

MHLD CONSENSUS QUESTIONNAIRE (brief assessment)

Name:	Date:
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The literature review did not find evidence on adaptations to **brief assessment of mental health problems in people with learning disabilities** that was of sufficient methodological quality, as outlined in the review protocols, to include in the review. Therefore statements regarding adaptations to brief assessment of mental health for people with LD have been developed to be assessed by the group through the nominal group technique. We have also developed statements for comprehensive assessment procedures, however these are presented within another document for the sake of brevity. There is some duplication between the two questionnaires; this is intentional. At times statements may read very similarly, again this is intentional, and you will find that there is a slight difference of emphasis in these cases.

Statements are split into four sections, each containing a number of sub-sections; Principles of a brief assessment of mental health problems in people with LD (Principles p2-3, collaborative approach p3-4, accessibility p4-5 and rigorous assessments p6); Purpose of a brief assessment (Purpose p6-7, Risk assessment p7-8, formulation p8); Structure of a brief assessment (Staff conducting the assessment p8-9, involving service users p9-10, data sources p10-11) and Outcomes of a brief assessment (Outcomes p11, the care plan p11-12, outcomes monitoring p12-13). 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.

Principles of a brief assessment									
Statements relating to general principles of adaptations to brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree						Strongly agree		
1. A brief assessment should be conducted based on an understanding of the context and setting in which it is undertaken.	1	2	3	4	5	6	7	8	9
Comments:									
2. A brief assessment should take into account symptom severity, the service user's understanding of the problem, degree of distress and functional impairment.	1	2	3	4	5	6	7	8	9
Comments:									
3. A brief assessment should draw on those information sources that directly relate to the purpose of the assessment.	1	2	3	4	5	6	7	8	9
Comments:									
4. The content and structure of the brief assessment should be adapted to the severity of the learning which a person has.	1	2	3	4	5	6	7	8	9
Comments:									
5. 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.	1	2	3	4	5	6	7	8	9
Comments:									
6. A brief assessment should have an identified outcome.	1	2	3	4	5	6	7	8	9
Comments:									
7. A brief assessment should be repeated if further relevant information emerges.	1	2	3	4	5	6	7	8	9
Comments:									
8. A brief assessment should seek to identify service users' strengths.	1	2	3	4	5	6	7	8	9

Comments:										
9. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
10. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
11. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
12. Confidentiality (and its limits) should be explained clearly to the service user, and family members or carers as appropriate, before the assessment.	1	2	3	4	5	6	7	8	9	
Comments:										
13. 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).	1	2	3	4	5	6	7	8	9	
Comments:										
14. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
15. Staff conducting a brief assessment should be aware of the impact of neurodevelopmental disorders on the presentations of mental health symptoms.	1	2	3	4	5	6	7	8	9	
Comments:										
16. 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.	1	2	3	4	5	6	7	8	9	

Comments:

Principles of a brief assessment: Collaborative approach									
Statements relating to the collaborative approach that should be taken during brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree							Strongly agree	
1. A brief assessment should be undertaken in a collaborative manner and maximise the contribution of all people involved.	1	2	3	4	5	6	7	8	9
Comments:									
2. 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.	1	2	3	4	5	6	7	8	9
Comments:									
3. Families and carers should be included in decision making if the service user agrees, and this is deemed appropriate.									
Comments:									
4. 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.	1	2	3	4	5	6	7	8	9
Comments:									
5. 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.	1	2	3	4	5	6	7	8	9
Comments:									
6. 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.	1	2	3	4	5	6	7	8	9

Comments:										
7. A collaborative formulation should acknowledge and address the factors that the service user considers relevant.	1	2	3	4	5	6	7	8	9	
Comments:										

Principles of a brief assessment: Accessible assessments										
Statements relating to adaptations designed to increase accessibility of brief assessment of mental health problems in people with learning disabilities.	Scale									
	Strongly disagree							Strongly agree		
1. Staff conducting the brief assessment should ensure the environment for the assessment is free from unnecessary distractions including noise and visual stimuli.	1	2	3	4	5	6	7	8	9	
Comments:										
2. 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).	1	2	3	4	5	6	7	8	9	
Comments:										
3. The structure and pace of a brief assessment should be tailored to the service user's level of comprehension.	1	2	3	4	5	6	7	8	9	
Comments:										
4. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
5. Staff conducting the brief assessment should use clear and unambiguous questions, employ aids to facilitate communication, ensure brevity, and regularly check understanding.	1	2	3	4	5	6	7	8	9	

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Comments:										
6. Tools such as a visual timeline should be used to explain the assessment process and be referred to throughout the brief assessment.	1	2	3	4	5	6	7	8	9	
Comments:										
7. The presentation of information should be tailored to the ability of the service user to comprehend the purpose of the brief assessment.	1	2	3	4	5	6	7	8	9	
Comments:										
8. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
9. A brief assessment should be flexible and responsive to new information and concerns.	1	2	3	4	5	6	7	8	9	
Comments:										
10. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
11. Staff conducting a brief assessment should be aware of the impact of neurodevelopmental problems on the presentations of mental health problems.	1	2	3	4	5	6	7	8	9	
Comments:										
12. 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.	1	2	3	4	5	6	7	8	9	
Comments:										

Principles of a brief assessment: Rigorous assessments									
Statements relating to the rigorous approach that should be taken during brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree						Strongly agree		
1. A brief assessment may use validated tools relevant to the disorder(s) or problem(s) being assessed.	1	2	3	4	5	6	7	8	9
Comments:									
2. Staff conducting a brief assessment should maintain a record of the content and outcome of the assessments.	1	2	3	4	5	6	7	8	9
Comments:									

Purpose of a brief assessment									
Statements relating to purpose of a brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree						Strongly agree		
1. 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.	1	2	3	4	5	6	7	8	9
Comments:									
2. 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.	1	2	3	4	5	6	7	8	9
Comments:									
3. A brief assessment should take into account symptom severity, the service user's understanding of the problem, degree of distress and functional impairment.									
Comments:									

4. A brief assessment should focus on specific areas of need, in agreement with the service user, family members or carers as appropriate.	1	2	3	4	5	6	7	8	9
Comments:									
5. Identifying the presence or otherwise of a mental health diagnosis or problem specification may be an important component of a brief assessment.	1	2	3	4	5	6	7	8	9
Comments:									
6. A brief assessment should provide relevant information on the nature, duration and severity of the presenting disorder or problem.	1	2	3	4	5	6	7	8	9
Comments:									
7. A brief assessment should consider the consequence of any possible or established coexisting mental or physical health problems.	1	2	3	4	5	6	7	8	9
Comments:									

Purpose of a brief assessment: risk assessment and management									
Statements relating to adaptations to risk assessment and management during brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree						Strongly agree		
1. In any brief assessment the decision to undertake a risk assessment should be considered.	1	2	3	4	5	6	7	8	9
Comments:									
2. A risk assessment should form part of any brief assessment.	1	2	3	4	5	6	7	8	9
Comments:									
3. Vulnerability to exploitation should be assessed as part of a brief assessment.	1	2	3	4	5	6	7	8	9
Comments:									

4. Safeguarding concerns should be assessed as part of a brief assessment.	1	2	3	4	5	6	7	8	9
Comments:									
5. Risk to self (self-harm, self-neglect) should be assessed as part of a brief assessment.	1	2	3	4	5	6	7	8	9
Comments:									
6. Risk to others (including aggression, violence and sexual offending) should be assessed as part of a brief assessment.	1	2	3	4	5	6	7	8	9
Comments:									
7. Risk assessment should assess the nature and severity of any behaviours, potential triggers and maintaining factors.	1	2	3	4	5	6	7	8	9
Comments:									
8. Risk assessment should assess the likelihood, imminence and severity of events.	1	2	3	4	5	6	7	8	9
Comments:									
9. Risk assessment should involve a consideration of demographic, psychological, social and historical factors.	1	2	3	4	5	6	7	8	9
Comments:									
10. Risk assessment should be informed by knowledge of the service user and their social context.	1	2	3	4	5	6	7	8	9
Comments:									
11. Risk assessment should always lead to the development of a risk management plan.	1	2	3	4	5	6	7	8	9
Comments:									
12. A risk management plan should identify interventions and protective factors that may reduce risk.	1	2	3	4	5	6	7	8	9
Comments:									
13. The risk management plan should be communicated to relevant services or agencies.	1	2	3	4	5	6	7	8	9

Comments:

Purpose of a brief assessment: formulation									
Statements relating to formulation during brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree						Strongly agree		
1. A brief assessment should involve a formulation of the service user's identified problems.	1	2	3	4	5	6	7	8	9
Comments:									
2. A formulation should provide a shared understanding of the nature of any problems, and the factors leading to their development and maintenance.	1	2	3	4	5	6	7	8	9
Comments:									
3. A formulation should provide a shared understanding of the focus and potential impact of any interventions and the barriers to delivering those interventions.	1	2	3	4	5	6	7	8	9
Comments:									
4. A formulation should consider any risk factors and the impact of the social and physical environment.	1	2	3	4	5	6	7	8	9
Comments:									

Structure of a brief assessment: Staff conducting the assessment									
Statements relating to the staff who should participate in a brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree						Strongly agree		
1. A brief assessment should be conducted by a clinician with specialist knowledge and understanding of mental health difficulties in people with a learning disability.	1	2	3	4	5	6	7	8	9

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Comments:										
2. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
3. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
4. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
5. Staff conducting a brief assessment should have knowledge of diagnostic classification systems.	1	2	3	4	5	6	7	8	9	
Comments:										
6. 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.	1	2	3	4	5	6	7	8	9	
Comments:										
7. Staff should make use of reliable pre-existing information to avoid duplicating areas of assessment that have already been undertaken.	1	2	3	4	5	6	7	8	9	
Comments:										

Structure of a brief assessment: Involving service users, families and carers in the assessment									
Statements relating to who else should be involved in a brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree						Strongly agree		
1. A brief assessment should elicit service users' views and corroborate these with families and carers.	1	2	3	4	5	6	7	8	9
Comments:									
2. A brief assessment should elicit service users' views and corroborate these with professionals involved in the person's care and other informants.	1	2	3	4	5	6	7	8	9
Comments:									
3. 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.	1	2	3	4	5	6	7	8	9
Comments:									
4. 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.	1	2	3	4	5	6	7	8	9
Comments:									
5. A brief assessment should, with the service user's agreement, gather information from relevant data sources and informants who know the service user well.	1	2	3	4	5	6	7	8	9
Comments:									
6. A brief assessment should corroborate information with families and carers, if agreed by the service user.	1	2	3	4	5	6	7	8	9
Comments:									

Structure of a brief assessment: Data sources									
Statements relating to data sources for a brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree						Strongly agree		
1. The impact of environmental factors on data availability and reliability should be considered in a brief assessment.	1	2	3	4	5	6	7	8	9
Comments:									
2. 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.	1	2	3	4	5	6	7	8	9
Comments:									
3. A brief assessment should consider whether, and how, the service user's behaviour and functioning changes across different settings.	1	2	3	4	5	6	7	8	9
Comments:									
4. A brief assessment should review relevant history and past behaviour.	1	2	3	4	5	6	7	8	9
Comments:									
5. Staff conducting a brief assessment should be able to appraise the reliability and validity of data sources.	1	2	3	4	5	6	7	8	9
Comments:									
6. Staff conducting a brief assessment should use measures that have been developed in, or adapted for, people with a learning disability.	1	2	3	4	5	6	7	8	9
Comments:									

Outcomes of a brief assessment									
Statements relating to outcomes from a brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree						Strongly agree		
1. Staff conducting a brief assessment should agree with the service user appropriate outcome measures used in evaluating any care plan.	1	2	3	4	5	6	7	8	9
Comments:									
2. An outcome of a brief assessment should be the identification of realistic and optimistic short and medium-term goals.	1	2	3	4	5	6	7	8	9
Comments:									
3. An outcome of a brief assessment should be the identification of realistic and optimistic long-term goals.	1	2	3	4	5	6	7	8	9
Comments:									
4. Goals for interventions should be prioritised and start with areas most likely to be amenable to change.	1	2	3	4	5	6	7	8	9
Comments:									
5. When making a referral, sufficient information should be provided to allow the service to make an informed decision about how to proceed.	1	2	3	4	5	6	7	8	9
Comments:									

Outcomes of a brief assessment: The care plan									
Statements relating to the care plan that should be produced from a brief assessment of mental health problems in people with learning disabilities.	Scale								
	Strongly disagree						Strongly agree		
1. A care plan should be informed by the brief assessment, the formulation that emerges from this and the service user's goals.	1	2	3	4	5	6	7	8	9
Comments:									
2. Initial care plans appropriate for the current setting should be developed as soon as possible following assessment.	1	2	3	4	5	6	7	8	9
Comments:									
3. 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.	1	2	3	4	5	6	7	8	9
Comments:									
4. The care plan should be developed collaboratively with the service user and, if they agree, their family or carers.	1	2	3	4	5	6	7	8	9
Comments:									
5. 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.	1	2	3	4	5	6	7	8	9
Comments:									
6. The care plan should identify appropriate evidence-based interventions.	1	2	3	4	5	6	7	8	9
Comments:									
7. The care plan should include any necessary adaptations to the social or physical environment.	1	2	3	4	5	6	7	8	9
Comments:									
8. The care plan should take into account the needs of families and carers.	1	2	3	4	5	6	7	8	9

Comments:										
9. Risk and crisis management plans should be incorporated into the care plan.	1	2	3	4	5	6	7	8	9	
Comments:										
10. The care plan should identify the roles and responsibilities of all people involved in the service user's care.	1	2	3	4	5	6	7	8	9	
Comments:										

Outcomes of a brief assessment: Monitoring of individualised and standard outcomes										
Statements relating to monitoring of outcomes from a brief assessment of mental health problems in people with learning disabilities.	Scale									
	Strongly disagree						Strongly agree			
1. A brief assessment should inform necessary routine outcome monitoring including changes in symptoms and functioning.	1	2	3	4	5	6	7	8	9	
Comments:										
2. The care plan should establish a timetable to review whether goals have been met by an agreed time or point in treatment.	1	2	3	4	5	6	7	8	9	
Comments:										
3. Outcome measures should be selected that are designed to detect changes in the areas targeted by interventions.	1	2	3	4	5	6	7	8	9	
Comments:										
4. Systems should be developed for routine data sharing between other health and social care services and agencies, to reduce repetition in the assessment process.	1	2	3	4	5	6	7	8	9	
Comments:										