

The NDT, in partnership with the Judith Trust, arranged a conference earlier this year about the mental health needs of people with learning disabilities.

The conclusions of the conference lead us towards 3 key themes in developing inclusion for people with learning disabilities and health problems – inclusion as access, inclusion as quality of life and inclusion as relationships.

#### **Inclusion as Access**

- Many learning disability and mental health services operate eligibility criteria as if they were exclusion criteria. In some parts of the country, an IQ test will be the deciding factor in a decision about whether a person receives help from the learning disability service, the mental health service or neither of them!
- Despite clear guidance from a variety of sources including the Mental Health Act Commission and the Department of Health, a number of people with additional needs are poorly served. This can include children, and especially teenagers making a transition to adulthood, people with mild learning disability and people with sensory impairments.
- While some people are left with no help, others do receive a service but continue to be denied full and fair access to particular kinds of provision. For example, access to talking treatments rather than just medication, and access to high quality, well-trained and knowledgeable staff.

The challenge is for learning disability and mental health services to collaborate with each other more closely in the future. This collaboration needs to be widespread, and integrated into major organisational change, rather than confined to specialist 'dual needs' teams and units. If the potential of effective collaboration is to be fulfilled, then 'dual needs' will become fertile ground for new ideas and imaginative approaches. A tantalising prospect for the best material and skills from both services to inspire and inform its staff!

# 'On The Edge'

By Peter Bates

#### **Inclusion as Quality of Life**

Within Government the Social Exclusion Unit has focused upon exclusion as an absence of the stuff that makes up a good life – a decent home, a job, freedom from fear, a chance to contribute to civil society. Quality of life is the second definition of social inclusion, and is powerfully relevant to people who have a mental health problem in addition to their learning disability.

- Many people continue to be almost imprisoned in continuing health care, assessment and treatment units, secure accommodation or in out-of-county placements far from home.
- Few service users have a job, a college course, communication aids or a support circle of friends.
- Anecdotal evidence suggests that people with mental health problems in addition to their learning disability are likely to be kept waiting longest before they are offered community-based opportunities for a good life.
- There is no advocacy organisation devoted to supporting the needs of people who use both services.
- There are few published accounts from service users themselves of their experiences of mental distress alongside learning disability.

We need the expert contribution of users to help us with evaluation of existing services, with the design of new services and with staff training. The way in which services deal with people who have dual needs are a litmus test, informing us of how committed we really are to individualising support and supporting community participation.

#### **Exclusion as Relationships**

Finally, the third definition of inclusion focuses upon informal relationships between users and other citizens.

- People with a mental health difficulty and especially those whose behaviour presents challenges to the

service are often systematically dislocated from the people they love and the communities they know.

- Many initiatives have seen people move into ordinary neighbourhoods, but studies repeatedly find that the person's social network continues to be dominated by service users and people who provide services.
- Attending sheltered workshops in a community location, rather than having real jobs with ordinary employers.
- Attending college but at a different building on a different day and passing through a different front door.

While some day activity programmes are shaped by the belief that the biggest danger is that the service user is unoccupied, advocates for inclusion suggest that the biggest danger is that the person is unloved. Just as the big bureaucracies of the old hospitals had to close to make way for smaller, more personal living spaces, so the traditional day centres need a similar root and branch review. We must confront all the difficulties and challenges ahead if people with dual needs are to have full access to informal relationships with members of the wider community. ■■■

11

### Summary

- There are real concerns for people who get 'stuck' in specialist services.
- We need to listen and hear what people themselves are saying.
- Peter describes 3 key themes:
  - Inclusion as access
  - Inclusion as quality of life
  - Inclusion as relationships
- We do not know enough about how to meet the needs of some people.
- Working together is the only answer.