

Learning disability: identifying and managing mental health problems

Quality standard

Published: 10 January 2017

www.nice.org.uk/guidance/qs142

Contents

Quality statements	4
Quality statement 1: Annual health check.....	5
Quality statement.....	5
Rationale	5
Quality measures.....	5
What the quality statement means for different audiences.....	6
Source guidance.....	7
Definitions of terms used in this quality statement	8
Equality and diversity considerations	8
Quality statement 2: Assessment by a professional with relevant expertise.....	10
Quality statement.....	10
Rationale	10
Quality measures.....	10
What the quality statement means for different audiences.....	11
Source guidance.....	12
Definition of terms used in this quality statement	12
Equality and diversity considerations	13
Quality statement 3: Key worker.....	14
Quality statement.....	14
Rationale	14
Quality measures.....	14
What the quality statement means for different audiences.....	15
Source guidance.....	16
Definitions of terms used in this quality statement	16
Equality and diversity considerations	17
Quality statement 4: Tailoring psychological interventions	18
Quality statement.....	18

Rationale	18
Quality measures.....	18
What the quality statement means for different audiences.....	19
Source guidance.....	20
Quality statement 5: Annually documenting the reasons for continuing antipsychotic drugs.....	21
Quality statement.....	21
Rationale	21
Quality measures.....	21
What the quality statement means for different audiences.....	22
Source guidance.....	23
Equality and diversity considerations	23
Update information	24
About this quality standard	25
Diversity, equality and language.....	25

This standard is based on NG54 and NG11.

This standard should be read in conjunction with QS159 and QS101.

Quality statements

Statement 1 Young people and adults with a learning disability have an annual health check that includes a review of mental health problems.

Statement 2 People with a learning disability who need a mental health assessment are referred to a professional with expertise in mental health problems in people with learning disabilities.

Statement 3 People with a learning disability and a serious mental illness have a key worker to coordinate their care.

Statement 4 People with learning and mental health problems who are receiving psychological interventions have them tailored to their preferences, level of understanding, and strengths and needs.

Statement 5 People with a learning disability who are taking antipsychotic drugs that are not reduced or stopped have annual documentation on reasons for continuing this prescription.

Quality statement 1: Annual health check

Quality statement

Young people and adults with a learning disability have an annual health check that includes a review of mental health problems.

Rationale

Annual health checks for young people and adults with a learning disability can be used to identify and monitor mental health problems. Young people and adults with a learning disability and mental health needs may have difficulty explaining their health problems, so checking for issues and regularly monitoring needs is important to ensure that these are not missed.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that young people and adults with a learning disability have an annual health check that includes a review of mental health problems.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

a) Proportion of young people with a learning disability who have an annual health check that includes a review of mental health problems.

Numerator – the number in the denominator who have had an annual health check that includes a review of mental health problems.

Denominator – the number of young people with a learning disability.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of adults with a learning disability who have an annual health check that includes a review of mental health problems.

Numerator – the number in the denominator who have had an annual health check that includes a review of mental health problems.

Denominator – the number of adults with a learning disability.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

a) Identification of mental health needs in young people and adults with a learning disability.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Identification of physical health needs in young people and adults with a learning disability.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (enhanced GP services) ensure that young people and adults with a

learning disability have an annual health check that includes a review of mental health problems, and that a family member, carer or care worker is involved (as appropriate).

Healthcare professionals (such as GPs) conduct annual health checks that include reviews of mental health problems for young people and adults with a learning disability, and involve a family member, carer or care worker (as appropriate).

Commissioners ensure that general practices are signed up to provide annual health checks that prioritise a review of physical and mental health, for young people and adults with a learning disability.

Young people and adults with a learning disability have an annual health check that includes a review of their mental and physical health. This includes:

- identifying potential new problems
- looking at all the treatments they are having, to see if they are having any difficulties (for example with going to therapy sessions)
- reviewing the medications they are taking to see if they have had side effects, any difficulties taking medication or any other problems
- agreeing a care plan with the healthcare professional for managing any physical health and mental health problems.

If they want, the person may take a family member or carer with them.

Source guidance

- Mental health problems in people with learning disabilities: prevention, assessment and management. NICE guideline NG54 (2016), recommendation 1.5.3
- Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. NICE guideline NG11 (2015), recommendation 1.2.1

Definitions of terms used in this quality statement

Young people

Aged 13 to 17 years. [[NICE's guideline on mental health problems in people with learning disabilities](#)]

Annual health check

This should involve the person with a learning disability and a family member, carer, care worker, GP or social care practitioner (as appropriate) who knows them. It should include:

- a review of any known or suspected mental health problems and how they may be linked to any physical health problems
- a physical health review, including assessment for the conditions and impairments that are common in people with a learning disability
- a review of all current interventions, including medication and related side effects, adverse events, interactions and adherence for both mental health and physical health conditions
- an agreed and shared care plan for managing any physical health and mental health problems (including pain).

[Adapted from [NICE's guideline on mental health problems in people with learning disabilities](#), recommendation 1.5.3, and [NICE's guideline on challenging behaviour and learning disabilities](#), recommendation 1.2.1]

Equality and diversity considerations

Healthcare professionals should take into account the communication needs of people with a learning disability. They should make reasonable adjustments and provide support if needed for people who have limited or no speech, who have difficulty with English, or who have other communication needs.

Communication with the person and their family members, carers or care workers (as appropriate) needs to be in a clear format and in a language suited to the person's needs

and preferences.

Quality statement 2: Assessment by a professional with relevant expertise

Quality statement

People with a learning disability who need a mental health assessment are referred to a professional with expertise in mental health problems in people with learning disabilities.

Rationale

The mental health assessment should be conducted by a professional with expertise in mental health problems in people with learning disabilities. This ensures that the assessment and subsequent care is effective and tailored to the person's individual needs and circumstances, and makes reasonable adjustments to take account of their learning disability.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people with a learning disability who need a mental health assessment are referred to a professional with expertise in mental health problems in people with learning disabilities.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

a) Proportion of people with a learning disability who need a mental health assessment

and are referred to a professional with expertise in mental health problems in people with learning disabilities.

Numerator – the number in the denominator who are referred to a professional with expertise in mental health problems in people with learning disabilities.

Denominator – the number of people with a learning disability who need a mental health assessment.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of people with a learning disability who are referred for a mental health assessment and are assessed by a professional with expertise in mental health problems in people with learning disabilities.

Numerator – the number in the denominator who are assessed by a professional with expertise in mental health problems in people with learning disabilities.

Denominator – the number of people with a learning disability who are referred for a mental health assessment.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Identification of mental health problems in people with a learning disability.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (secondary care providers, mental health services and specialist learning disabilities services) ensure that people with a learning disability who need a

mental health assessment are referred to a professional with expertise in mental health problems in people with learning disabilities.

Health and social care practitioners with expertise in mental health problems in people with learning disabilities conduct mental health assessments for people with a learning disability. At the assessment, the professional completes a formal mental health assessment questionnaire.

Commissioners commission services that ensure that people with a learning disability who need a mental health assessment are referred to a professional with expertise in mental health problems in people with learning disabilities.

People with a learning disability who need a mental health assessment are referred to a professional who has the skills to do this for people with learning disabilities and mental health problems. If possible, this should be carried out in a place familiar to the person, with any family members, carers, care workers or others that they want to involve. If needed, staff should help the person with learning disabilities to prepare for the assessment.

Source guidance

Mental health problems in people with learning disabilities: prevention, assessment and management. NICE guideline NG54 (2016), recommendation 1.7.1

Definition of terms used in this quality statement

Mental health assessment

The assessment should include a review of the person's previous history (both physical and mental health) and personal circumstances. This is essential when assessing the person's mental health problem and developing a mental health care plan. A formal assessment questionnaire should be completed as part of the assessment. [Adapted from NICE's guideline on mental health problems in people with learning disabilities, recommendations 1.7.1 and 1.7.4]

Equality and diversity considerations

Healthcare professionals should take into account the communication needs of people with learning disabilities when conducting a mental health assessment. They should make reasonable adjustments for people accessing mental health services, and provide support if needed for people who have limited or no speech or who have difficulty with English.

Communication with the person and their family members, carers or care workers (as appropriate) needs to be in a clear format and in a language suited to the person's needs and preferences.

Quality statement 3: Key worker

Quality statement

People with a learning disability and a serious mental illness have a key worker to coordinate their care.

Rationale

Appointing a key worker would improve care coordination and help services to communicate clearly with people with a learning disability and their family members and carers.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements and written protocols to ensure that people with a learning disability and a serious mental illness have a key worker to coordinate their care.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

Proportion of people with a learning disability and a serious mental illness who have a key worker to coordinate their care.

Numerator – the number in the denominator who have a key worker to coordinate their care.

Denominator – the number of people with a learning disability and a serious mental illness.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcomes

Patient and carer satisfaction with their key worker's coordination of care.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient surveys.

What the quality statement means for different audiences

Service providers (primary, secondary and social care services that provide care for people with learning disabilities and mental health problems) ensure that people with a learning disability and a serious mental illness have a key worker to coordinate all aspects of care.

Key workers coordinate all aspects of care and communication for the person, their family members and carers, and the services that are involved. They should maintain regular contact with the person and their family members and carers and specify this in the care plan.

Commissioners commission services that provide a key worker for each person with a learning disability and a serious mental illness. The key worker should coordinate all aspects of care and communication.

People with a learning disability and a serious mental illness have a key worker who acts as the main contact for them and their family members and carers. The key worker makes sure that all staff involved are working together, and that the care plan is being followed and is helping. They ensure that any assessments, care and treatments are explained clearly to the person with a learning disability.

Source guidance

Mental health problems in people with learning disabilities: prevention, assessment and management. NICE guideline NG54 (2016), recommendation 1.2.7

Definitions of terms used in this quality statement

Serious mental illness

A diagnosis of:

- severe depression or anxiety that is impacting heavily on the person's functioning
- psychosis
- schizophrenia
- bipolar disorder
- an eating disorder
- personality disorder
- schizoaffective disorder.

[NICE's guideline on mental health problems in people with learning disabilities and expert consensus]

Key worker

A key worker (also known as a care or case coordinator, or a Care Programme Approach care coordinator) is the central point of contact for the person with a learning disability, their family members and carers, and the services involved in their care. They are responsible for helping the person and their family members and carers to access services and for coordinating the involvement of different services. They ensure clear communication between all people and services and have an overall view of the person's needs and the requirements of their care plan. They ensure that services communicate regularly with the person and their family members and carers, in a suitable format.

[Adapted from [NICE's guideline on mental health problems in people with learning disabilities](#)]

Equality and diversity considerations

Healthcare professionals should take into account the communication needs of people with a learning disability. They should make reasonable adjustments and provide support if needed for people who have limited or no speech, who have difficulty with English, or who have other communication needs.

Communication with the person and their family members, carers or care workers (as appropriate) needs to be in a clear format and in a language suited to the person's needs and preferences.

Quality statement 4: Tailoring psychological interventions

Quality statement

People with a learning disability and mental health problems who are receiving psychological interventions have them tailored to their preferences, level of understanding, and strengths and needs.

Rationale

Children, young people and adults with a learning disability are at higher risk of mental health problems than the general population. Standard evidence-based psychological interventions are not designed to take account of the cognitive, communication or social impairments associated with learning disabilities. People with a learning disability can have a broad range of difficulties, so the care setting and interventions need to be adapted and tailored to each person's preferences, level of understanding, and strengths and needs.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people with a learning disability and mental health problems who are receiving psychological interventions have them tailored to their preferences, level of understanding, and strengths and needs.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

Proportion of people with a learning disability and mental health problems who are receiving psychological interventions that are tailored to their preferences, level of understanding, and strengths and needs.

Numerator – the number in the denominator who receive psychological interventions that are tailored to their preferences, level of understanding, and strengths and needs.

Denominator – the number of people with a learning disability and mental health problems who are receiving psychological interventions.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Quality of life of people with a learning disability and mental health problems and their family members and carers.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (secondary care providers, mental health services and specialist learning disabilities services) ensure that people with a learning disability and mental health problems who are receiving psychological interventions have them tailored to their preferences, level of understanding, and strengths and needs.

Health and social care practitioners tailor psychological interventions for people with a learning disability and mental health problems, to match their preferences, level of understanding, and strengths and needs.

Commissioners commission services that ensure that psychological interventions for people with a learning disability and mental health problems are tailored to match their

preferences, level of understanding, and strengths and needs.

People with a learning disability and a mental health problem have access to psychological ('talking') therapies that are designed around their needs.

Source guidance

Mental health problems in people with learning disabilities: prevention, assessment and management. NICE guideline NG54 (2016), recommendations 1.8.1 to 1.8.4, 1.8.8 and 1.8.9

Quality statement 5: Annually documenting the reasons for continuing antipsychotic drugs

Quality statement

People with a learning disability who are taking antipsychotic drugs that are not reduced or stopped have annual documentation on reasons for continuing this prescription.

Rationale

People with a learning disability who are taking medication for a mental health problem would benefit from closer monitoring and a clear rationale for their treatment plan, such as an annual record of the reasons for continuing prescriptions. People with a learning disability are often given long courses of medication. This is not always helpful, and regular review and agreed shared care protocols are necessary to avoid this.

Effective use of medication to prevent and manage mental health problems is likely to improve the quality of life of people with a learning disability and their family members and carers, and reduce costs and inappropriate prescribing.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people with a learning disability who are taking antipsychotic drugs that are not reduced or stopped have annual documentation on reasons for continuing this prescription.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

Proportion of people with a learning disability who are taking antipsychotic drugs that are not reduced or stopped and who have annual documentation on reasons for continuing this prescription.

Numerator – the number in the denominator who have annual documentation on reasons for continuing this prescription.

Denominator – the number of people with a learning disability who are taking antipsychotic drugs that are not reduced or stopped.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

a) Antipsychotic medication prescribing rates for people with a learning disability.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Quality of life of people with a learning disability and their family members and carers.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient surveys.

What the quality statement means for different audiences

Service providers (secondary care providers) ensure that people with a learning disability who are taking antipsychotic drugs that are not reduced or stopped have annual documentation on reasons for continuing this prescription.

Healthcare professionals (clinicians) annually document the reasons for continuing prescriptions for people with a learning disability who are taking antipsychotic drugs that are not reduced or stopped.

Commissioners commission services that ensure that people with a learning disability who are taking antipsychotic drugs that are not reduced or stopped have annual documentation on reasons for continuing this prescription.

People with a learning disability who are taking antipsychotic drugs (medication to help with psychosis) that are not reduced or stopped have a review of their prescription and the reasons for continuing it recorded every year.

Source guidance

Mental health problems in people with learning disabilities: prevention, assessment and management. NICE guideline NG54 (2016), recommendation 1.9.8

Equality and diversity considerations

Healthcare professionals should take into account the communication needs of people with a learning disability. They should make reasonable adjustments and provide support if needed for people who have limited or no speech, who have difficulty with English, or who have other communication needs.

Communication with the person and their family members, carers or care workers (as appropriate) needs to be in a clear format and in a language suited to the person's needs and preferences.

Update information

Minor changes since publication

August 2024: Changes have been made to the source guidance recommendation references to align with updated NICE guidelines on mental health. The guidelines were simplified by removing recommendations on general principles of care that are covered in other NICE guidelines.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard 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 quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-2260-4

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Association of Art Therapists](#)
- [British Psychological Society \(BPS\)](#)
- [College of Mental Health Pharmacy](#)
- [Royal College of General Practitioners \(RCGP\)](#)