MHLD ACCESS CRITERIA

1. In order for a person to receive a diagnosis of learning disability, they must have:

    - A significant global impairment of intellectual functioning. This does not include impairment caused by the early onset of dementia, the effects of mental illness or the effect of head injuries that occurred outside the developmental period
    - Significant limitations in adaptive, social and communication skills.

    All these difficulties must be present before the age of 18.

2. To access the MHLD service the individual should be an adult (aged 18 and over), have a learning disability, be registered with a Kent or Medway GP and present with - or there is a suspicion of - mental health needs, including behaviours that challenge, that cannot be met within mainstream mental health services. People with a learning disability who are experiencing mental health problems, for example depression, schizophrenia, bipolar disorder or emotionally unstable personality disorder, should in the first instance access mainstream community mental health services. MHLD link workers may support mainstream services to develop reasonable adjustments to facilitate this.

3. Where there are additional complexities, for example, the severity of the learning disability, autistic spectrum disorder, neuropsychiatric issues, or risks not commonly associated with core mental illnesses, the case should normally be managed by MHLD.

4. In cases where eligibility is unclear, further support is available below, in the “MHLD Access Criteria: Additional guidance on eligibility” section.

5. People placed into Kent and Medway by other local authorities will have the same rights to access support from MHLD as any other person, so long as the MHLD eligibility criteria has been met.

    - We will assess everyone irrespective of placement context.
    - We will only provide intervention if the placement is considered to meet the person’s needs, and there is evidence of appropriate capacity and best interest decision process having been followed regarding the placement.
    - The placing authority may be charged via the KMPT contracts team for each intervention contact.
    - Inpatient admission/re-admission will remain the responsibility of the placing authority.

MHLD ACCESS CRITERIA: ADDITIONAL GUIDANCE ON ELIGIBILITY (VIGNETTES)

Vignettes 1

Mary is 29 years old. She went to schools for children with Special Educational Needs from the age of 9. It appears that this was mainly due to emotional and behavioural difficulties, rather than a significant learning disability. However she did have some specific learning difficulties (dyslexia, dyspraxia and dyscalculia). She found lessons difficult, and her attendance was poor, with no encouragement from her parents to attend as they expected her to stay at home and look after her younger brother. She left school with no qualifications. She is the survivor of childhood sexual abuse. Her parents are separated and she has no contact with her father. She lives with her mother, but has a very difficult relationship with her. She has never lived independently. She has had a few jobs over the years (eg. sweeping up at a local hairdressers, and helping in her Auntie's shop) but has never been able to keep a job for long.

She is presenting with relational and emotional regulation difficulties that might be suggestive of a Personality Disorder. However she has not received a diagnosis as yet; this is her first time she has attended an assessment in secondary mental health services. She has previously cut herself and ended up at A&E, but did not follow advice given at that time to access psychological therapy through primary care. She is quiet and sits with her head down when professionals talk to her. However she had been able to answer the questions when interviewed by the liaison psychiatry service and they thought that she would probably be able to access mainstream mental health services.

Vignettes 2

Sanjit is 35 years old. He went to a mainstream primary school, and started mainstream secondary. However aged 13 his needs were reviewed as he was finding it increasingly difficult to manage socially and academically. An Autistic Spectrum Condition (ASC) was diagnosed around this time, and he was transferred to a school for children with Special Educational Needs which specialised in working with young people with ASC. He left with no qualifications. He started an Access course (for young people with additional learning needs) aged 19, but was asked to leave due to his behaviour. He has since been at home with his parents.

His mother and sister took him to the GP, concerned that he is becoming increasingly anxious, agitated, spending most of the day in his bed, but not sleeping for more than a few hours each night. He no longer joins the family at meal times since his maternal grandmother – who lived with the family – died after a long illness. He was referred to KMPT through the SPOA. When CMHT clinicians assessed him he was accompanied by his sister, who answered all questions on his behalf. It was therefore decide to split the assessment session for the second half, with one clinician staying with his sister, whilst the other talked to Sanjit 1:1. Even without his sister's presence, Sanjit appeared unable to answer any of their questions, or to give any insight into the difficulties from his own perspective.

Eligibility: meeting patient need comes first

As a general principle, if it is unclear which service would best meet the patient's needs then a joint assessment should be arranged. This enables clinicians from both services to think together about what each service might be able to offer, and decide which could best meet the patient's needs; following Valuing People guidance, in line with the Green Light Toolkit. Following a joint appointment, if it is established that a patient can access mainstream services, then MHLD could offer formulation to the staff involved, and make suggestions around the specific reasonable adjustments to be made. MHLD could also offer consultation to staff who are working with patients who appear to have an intellectual disability.

From the information presented we would expect that Mary's needs would be best met by a CMHT. She is able to communicate her needs, and with Reasonable Adjustments (eg. simplifying language, and checking back that she has understood) the clinical team are able to communicate effectively with her about her care needs. The CMHT has specialist knowledge and skills to meet Mary's needs in relation to her Personality Disorder, if indeed it is decided that this is the most appropriate diagnosis.

However Sanjit's needs are maybe better met by the MHLD. His communication difficulties are more pronounced, and exacerbated by his Autistic Spectrum Condition. The MHLD have specialist knowledge of intellectual disability and ASC to meet Sanjit's needs.

It is impossible to make hard and fast rules about eligibility, other than to say that Valuing People clearly states that if the patient's needs can be met within mainstream services, with Reasonable Adjustments then this should be offered. This is in line with the Equality Act.

Other Reasonable Adjustments might include:

- Slower pace of the appointment
- Shorter sessions
- Seen with a family member/carer
- Checking the person has understood
- Simplifying language, reduce use of jargon, repeating or rephrasing to add clarity.
- Aim to keep communication, whether written or verbal, as basic and concise as possible. Learning Disability organisations, such as Mencap, have produced guides on accessible information ('Am I Making Myself Clear?')
- Use of written information in addition to verbal, e.g. writing down plans made at the end of sessions (consider printing on different colours for people with specific learning difficulties), making homework tasks more practical and specific
- Consideration of the environment (noise/light etc.)
- Support with completing forms and outcome measures
- Consideration of client's concept of time – reporting accurately may be difficult so specific questions, such as 'before Christmas or after Christmas' may be helpful.
- Liaising with support system around the person, e.g. LD nurses, carers, social workers