POLICY REFERENCE NUMBER
SABP/EXECUTIVE BOARD/0032

POLICY NAME
DUAL DIAGNOSIS OF MENTAL HEALTH AND LEARNING DISABILITY POLICY

BRIEF OUTLINE OF THIS POLICY
This Policy aims to ensure that people aged 18 or over with a dual diagnosis of mental health and learning disability receive the appropriate support and interventions when presenting to services provided by Surrey and Borders Partnership NHS Foundation Trust (SABP).

Version Number	5.0
Approving Committee	**Executive Board**
Policy Category	Clinical
Executive Lead	Chief Operating Officer
Name of Author	Interim Director of Services for People with LD Consultant Nurse for People with LD

Date Approved	8th February 2018
Date Issued	17th February 2021
Target Audience	All clinical staff in the operational directorates of SABP

KEY PRINCIPLES ABOUT THIS POLICY	
1.	The policy sets out the framework within which people with dual diagnosis of mental health and learning disabilities will receive appropriate access to support through a collaborative approach

This policy has been reviewed and is compliant with the most up to date Code of Practice and NICE Guidelines	
Title of Code of Practice	**NICE Reference Number(s)**
	None

VERSION CONTROL LIST

Version	Date	Author	Status	Comment
3.	July 2012	Andy Erskine	Final	
3.1	August 2017	Jacqui Renfree Phil Boulter	DRAFT	Policy review for consideration by PAG 28/08/17
3.2	October 2017	Jacqui Renfree Phil Boulter	DRAFT	Policy review for consideration by PAG 24/10/17
4.0	February 2018	Claire Clifford	APPROVED	
5.0	February 2021	Claire Clifford	APPROVED	Covid Review extension agreed

Summary of Changes since Version *3.0*

Numbers *(Select the appropriate action)*			
Page	**Paragraph**	**Appendix**	**Original/New/Amendment/Deleted – Statement** *(select the appropriate action)*
			This policy has received a substantive revision due to service re-design
			This policy has been transferred over to the new SABP policy template

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1.0   Purpose

This policy is written to ensure that people aged 18 or over with a dual diagnosis of mental health and learning disability receive the appropriate support and interventions when presenting to services provided by Surrey and Borders Partnership NHS Foundation Trust (SABP). The accompanying Procedure sets out the framework within which people with a dual diagnosis of mental health and learning disabilities will receive appropriate comprehensive support.

2.0   Policy Statement

This policy applies to all adults with Learning Disabilities who meet the eligibility criteria for services to people with Learning Disability or Mental Health delivered by SABP Trust.

It is intended as a good practice guide to all clinical staff in the operational directorates of SABP, based on current research and best practice guidance.

2.1 *Eligibility*

Adults with a diagnosis of learning disability and a presenting mental illness and living within the boundaries of the Trust will be eligible for treatment in accordance with this procedure. The primary reason for their assessment will be their mental illness not their learning disability

2.2 *Scope*

This procedure applies to all Trust Mental Health Services, Older Adult Mental Health Services and Specialist Learning Disability Services.

3.0 Related SABP Policies

- Safeguarding Adults/SABP/SERVICE
- Consent to Treatment Policy
- Deprivation-of-liberty-safeguards-policy-and-procedure
- Mental-capacity-and-best-interests-policy

- Clinical Risk Management Policy
- Engagement and Disengagement Policy REF NO: SABP/RISK/0033

4.0   Glossary of Terms

A&E: Accident and Emergency

CMHRS: Community Mental Health Recovery Service

CPA: Care Programme Approach

CTPLD: Community Team for People with Learning Disabilities

CTR: Care and Treatment Review

DAT: Drug and Alcohol Team

EIPS: Early Intervention and Psychosis Service

GP: General Practitioner

HTT: Home Treatment Team

ISS: Intensive Support Service

NICE: National Institute for Clinical Excellence

PLD: People with Learning Disabilities

5.0   References

Mental health problems in people with learning disabilities: prevention, assessment and management

https://www.nice.org.uk/guidance/ng54

Transition between inpatient mental health settings and community or care home settings

https://www.nice.org.uk/guidance/ng53

Learning disabilities: identifying and managing mental health problems

https://www.nice.org.uk/guidance/qs142

NHS England 2015 transforming care for people with learning disabilities – next steps

https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf

NHS England 2015 building the right support

https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf

NHS England CTR (2017) care and treatment reviews policy and guidance

https://www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf

Royal College of Nursing (2010) Mental Health Nursing of People with Learning Disabilities (http://www.rcn.org.uk/__data/assets/pdf_file/0006/78765/003184.pdf)

Department of Health (2009) Valuing People Now a 3 year strategy for people with learning disabilities (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377
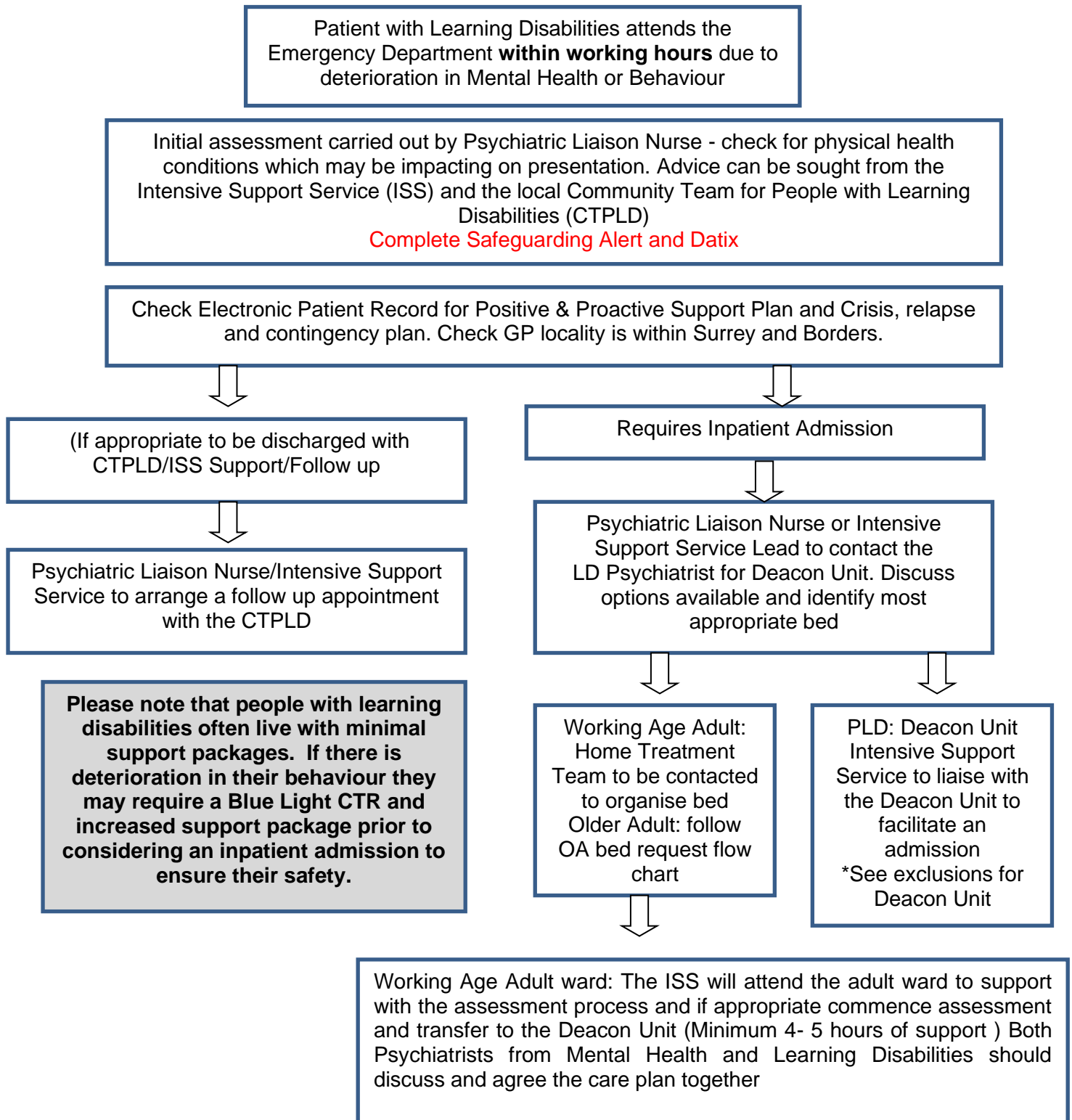
PROCEDURE SECTION

6.0   Roles and Responsibilities

- Overall responsibility sits with the **Service Directors** and **Associate Directors**.

- **All front line managers** and **care co-ordinators** have a duty to implement this policy as necessary.

- **The Intensive Support Service** will take responsibility for joint working where indicated to support the person.

- **The Deacon Unit staff** will work with the ISS to support the admission

- If the person requires admission to an Adult Mental Health ward the **HTT** will take responsibility for organising the bed

- **The On call Psychiatrist for LD** will take responsibility for agreeing to the admission to a PLD bed

- If the admission is into an Adult Mental Health bed **both Psychiatrists from Mental Health and Learning Disabilities** should discuss and agree the care plan

- **The Medical Director** will take responsibility for a person with a Severe Learning Disability admitted to an Adult Ward.

- If there are no available beds the **On Call Director for LD** will liaise with the **ISS**; **On Call Psychiatrist** and **On Call Director in Adults** and **On Call PLD Manager** to try to find an appropriate out of area bed
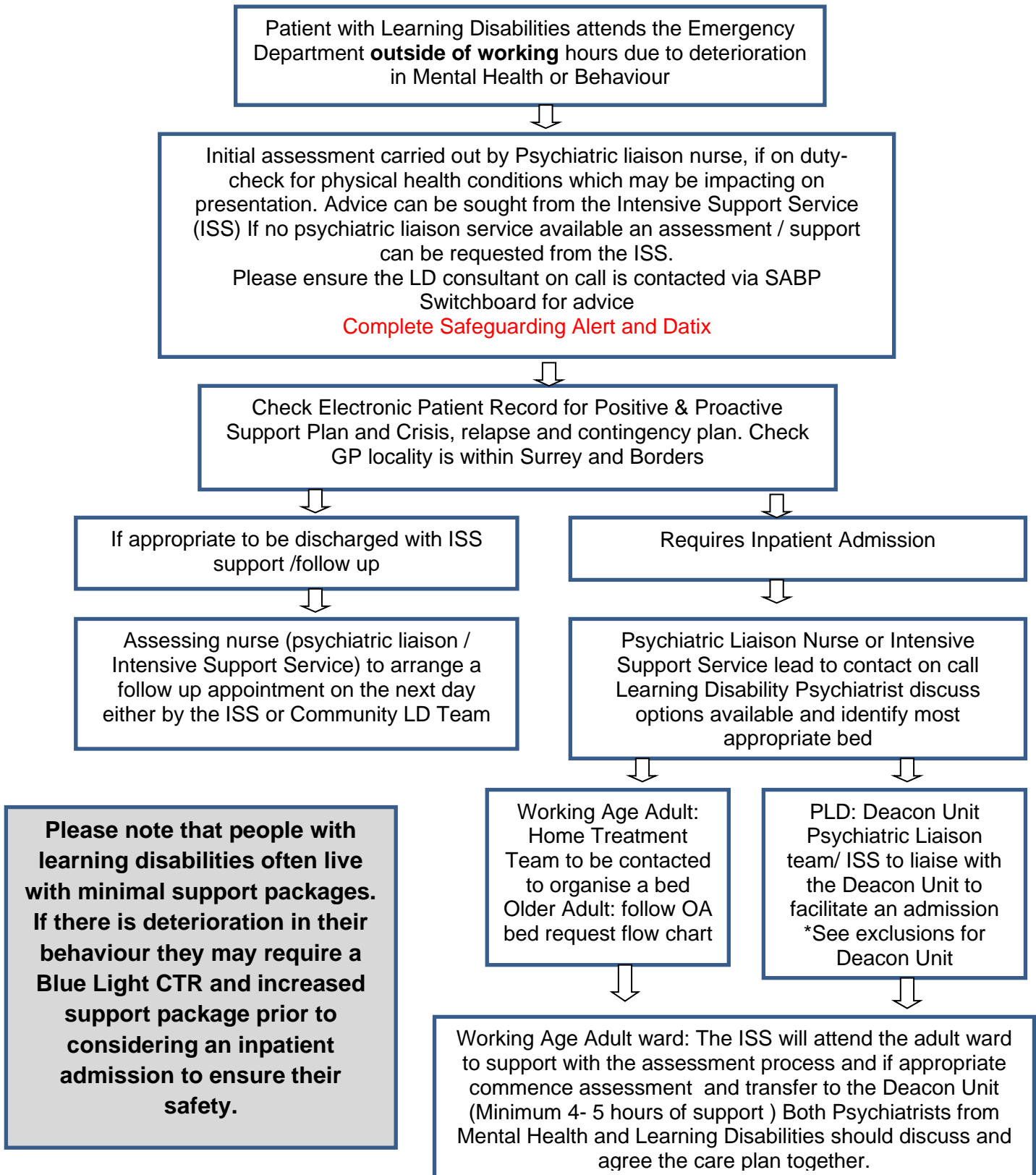
7.0   Procedure Flow Chart

Mental Health and Learning Disability General Hospital Pathway

(Within Working Hours)

Patient with Learning Disabilities attends the Emergency Department **within working hours** due to deterioration in Mental Health or Behaviour

Initial assessment carried out by Psychiatric Liaison Nurse - check for physical health conditions which may be impacting on presentation. Advice can be sought from the Intensive Support Service (ISS) and the local Community Team for People with Learning Disabilities (CTPLD)
Complete Safeguarding Alert and Datix

Check Electronic Patient Record for Positive & Proactive Support Plan and Crisis, relapse and contingency plan. Check GP locality is within Surrey and Borders.

(If appropriate to be discharged with CTPLD/ISS Support/Follow up

Psychiatric Liaison Nurse/Intensive Support Service to arrange a follow up appointment with the CTPLD

Please note that people with learning disabilities often live with minimal support packages. If there is deterioration in their behaviour they may require a Blue Light CTR and increased support package prior to considering an inpatient admission to ensure their safety.

Requires Inpatient Admission

Psychiatric Liaison Nurse or Intensive Support Service Lead to contact the LD Psychiatrist for Deacon Unit. Discuss options available and identify most appropriate bed

Working Age Adult: Home Treatment Team to be contacted to organise bed Older Adult: follow OA bed request flow chart

PLD: Deacon Unit Intensive Support Service to liaise with the Deacon Unit to facilitate an admission
*See exclusions for Deacon Unit

Working Age Adult ward: The ISS will attend the adult ward to support with the assessment process and if appropriate commence assessment and transfer to the Deacon Unit (Minimum 4- 5 hours of support) Both Psychiatrists from Mental Health and Learning Disabilities should discuss and agree the care plan together

If someone with mild LD is admitted to an Acute ward, then the WAA Consultant will assume RMO, but if it is someone with a severe LD then RMO will be Medical Director

Mental Health and Learning Disability General Hospital Pathway
(Outside Working Hours)

Patient with Learning Disabilities attends the Emergency Department **outside of working** hours due to deterioration in Mental Health or Behaviour

⇩

Initial assessment carried out by Psychiatric liaison nurse, if on duty- check for physical health conditions which may be impacting on presentation. Advice can be sought from the Intensive Support Service (ISS) If no psychiatric liaison service available an assessment / support can be requested from the ISS.
Please ensure the LD consultant on call is contacted via SABP Switchboard for advice
Complete Safeguarding Alert and Datix

⇩

Check Electronic Patient Record for Positive & Proactive Support Plan and Crisis, relapse and contingency plan. Check GP locality is within Surrey and Borders

⇩   ⇩

Left branch:

If appropriate to be discharged with ISS support /follow up

⇩

Assessing nurse (psychiatric liaison / Intensive Support Service) to arrange a follow up appointment on the next day either by the ISS or Community LD Team

Right branch:

Requires Inpatient Admission

⇩

Psychiatric Liaison Nurse or Intensive Support Service lead to contact on call Learning Disability Psychiatrist discuss options available and identify most appropriate bed

⇩   ⇩

Working Age Adult: Home Treatment Team to be contacted to organise a bed Older Adult: follow OA bed request flow chart

PLD: Deacon Unit Psychiatric Liaison team/ ISS to liaise with the Deacon Unit to facilitate an admission *See exclusions for Deacon Unit

⇩   ⇩

Working Age Adult ward: The ISS will attend the adult ward to support with the assessment process and if appropriate commence assessment and transfer to the Deacon Unit (Minimum 4- 5 hours of support) Both Psychiatrists from Mental Health and Learning Disabilities should discuss and agree the care plan together.

Please note that people with learning disabilities often live with minimal support packages. If there is deterioration in their behaviour they may require a Blue Light CTR and increased support package prior to considering an inpatient admission to ensure their safety.

If someone with mild LD is admitted to an Acute ward, then the WAA Consultant will assume RMO, but if it is someone with a severe LD then RMO will be Medical Director

8.0 Procedure Statement

This procedure is specific to people aged 18 or over who have a dual diagnosis of Mental Health and Learning Disability and not people who have a dual diagnosis of Mental Health and Substance Misuse.

Most psychiatric disorders are more common amongst people with learning disabilities than in the general population. Most recent research (cited in Hardy et al, RCN 2010 p: 13) into the epidemiology of mental health problems in people with learning disabilities puts prevalence rates between 20.1% to 22.41% (excludes challenging behaviour) in adults with learning disabilities (Taylor et al, 2004, Cooper et al, 2007), compared to 16% in the wider population (DH, 2003). As with their other health needs, people with learning disabilities must be enabled to access general psychiatric services whenever possible. This is in adherence to National Guidance as set out in the Mental Health National Service Framework, Valuing People, NICE guidance and standards set out in the Green Light Tool Kit.

This procedure will ensure that mental health needs of People with Learning Disabilities are met through:

- Collaborative working between mental health services (this includes our Older Peoples and Adult Services and Substance Misuse Services,) and specialist learning disability services (community based services and inpatient.) For further information, *see glossary.*
- Access to mental health services wherever possible
- The provision of small specialist inpatient services for those whose needs cannot be met by acute provision
- Consistent application of CPA ensuring all needs of people with learning disability and mental health are addressed
- The provision of Easy Read information on conditions associated with Mental ill health
- Access to provision of training to staff within mental health services on the needs of people with learning disabilities

Within England, current policy on how the needs of people with learning disabilities should be met is asserted within Valuing People Now (2009) that:

- people with learning disabilities are equal citizens, who have the same rights as any other person
- empowering people to make their own choices and take control of their lives
- the right to be offered the same opportunities as other citizens
- the right to be independent
- Social inclusion becomes a reality for people with learning disabilities.

The policy (Valuing People Now 2009) provides guidance on how mental health organisations are required to meet the mental health needs of people with learning disabilities by:

- promoting collaborative working between general mental health services (primary and secondary care) and specialist learning disability services
- helping people with learning disabilities to access general mental health services wherever possible
- providing small, specialist inpatient services for those whose needs cannot be met by mainstream services

9.0   Building the Right Support (October 2015)

A national plan to develop community services and close inpatient facilities for people with a Learning Disability and/or Autism who display behaviour that challenges including those with a mental health condition.

10.0 Transforming Care Response Group

The Transforming Care response group will consist of key people (stakeholders), who can bring about change in Surrey. The stakeholders will include :

- People with learning disabilities who have moved to settled accommodation.
- Family carers
- Health Care Planners
- Surrey County Council

- Surrey & Borders Partnership Mental Health Trust – Assessment & Treatment Services
- Intensive Support Service and Community Teams for PwLD
- Provider Consortia
- Autism Services
- Young People Services
- Specialist Commissioning
- Police and Criminal Justice System

The purpose of the Transforming Care Response Group is:-

1.1 To identify people with learning disabilities and/or autism with behaviours that challenge including mental health, who are living both in and outside Surrey and who are at high risk from placement breakdown and are the responsibility of Surrey Social Care and Clinical Commissioning Groups.

1.2 To use the guidance from Transforming Care Building the Right Support, and over the next 3 years plan how we work together to stop people going into hospital, and if admitted work to discharge as soon as possible.

1.3 To develop a unified dynamic register and identify criteria for which people will be included on a dynamic register

1.4 To determine who is the best person to work with the individual and their circle of support

1.5 To design a care pathway to promote support and *treatment at home and prevent admission to hospital.*

1.6 To set a protocol for admission and discharge to and from Surrey learning disabilities Assessment and Treatment hospital and mainstream mental health services.

1.7 To communicate and share information from meeting to the group they represent on the basis following confidentiality and information governance.

1.8 To report back business items to the Transforming Care Partnership Board.

11.0 Transforming Care for People with Learning Disabilities - Next Steps 2015

NHS England and national partners set out a clear programme of work to improve services for people with learning disabilities

To ensure that people get the right care in the right place.

12.0 Referrals to Community Services (CMHRS, OP CMHT's, CTPLD's, HTT, EIIP)

Upon receipt of a referral or enquiry, which meets the eligibility, criteria for the Trust's Mental Health or Learning Disability services the receiving team will assume ownership of the referral.

- If the referral is deemed appropriate and meets the criteria for a service from the team they will process the referral as outlined in their Operational Policy.
- If there are concerns with regard to the referral in relation to the person's learning disability/mental health then the referral must be discussed with their careers and practitioners in the appropriate teams.
- Service responses will not be based on a Learning Disability diagnosis or historical links to Learning Disability Services.
- Equally service responses will not be based on historical links to Mental Health Services.
- Where a person is already know to one team for example the CMHRS- An assessment of the person along with their carer will be jointly facilitated by the Mental Health and Learning Disability Practitioners.
- An agreement will then be made, in consultation with the person and their family, as to which team takes the lead for the person's care and support. With involvement from the other team as required.
- If agreement cannot be reached as to which team should provide the care and support to the person, then this should be escalated to the relevant line managers and above if required.
- The responsibility of responding to the referral remains with the team who first received the referral until a resolution of most appropriate team is achieved.
- Irrespective of the decision as to who will take the lead role, it is expected that the other team(s) remain engaged and joint work with the person to meet their needs.

13.0 Admissions

People with learning disabilities who have a mental illness, and require an admission for treatment should be able to access services and are treated to the same standards of care as anyone else. The rationale for admission will relate primarily to their mental illness not their learning disability. This may require the services to make reasonable adjustments to ensure that their services and treatment are accessible to people with a learning disability. (**Please see Section 7.0 – flow chart)**

13.1 A minority of people with a learning disability have severe complex needs or a level of vulnerability that will require alternative inpatient assessment and treatment services. The purpose of such learning disability inpatient facility is also to provide intensive assessment and treatment on a short-term basis. The goal will be for these individuals to return to live in their communities, with support packages that adequately meet the persons need

13.2 The Trust operates a range of specialist intensive support services for people with learning disabilities and their carers, to prevent unnecessary admission to hospital.

13.3 Referral to this service within hours should be via the local community learning disability teams and out of hours from the HTT, Psychiatric Liaison Service or A&E.

In accordance with the services Operational Policy, the team will undertake the eligibility assessment, which includes the assessment of needs.

13.3.1 Once these are completed then the person will be offered triage using the ISS criteria.

The person should be signposted to the services that would be most appropriate to meet their needs. This may include receiving:

- Support from the ISS, to remain in their own home

- Support from the ISS to receive treatment within one of the Trust mental health services
- Admission to the Trusts specialist service for people with learning disabilities crisis beds.

13.3.2 Prior to any admission consideration should be given to arrange a blue light care and treatment review to agree the best care for the person.

13.3.3 Planned admissions are organised to meet the needs of the individual and also to ensure that access to the relevant professionals and other services is possible. Routine admissions are Psychiatry led during working hours. Admission is nurse led out of hours (when prearranged) with support from the on call Psychiatrist/junior doctor.

When a person encounters a crisis outside of normal working hours (Monday to Friday), the person should access emergency services (e.g. A&E, Crisis Team, Home Treatment Team/Adult Mental Health Services) an immediate referral should be made to the Intensive Support Service.

14.0 Presentations at A& E Departments

- If a person with a confirmed Learning Disability presents at A&E with a suspected mental health issue they can be referred for assessment to the Intensive Support Service (ISS), if it is not clear whether the person has a learning disability then the Home Treatment Team (HTT) should be contacted to undertake a joint assessment with the Intensive Support Service (ISS) The psychiatric liaison nurse/team, on-call psychiatrist and or the on-call learning disability psychiatrist can provide additional advice if necessary.
- If the person has a Learning Disability and admission is deemed not necessary then the Intensive Support Service can provide support and treatment as required by the individual in order to support them and keep them safe. If the person does not have a learning disability and admission is not deemed appropriate or necessary then HTT or the assessor should signpost the client accordingly, i.e. community services or GP).

- The psychiatric liaison team within A&E, or the ISS should alert the relevant CMHRS/CTPLD of the individual's presentation so they can be followed up appropriately.
- If required reasonable adjustments will be made to safely accommodate, treat and support the individual.
- The following working day, should there be concerns with the appropriateness of the admission, then a referral for support can be made to the ISS if not previously contacted.
- The assessment for eligibility transfer should be undertaken in accordance with section 6.
- If appropriate arrangements will be made to transfer the individual to the Specialist Assessment and Treatment Service for people with learning disabilities.

15.0 Crisis Helpline/Crisis House

People with a dual diagnosis of Mental Health and Learning Disability will have equality of access to the Crisis Helpline and Crisis House.

Crisis helpline is available in 'out of hours'. The caller will be advised of whether there is a need for a psychiatric assessment for hospital admission, if so, then a referral to HTT will be made. HTT staff will identify an appropriate place where the assessment can take place. If HTT staff does not feel that the patient needs a psychiatric assessment then he/she will be advised accordingly and signpost to the relevant services, i.e. CTPLD, GP.

If Crisis helpline operator feels that the caller needs urgent medical attention, i.e. overdose, then the caller will call an ambulance or advised to go to A&E.

16.0 Access of Training in Supporting People with Learning Disabilities and Mental Health Needs

Specific training and support can be provided to mental health team's access through the local CTPLD/ISS

Alternatively, specific training and support can be provided to CTPLDs from mental health teams accessed through the local CHMRS.

17.0 Monitoring Table

What will be monitored	How/Method	Frequency	Lead	Reporting to	Deficiencies / gaps recommendations and actions
Compliance with Dual Diagnosis Policy and Procedure	Feedback from service manager and commissioners will be discussed at QAG and the Transforming Care Response Group	Quarterly	Health Services Manager	Quality Assurance Group (QAG)	Issues discussed at QAG and escalated to Operational Management Board as required
Conflict between clinical teams in relation to appropriate care of people with Learning Disabilities and Mental Health problems	Feedback from service manager, consultants and commissioners will be discussed at QAG and the Transforming Care Response Group	Quarterly	Health Services Manager	Quality Assurance Group (QAG)	Issues discussed at QAG and escalated to Operational Management Board as required

Equality Analysis

The equality analysis guidance notes and template are provided to support you in meeting the requirements of the Public Sector Equality Duty which came into force on 5 April 2011.

You should use this template to record evidence that equality analysis has been carried out *before* policy decisions take place. The form is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination**, **advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by equality law.

1. About the policy/project/change

Title of the policy / project / change:	
What are the intended outcomes / changes expected as a result of this policy / project / change:	To ensure that people with learning disabilities and mental health needs have equal and fair access to services
Are there links with other existing policies/projects: (if yes – provide details)	

2. Decide if the policy / project / change is equality relevant

Does the policy/project involve, or have consequences for people using services, carers, employees or other people? If yes, please state the groups of people who are likely to be affected. If yes, then the policy/project is equality relevant. If no, you can skip to section 6. However the majority of Trust policies and projects are equality relevant because they affect people in some way.	This policy outlines how people with a learning disability and mental health need and their carers should be supported by the learning disability and mental health teams. This includes identifying clinical responsibility, management, joint working and safe transition between teams

3. Gathering evidence to inform the equality analysis

What evidence have you gathered to help inform this analysis? This can include evidence from national research, surveys & reports, interviews and focus groups, policy monitoring and evaluations from pilot projects, etc. If there are gaps in the evidence available under any of the characteristics, please explain why this is the case and state what actions will be taken to close the gaps as part of the action

plan. Please ensure you check Annex C of the guidance notes for sources of evidence.

The Protected Characteristics & Evidence
Using the relevant available evidence - what is known, understood or assumed about each of the equality groups / protected characteristics identified below that could be relevant to this policy / project / change. Record the sources of the evidence used

4. Engagement and Involvement

Record the names of the people and/or groups involved in gathering evidence and/or testing the evidence against the policy / project / change. Who and how were they involved?	
Transforming Care Group	Meetings
Acute Care Forum	Meeting

5. Analysis of the potential impact of the policy / project / change

Based on the evidence you have gathered; describe any actual or likely impacts that may arise as a result of the decision and whether these are likely to be positive or negative. Where actual or likely impacts are identified, you should also state what actions will be taken to promote the likelihood of positive impacts as well as minimise or mitigate against possible or likely negative impacts, i.e. what can the Trust reasonably do to actively manage the consequences of its decision / action

Eliminate discrimination, harassment and victimisation: Does the policy / project / change, help eliminate discrimination, harassment and victimisation in any way? If yes, provide details. If no, provide reasons	
Age	Yes-the policy provides guidance for anyone over the age of eighteen with a learning disability
Caring responsibilities	Yes – provides guidance to carers
Disability	Yes –promotes equal access to services
Gender reassignment	Yes –promotes equal access to services
Marriage & civil partnerships	Yes –promotes equal access to services
Pregnancy & maternity	Yes –promotes equal access to services
Race / ethnicity	Yes –promotes equal access to services
Religion or belief	Yes –promotes equal access to services
Sex / gender	Yes –promotes equal access to services
Sexual Orientation	Yes –promotes equal access to services

Advance equality of opportunity: Does the policy / project / change, help develop equality of opportunity in any way? This could include removing or minimising disadvantages suffered by people due to their protected characteristics, taking steps to meet the needs of people from protected groups where these are different from the needs of other people, or encouraging people from protected groups to participate in activities where their participation is disproportionately low. If yes, provide details. If no, provide reasons	
Age	Yes
Caring responsibilities	Yes
Disability	Yes
Gender reassignment	Yes
Pregnancy & maternity	Yes
Race / ethnicity	Yes
Religion or belief	Yes
Sex / gender	Yes
Sexual Orientation	Yes

Promote good relations between different groups: Does the policy / project / change, help foster good or improved relations between different groups in any way? If yes, provide details. If no, provide reasons.	
Age	No
Caring responsibilities	Yes
Disability	Yes
Gender reassignment	No
Pregnancy & maternity	No
Race / ethnicity	No
Religion or belief	No
Sex / gender	No
Sexual Orientation	No

What do you consider the overall impact: This will ensure that people with a learning disability and mental health problems receive appropriate care.

6. Action Planning

Actions to be taken as a result of this analysis (add additional rows as required):	Name of person who will take this action	Date action due to be completed
1.		
2.		
3.		
4.		
5.		

7. Authorisation

Name & job title of person completing this analysis:	Jacqui Renfree Interim director of Services Phil Boulter Consultant Nurse
Date of completion:	01/02/2018
Name & job title of person responsible for monitoring and reporting on the implementation of the actions arising from this analysis:	N/A
Name & job title of authorised person:	Jacqui Renfree Health Service Manager Claire Clifford ISS Manager Phil Boulter Consultant Nurse
Date of authorisation:	01/02/2018