

CONFIDENTIAL

MHLD CONSENSUS QUESTIONNAIRE

Name:	Date:
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### Organisation and delivery of support

The literature review did not find sufficient evidence on organisation and service delivery of support for people with a learning disability and mental health problem to inform recommendations in this area. Therefore statements regarding these areas have been developed to be assessed by the group through the nominal group technique.

Statements are split into 6 sections:

1. Structures, training and supervision to support practitioners in the effective delivery of interventions (RQ4.6) (p. 2-3)
2. Improving accessibility of services (RQ4.1) (p. 4)
3. Models or support for transition between services (RQ4.2) (p. 4-6)
4. Coordination and communication between key persons and services in the life of a person with LD and MH problems (RQ4.3) (p. 6-7)
5. 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 (RQ4.4) (p. 7-8)
6. Engaging and empowering service users with LD in the design, implementation and monitoring of interventions for that person's mental health problems (RQ4.5) (p. 9-10)

*(Please note that these have been categorised that are structured under the relevant review questions but some statements may fit under more than one category. For example, some statements about coordination between key persons and services [RQ4.3] might also be considered under structures to support practitioners in the effective delivery of interventions [RQ4.6]. The recommendations in the guideline may be organised in a slightly different way.)*

Please ensure you have checked both sides of each sheet of paper, so that no items are missed.

For each of the statements please indicate your agreement as to their appropriateness and utility by circling one number in each row. The scale works as follows:

**Number 1:** Strongly disagree with this adaptation.

**Number 5:** Neither agree nor disagree.

**Number 9:** Strongly agree that this is a useful and appropriate adaptation.

There is also room to provide comments, if you wish.

<b>Structures, training and supervision to support practitioners in the effective delivery of interventions</b>									
<b>Statements relating to structures, training and supervision to support practitioners in the effective delivery of interventions.</b>	<b>Scale</b>								
	<b>Strongly disagree</b>						<b>Strongly agree</b>		
1. 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.	1	2	3	4	5	6	7	8	9
Comments:									
2. 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.	1	2	3	4	5	6	7	8	9
Comments:									
3. 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.	1	2	3	4	5	6	7	8	9
Comments:									
4. 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.	1	2	3	4	5	6	7	8	9
Comments:									
5. 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.	1	2	3	4	5	6	7	8	9
Comments:									
6. Inpatient services with dedicated beds for people with a learning disability and mental health problem should have staff with specialists training in learning disability.	1	2	3	4	5	6	7	8	9

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Comments:										
7. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
8. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
9. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
10. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
11. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
12. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
13. Specialist LD services should have the capacity to offer a broad range of psychological interventions for common and severe mental disorders.	1	2	3	4	5	6	7	8	9	

Comments:										
14. Generic psychological treatment services (for example, IAPT) should have the competence to be able to delivery treatment to people with LD.	1	2	3	4	5	6	7	8	9	
Comments:										
15. Generic MH services should have the competence to be able to delivery treatment to people with LD.	1	2	3	4	5	6	7	8	9	
Comments:										

<b>Improving accessibility of services</b>										
<b>Statements relating to general principles for improving accessibility of services for people with a learning disability and a mental health problem.</b>	<b>Scale</b>									
	<b>Strongly disagree</b>							<b>Strongly agree</b>		
1. 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).	1	2	3	4	5	6	7	8	9	
Comments:										
2. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
3. Services for people with a learning disability and a mental health problem should be accessible to people from different cultural backgrounds.	1	2	3	4	5	6	7	8	9	
Comments:										
4. 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.	1	2	3	4	5	6	7	8	9	
Comments:										

5. 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.	1	2	3	4	5	6	7	8	9
Comments:									

<b>Models or support for transition between services</b>									
<b>Statements relating to general principles for improving transition between services for people with a learning disability and a mental health problem.</b>	<b>Scale</b>								
	<b>Strongly disagree</b>						<b>Strongly agree</b>		
1. Transitions for people with a learning disability and a mental health problem should be planned in advance.	1	2	3	4	5	6	7	8	9
Comments:									
2. The person with a learning disability and a mental health problem and their families and carers should be involved in the planning of transitions.	1	2	3	4	5	6	7	8	9
Comments:									
3. All effort should be made to ensure the person with a learning disability and a mental health problem feels adequately supported during transitions.	1	2	3	4	5	6	7	8	9
Comments:									
4. 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.	1	2	3	4	5	6	7	8	9
Comments:									
5. For people with a learning disability and a mental health problem, a key individual should be identified to facilitate a smooth transition between services.	1	2	3	4	5	6	7	8	9
Comments:									
6. 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	1	2	3	4	5	6	7	8	9

between services (such as difficulties with changes to routine or anxiety about meeting new people).										
Comments:										
7. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
8. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
9. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
10. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
11. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
12. 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.	1	2	3	4	5	6	7	8	9	
Comments:										

13. It is the responsibility of the organisation accepting care to ensure that they have received the person's records, including any safeguarding concerns.	1	2	3	4	5	6	7	8	9
Comments:									
14. 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.	1	2	3	4	5	6	7	8	9
Comments:									

<b>Coordination and communication between key persons and services in the life of a person with LD and MH problems</b>									
<b>Statements relating to general principles for coordination and communication between key persons and services in the life of a person with LD and MH problems.</b>	<b>Scale</b>								
	<b>Strongly disagree</b>							<b>Strongly agree</b>	
1. 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).	1	2	3	4	5	6	7	8	9
Comments:									
2. A key worker should be allocated who co-ordinates all aspects of care for people with a learning disability and a mental health problem.	1	2	3	4	5	6	7	8	9
Comments:									
3. 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.	1	2	3	4	5	6	7	8	9
Comments:									
4. 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.	1	2	3	4	5	6	7	8	9



Comments:										
5. It is important that staff familiarise themselves with the role of each key person or service in <b>the</b> life of the person with a learning disability and a mental health problem.	1	2	3	4	5	6	7	8	9	
Comments:										
6. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
7. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
8. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
9. 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.	1	2	3	4	5	6	7	8	9	
Comments:										

<b>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</b>										
<b>Statements relating to engaging the family and staff/advocate of people with learning disabilities in the design, implementation and monitoring of interventions for that person's mental health problems.</b>	<b>Scale</b>									
	<b>Strongly disagree</b>									<b>Strongly agree</b>

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Appendix T: Nominal group technique questionnaires

1. 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.	1	2	3	4	5	6	7	8	9
Comments:									
2. 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.	1	2	3	4	5	6	7	8	9
Comments:									
3. 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.	1	2	3	4	5	6	7	8	9
Comments:									
4. 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.	1	2	3	4	5	6	7	8	9
Comments:									
5. 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.	1	2	3	4	5	6	7	8	9
Comments:									
6. 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).	1	2	3	4	5	6	7	8	9
Comments:									
7. When considering the progress and acceptability of interventions for people with a learning disability and a mental health problem, the opinions of family members,	1	2	3	4	5	6	7	8	9

carers and staff/advocates should be sought using standardised outcome measurement tools via post.									
Comments:									
8. 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'.	1	2	3	4	5	6	7	8	9
Comments:									

<b>Engaging and empowering service users with LD in the design, implementation and monitoring of interventions for that person's mental health problems</b>									
<b>Statements relating to engaging and empowering service users with LD in the design, implementation and monitoring of interventions for that person's mental health problems.</b>	<b>Scale</b>								
	<b>Strongly disagree</b>							<b>Strongly agree</b>	
1. 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.	1	2	3	4	5	6	7	8	9
Comments:									
2. 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.	1	2	3	4	5	6	7	8	9
Comments:									
3. 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.	1	2	3	4	5	6	7	8	9
Comments:									

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4. 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.	1	2	3	4	5	6	7	8	9
Comments:									
5. 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.	1	2	3	4	5	6	7	8	9
Comments:									
6. 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.	1	2	3	4	5	6	7	8	9
Comments:									
7. 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.	1	2	3	4	5	6	7	8	9
Comments:									
8. 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.	1	2	3	4	5	6	7	8	9
Comments:									