

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 4 sections:

7. Structures, training and supervision to support practitioners in the effective delivery of interventions (RQ4.6) (p. 2)
8. Models or support for transition between services (RQ4.2) (p. 2)
9. Coordination and communication between key persons and services in the life of a person with LD and MH problems (RQ4.3) (p. 3)
10. 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. 3)

*(Please note that no re-rating is required for Improving accessibility of services or for Engaging and empowering service users with LD in the design, implementation and monitoring of interventions for that person's mental health problems as there was sufficient agreement in those areas)*

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 <b>should work closely</b> 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.	1	2	3	4	5	6	7	8	9
Comments:									
2. To prevent people with a <b>mild</b> 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. Specific dedicated beds should be provided 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:									
4. Generic psychological treatment services (for example, IAPT) should have the competence to be able to delivery treatment to people with <b>mild</b> LD, <b>calling on specialist support when needed.</b>	1	2	3	4	5	6	7	8	9
Comments:									
5. Generic MH services should have the competence to be able to delivery treatment to people with <b>mild</b> LD.	1	2	3	4	5	6	7	8	9
Comments:									
<b>Models or support for transition between services</b>									

Statements relating to general principles for improving transition between services for people with a learning disability and a mental health problem.	Scale								
	Strongly disagree						Strongly agree		
	1	2	3	4	5	6	7	8	9
1. For people with a learning disability and a mental health problem <b>who needs ongoing care, the referring organisation should ensure that they do not discharge the person before another organisation has accepted the referral.</b>									
Comments:									

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