

NDTi Insights give you the most important learning from a piece of work by the National Development Team for Inclusion (NDTi). We aim to make them quick to read; they point to more detailed materials for those who want more information.

# Reasonably adjusted? How mental health services can respond to people with autism or learning disabilities

## Who should read this?

Mental health commissioners and providers. It will also be of interest to people working in learning disability services and to people and their families who are concerned about how mental health needs are met for people with autism or learning disabilities.

## Background

The *Green Light Toolkit* was published by the Department of Health (DH) in 2004 to improve access to mental health services for people with learning disabilities. However, many people continue to receive poor quality services, the needs of people on the autistic spectrum were not included, and the document needed refreshing for a modernised health and social care environment. Consequently, the DH funded this report that has been commissioned by the NHS Confederation.

## Purpose of Report

To report on Phase 1 of the project – locating examples of reasonable adjustments made by mental health services. In Phase 2, we will learn how to

## Plain English summary

People with autism or learning disabilities may have mental health problems – just like anyone else. However, when they try and get help, the mental health service does not always do the right thing.

We wrote a Guide full of ideas about what can be done in mental health services to make things better. The ideas came from things services are already doing. Some things are easy and cheap to do, while others need a change of attitude and some new skills.

## Main findings

NDTi sent out a request for information and received over 100 responses describing what can be done in mental health services for adults with learning disabilities or autism in England. These were followed up through emails, face to face and telephone interviews with people themselves, relatives and staff.

A number of the responses came from people using services and their families, some describing significant weaknesses in current arrangements.

Alongside these deficits, we found many staff who were creating local solutions in all parts of the mental health service. Some solutions were simple and cheap, while others involved a whole-system approach to create and sustain the necessary understanding, cooperative working and skill levels.

Some of the things we identified and which were described as leading to better services and outcomes for people included:

- An acknowledgement that if people who have autism or learning disabilities in addition to mental health issues obtain the right support to have an 'ordinary life', it will lead to mental health benefits. In practical terms, this meant ensuring that supported employment, supported living and all elements of personalised services formed part of the mental health service response.
- GP surgeries offering appointment reminders, flexible arrangements so that people who found waiting rooms stressful did not have long waits, and longer appointment times to people who take a bit longer to explain their symptoms. Regular health checks were being offered. Some psychological therapies offered in the surgery had been adjusted so that people with learning disabilities and autism could benefit. For example metaphors were replaced with precise language for those who needed it.
- Information about the effects of medication used in mental health treatment was often available in easier to read formats. The full report includes a list of where these documents may be obtained. Some services augmented this by meetings with a pharmacist who had been trained in communicating with people who have learning disabilities or



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Also available in our Insights series is:

- The economic evidence around employment support for disabled people
- Families and personalisation

Other Insights being published soon will cover:

- Responding to Winterbourne View – the evidence
- Different support options for older people

## This report

A copy of the full report is available on our website at: <http://www.ndti.org.uk/major-projects/reasonably-adjusted/>

For more information on the *Reasonably Adjusted?* project, please contact Peter Bates on 07710 439 677 or at [peter.bates@ndti.org.uk](mailto:peter.bates@ndti.org.uk)

## Contact

NDTi  
Montreux House  
18a James St West  
Bath  
BA1 2BT  
Tel: 01225 789135  
[www.ndti.org.uk](http://www.ndti.org.uk)



[ndtirob](https://twitter.com/ndtirob)



[ndti.org.uk](http://www.ndti.org.uk)

autism. Where appropriate, relatives were also involved so that they could help to listen and recall what is being said.

- Some NHS commissioners were working with local authority colleagues and the health and wellbeing board to ensure that mental health services were providing an integrated service for people with autism or learning disabilities who also had mental health needs. This included monitoring the number of people identified and how they achieved positive outcomes.
- In some locations, advocacy by family carers and advocacy organisations was available. This was particularly important to those who were detained or had few connections beyond the care setting. This necessitated advocacy services developing skills in communication support, or understanding the additional issues related to autism or learning disabilities. Simple things helped too, such as explaining clearly the routine on a ward, where to find dining room and how to complain.
- Where working took place across traditional boundaries for people with two or more conditions, approaches appeared more holistic. In some areas, learning disability or autistic spectrum disorder champions had been identified, with a brief to train and support colleagues and promote positive responses. Co-location of staff from these specialisms also helped communication flows.
- Some specialisms within mental health services (for example forensic and criminal justice) were looking to develop tailored responses so that they could reach everyone who needed them, provide accessible and effective services and address particular areas of need.
- Attention to the design, furnishing and use of buildings was helping to meet the needs of people with autism or learning disabilities. For example, muted rather than garish colours helps those with issues around sensory sensitivity while meeting in a venue where the person is most at ease and allowing them to move in and out of the interview as they wish may reduce levels of distress.

## Conclusions and key messages

Whilst the good practice described above was identified through this work, such examples were generally limited in number and confined to a relatively small number of locations. The first stage of this work has identified a need for the development of mental health services for people with learning disabilities and/or autism that builds on the following key elements:

- Both the law and government policy insist that mental health services should provide accessible and effective services to all, including those with autism or learning disabilities. Mental health services cannot transfer responsibility to their colleagues working in learning disability services, although they will need their help.
- An integrated commissioning strategy that builds on and links into other aspects of mental health, learning disability and autism plans.
- Development and training for staff working in mental health services that addresses the needs of people with autism or learning disabilities – both at pre-qualification level and through in-service training, supported through mentoring and the development of specialist knowledge.
- A second stage of this work is now taking place, which will, amongst other things, result in the production of updated good practice materials.