2 Mental health problems are also under-recognised in people with learning disabilities (Hassiotis and Turk 2012). Professionals are increasingly aware that mental or physical health problems can be incorrectly attributed to the person's learning disabilities.

- 2.3 People with learning disabilities also often have comorbidities and difficulties with communicating, and this contributes to under-recognition of their mental and physical health problems.
- 2.4 Non-specialist mental health services are expected to make reasonable adjustments (in line with the [Equality Act 2010](#)) for people with learning disabilities, and help them to access care and support. Local specialist learning disabilities teams can also help people to access services.

### **3 Recommendations with potential resource impact**

#### ***Organisation and delivery of support***

##### **Recommendations [1.2.1 – 1.2.11](#)**

- 3.1 These recommendations are about organising effective care, staff coordination and communication, and the training of all health, social care and education staff who may come into contact with people with learning disabilities.

##### **Background**

- 3.1.1 Experts suggest that many organisations have adopted the approach to organising and delivery of support recommended in the guideline. However, some services still lack the key components of a [Care Programme Approach](#).
- 3.1.2 Experts suggest that some staff already receive training, but this might not currently be provided to all health, social care and education staff who may come into contact with people with learning disabilities.

##### **Potential costs**

- 3.1.3 Organisations may need to redesign services in order to fully implement the guideline. This may mean recruitment of additional

staff (for example, to provide time for the key worker role and to ensure there is sufficient staff to provide psychological interventions).

- 3.1.4 Depending on current local service provision, there may be additional training costs.

### ***Specific psychological interventions***

#### **Recommendations [1.9.5–1.9.9](#)**

- 3.2 The guideline recommends considering:
- cognitive behavioural therapy, adapted for people with learning disabilities, to treat depression or subthreshold depressive symptoms in people with milder and more severe learning disabilities
  - relaxation therapy to treat anxiety symptoms in people with learning disabilities adapted for people with learning disabilities
  - graded exposure techniques to treat anxiety symptoms or phobias in people with learning disabilities
  - parent training programmes specifically designed for parents or carers of children with learning disabilities to help prevent or treat mental health problems in the child, and to support carer wellbeing.

#### ***Background***

3.2.1 Experts suggest that good progress has been made on offering specific psychological interventions, either through local learning disabilities services or Improving Access to Psychological Therapies (IAPT). However, the interventions recommended by the guideline may not be available in every area.

3.2.2 The [IAPT and Learning Disabilities report](#) noted that the IAPT programme as a whole has not adequately addressed access

issues for people with learning disabilities. Some IAPT services have eligibility criteria that exclude people with learning disabilities.

- 3.2.3 Experts suggest that there is variation across the country in the availability of parent training programmes for parents and carers of children with learning disabilities.

### **Potential costs**

- 3.2.4 Depending on what interventions they currently provide, local services may need to commission additional psychological interventions for people with learning disabilities.
- 3.2.5 There may also be costs for recruitment of additional staff and training.

### ***Annual health checks***

#### **Recommendations [1.6.1](#) and [1.6.3](#)**

- 3.3 The guideline recommends that GPs offer an annual health check to all people with learning disabilities (except children and young people who are having health checks with a paediatrician). It also recommends a number of reviews that should be made as part of the annual health check.

### **Background**

- 3.3.1 Annual health checks are already recommended in the NICE guideline on challenging behaviour in people with learning disabilities.
- 3.3.2 Based on the People with learning disabilities in England 2015: data tables about 49.4% of the 252,500 people on GP learning disability register received a health check. Expert suggests not all children and young people with learning disabilities have annual health checks with paediatricians.

## Potential costs

- 3.3.3 There may be costs to train GPs to carry out the reviews recommended as part of the annual health check (for suspected mental health problems, current interventions and the care plans for managing any physical health problems).

## *Pharmacological interventions*

### Recommendations [1.10.2–1.10.9](#)

- 3.4 These recommendations cover the principles for providing pharmacological interventions to people with learning disabilities.

## Background

- 3.4.1 Current best practice would suggest that the most important parts of psychotropic medication prescribing for people with learning disabilities are clear initial assessment and regular review and monitoring (Bhaumik et al. 2015; Deb et al. 2006; Deb et al. 2009; Rush et al. 2000).
- 3.4.2 Glover et al. (2015) reported that people with learning disabilities are often prescribed psychotropic medication to help with problematic behaviour, rather than to treat a specific disorder.
- 3.4.3 The [Stopping over-medication of people with learning disabilities](#) tool (NHS England 2016) highlights that a substantial proportion of people with learning disabilities who are prescribed psychotropic medication to help with problematic behaviour can safely have their medication discontinued.

## Potential savings

- 3.4.4 There may be savings from:
- appropriate and optimised use of medication

- reduced use of multiple prescriptions, and reduced adverse consequences from side effects and interactions with other medications or health conditions.

3.4.5 Organisations can use the [Stopping over-medication of people with learning disabilities](#) tool to review medication use, which can reduce inappropriate prescribing and improve the quality of life of people with learning disabilities.

## **4 Benefits and savings**

4.1 Implementing the guideline may identify the following benefits and savings in addition to those discussed above:

- improved recognition of the symptoms and signs of mental health problems in people with learning disabilities, leading to effective treatment
- prevention of mental health problems in people with learning disabilities, leading to reduced costs
- reduction in the costs of treating mental health problems in people with learning disabilities
- reduction in associated support and social care costs.

## **5 Implications for commissioners**

5.1 Commissioners will need to work with providers of mental health services to ensure that local services for people with learning disabilities follow the recommendations in this guideline.

5.2 The costs for this topic would fall under programme budgeting category 5: Mental Health Disorders.

## **6 References**

Cooper S-A, Smiley E, Morrison J, Allan L, Williamson A (2007b). Prevalence of and associations with mental ill-health in adults with intellectual disabilities. *British Journal of Psychiatry*. 190: 27–35



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Rush A, Frances A (editors; 2000) The expert consensus guidelines series: Treatment of psychiatric and behavioural problems in mental retardation. *American Journal on Mental Retardation* 105: 159–227

NHS England (2016) [Stopping over-medication of people with learning disabilities](#) (STOMPwLD)

## About this resource impact report

This resource impact report accompanies the NICE guideline on [mental health problems in people with learning disabilities](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

### This report is written in the following context

This report represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. The report is an implementation tool and focuses on the recommendations that were considered to have a significant impact on national resource use.

Assumptions used in the report are based on assessment of the national average. Local practice may be different from this, and the impact should be estimated locally.

Implementation of the guidance is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this resource impact product should be interpreted in a way that would be inconsistent with compliance with those duties.

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