NHS Evidence – learning disabilities
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In this issue:

Welcome to the latest evidence update

Welcome to the Evidence Bulletin. This month we focus our extended summaries on mental health services, community residential placements for adults with learning disabilities and also forensic issues, including offenders with learning disabilities. As usual, we also highlight the published studies from our 40 journals under the collection's headings for you to browse and explore further at source if you wish.

MENTAL HEALTH

Extended summaries

What do we know about Offenders with Learning Disabilities?

Offenders with learning disabilities are now more visible in the wider community than before, owing to the closure of long stay hospitals and development of community services. They are much more likely to come into contact with the criminal justice system.

This narrative review presents and discusses recent developments concerning this group of people, covering what we know about the historical link between crime and people with learning disabilities, the prevalence of offending by people with learning disabilities, recidivism rates and the development of service pathways and models. The review also discusses recent research on interventions for offenders with learning disabilities.

The authors point out that the question of whether people with learning disabilities are over represented in the offender population is not clearly answered by the current research evidence base. Recent policy change will have affected the numbers of people coming to the attention of the criminal justice system for example.

Significant developments in the treatment of offenders with learning disabilities are being reported in the literature, for example those based on cognitive behaviour therapy approaches, with a number of controlled studies being reported in the field of anger treatment.

They suggest that for the future, more research and evaluation is required on the application and inclusion of valid risk assessments into care planning procedures and the running of better-designed controlled trials.

Understanding and treating offenders with learning disabilities: a review of recent developments, Taylor J & Lindsay W, in Journal of Learning Disabilities and Offending Behaviour , 1,1 ,5-16

Link to LDSC extended summary: http://tinyurl.com/mhlth05LDSC

What are service user experiences of using mainstream mental health services?

This small sample study looked at the experiences of people with learning disabilities who were admitted to mainstream mental health in-patient services, to explore the extent to which Government guidelines to promote the use of such mainstream services are being followed.

A series of face-to-face interviews were carried with service users, carers and community nurses and the results were analysed to identify key themes. In addition, a number of focus groups were held with staff. Interestingly, although mental health staff were invited to take part in the focus groups, and initially showed a keen interest to do so, none eventually took part, so the information from focus groups came exclusively from learning disability staff.

The study found some positive aspects to using mainstream in-patient services, which included the provision of respite. These positive aspects were particularly reported by carers, who reported opportunities to gain

information and to be signposted to other sources of support. The authors suggest that these positive aspects were outweighed by perceptions of admission as disempowering and lacking in any flexibility in treatment provision. Service users and carers reported staff in mainstream mental health services as neglecting specific needs of people with learning disabilities.

The authors conclude that their results suggest a predominantly negative picture of in-patient admissions for people with intellectual disabilities to mainstream mental health services with descriptions suggesting life on the ward was unsafe and intimidating, and that the results of this small scale study suggest the key policy values of choice, accessibility, person-centredness and working in partnership remain a distant goal.

Mainstream In-Patient Mental Health Care for People with Intellectual Disabilities: Service User, Carer and Provider Experiences, Donner B et al, in Journal of Applied Research in Intellectual Disabilities 23, 3, 214-225

Link to LDSC extended summary: http://tinyurl.com/mhlth005LDSC

Policy

1. **Positive Practice Positive Outcomes: A handbook for professionals in the Criminal Justice System working with offenders with learning disabilities**
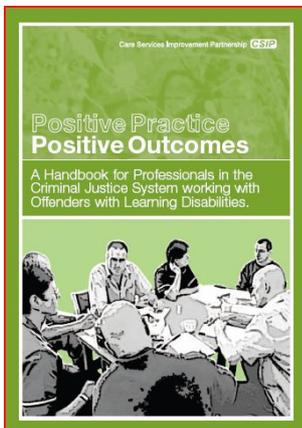
This handbook provides guidance on supporting vulnerable people within the Criminal Justice System and is designed to be read by criminal justice professionals and others working with the Criminal Justice System, including Health and Social Care Professionals.

This handbook aims to help Criminal Justice Professionals to:
• Recognise when a person has learning disabilities
• Improve their communication with and support to people with learning disabilities
• Establish and maintain links with the local learning disability services and other support services, and
• Be aware of the legislation in place to protect people with learning disabilities.

Link to report: http://tinyurl.com/mhlthpolicy

Reviews:

1. **Offenders with Intellectual Disability: Characteristics, Prevalence, and Issues in Forensic Assessment,** Salekin K et al, in Journal of Mental Health Research in Intellectual Disabilities, 3, 2, 97 - 116

Link to article: http://tinyurl.com/mhlth0501

• The known characteristics of people with intellectual disabilities (ID) make them vulnerable to becoming perpetrators of crimes, although most such crimes are minor.
• Data on offenders with intellectual and dual disabilities are reviewed with challenges related to their diagnoses roles in the criminal justice system identified.
• Offenders with ID are overwhelmingly individuals with mild ID, with characteristics similar to offenders without ID.
• Offenders with ID do not engage predominantly in one form of criminal behaviour.
• Their intellectual limitations make it more difficult for them to understand their rights in the criminal justice system or to work effectively with lawyers

Single studies:

1. **'It's what happens when you're ready to leave hospital that's really important' - commissioning secure services for people with learning disabilities** Burns M et al., in <u>Journal of Learning Disabilities and Offending Behaviour</u>, 1, 1, 17-28

   Link to article: <u>http://tinyurl.com/mhlth00502</u>

   - Description of process undertaken to develop commissioning principles to support the commissioning of secure learning disability services across England.
   - Principles shaped around 11 competencies laid down in DH *World Class Commissioning competencies framework*
   - Details collected about types of services provided in SHA in England including,
     - detailed service specification,
     - quality indicators,
     - how specialist services link with local services (secure and non secure)
     - cost of services.
   - Information collected about commissioning:
     - practical commissioning arrangements,
     - how quality of services was monitored,
     - how access to services was controlled
     - how 'secure' service users are reintegrated back into local (non secure) services and communities.
   - Qualitative data obtained from interview with group of former service users.
   - Themes generated were integrated within general guidance.
   - Quality assurance framework based on World Class Commissioning Competencies is proposed, against which specialist and local commissioners can benchmark their current commissioning arrangements.

2. **Theoretical exploration of the neural bases of behavioural disinhibition, apathy and executive dysfunction in preclinical Alzheimer's disease in people with Down's syndrome: potential involvement of multiple frontal-subcortical neuronal circuits,** Ball S et al, in <u>Journal of Intellectual Disability Research</u>, 54, 4, 320-336

   Link to article: <u>http://tinyurl.com/mhlth0503</u>

   - 78 participants (mean age 47, range 36–72) with Down syndrome (DS) and mild to moderate intellectual disability without diagnosis of dementia of Alzheimer's type (DAT) or other psychiatric disorders, were selected from a larger sample of older adults with DS (n = 122).
   - Informant-reported changes in personality/behaviour and memory were recorded.
   - Participants scored in three behavioural domains completing five executive function (EF) tasks, six memory tasks and BPVS (measure of general intellectual ability).
   - Study authors found strikingly, disinhibited behaviour reported for 95.7% of participants; reported apathy in 57.4% and 36.2% with reported EDF.
   - 'Disinhibition' score significantly predicted performance on three executive function tasks.
   - Apathy score significantly predicted performance on two different tasks (measuring spatial reversal and prospective memory)
   - The authors conclude that dissociation between performance on cognitive tasks associated with reported apathy and disinhibition supports involvement of multiple frontal-subcortical circuits in the early stages of DAT in DS.

CHALLENGING BEHAVIOUR

Community Residential Placements for Adults with Intellectual Disabilities

Previous research has shown that Individuals with intellectual disabilities are more likely to experience breakdowns in placements if they display 'challenging' behaviour. The authors suggest though that as some individuals with severe challenging behaviour live long-term in community placement, factors other than the severity or frequency of the challenging behaviour must be at play.

The study set out to prose a framework for predicting placement breakdown and test this framework with a between-subjects design with two non-experimental groups, controlling for the presence of challenging behaviour. The first group experienced placement breakdown, while the second group maintained their placement. The authors collected data on the individuals and staff supporting the individuals completed questionnaires measuring a individual and service-related factors.

The study found no significant differences between the groups in overall levels of challenging behaviour, although the breakdown group displayed higher rates of 'intentional' antisocial behaviour.

The authors suggested that placement breakdown was predicted by a combination of increased community self-sufficiency skills of the individuals and staff attributions of a greater degree of control of their behaviours, particularly by senior members of staff. Lower levels of interaction and help from staff, poorer quality of services in terms of staff resources, physical environment and administrative systems were also predictive of breakdown. Those individuals who experienced placement breakdown were also more likely to have had at least one acute behavioural or psychiatric in-patient admission.

The authors identify some clinical implications of their findings, firstly a challenge to the notion that those with the most severe challenging behaviour are at greatest risk of placement breakdown. Placement breakdown in the current study was associated with a number of additional individual and service-related factors, in particular the extent to which staff in positions of authority attribute their challenging behaviour to controllable causes, and the willingness of staff to help them.

The authors also suggest the need for clinicians to improve the functioning of residential services, particularly in terms of appropriate training, and quality of staff supervision.

Predicting Placement Breakdown: Individual and Environmental Factors Associated with the Success or Failure of Community Residential Placements for Adults with Intellectual Disabilities,
Philips N & Rose J, in Journal of Applied Research in Intellectual Disabilities 23, 3, 201-213

Link to LDSC extended summary: http://tinyurl.com/cb05LDSC

Single Studies:

1. **Support Needs of Individuals With Mild and Moderate Intellectual Disabilities and Challenging Behaviors** Lamoureux-Hébert M et al [in] Journal of Mental Health Research in Intellectual Disabilities, 3, 2, 67 - 84

   Link to article: http://tinyurl.com/chb00501

- Exploratory study looking at relationships between support needs assessed with French version of Supports Intensity Scale and challenging behaviours as assessed with Scales of Independent Behavior--Revised
- Sample 191 persons between 16 and 75, with either mild or moderate intellectual disability.

- High frequency in challenging behaviours found to be related to need for greater support intensity, particularly social support, and maintenance of emotional well-being.

- Specific support measures targeting social skills, receptive and expressive communication, and management of stress and anger were stressed as important.

AUTISM

Review:

1. **Behavioural intervention practices for stereotypic and repetitive behaviour in individuals with autism spectrum disorder: a systematic review,** Patterson S et al, in <u>Developmental Medicine & Child Neurology</u>, 52, 4, 318-327

   Link to article: http://tinyurl.com/aut0501

   Systematic review to examine quality of conduct of experimental studies contributing to understanding of function-based behavioural interventions for stereotypic and repetitive behaviours (SRBs) in individuals with autism spectrum disorders (ASDs).

   - 10 single case studies examining 17 participants (14 males, 3 females; age 2y 11mo–26y) diagnosed with various ASDs included.
   - Studies reported decreases in SRBs using behavioural interventions and some collateral increase in desirable behaviours.
   - Small number of intervention studies for SRBs explicitly state function of behaviour meaning little is known about efficacy of SRB interventions in relation to range of possible behavioural functions.
   - Authors conclude that evidence supporting SRB interventions is preliminary in nature, and caution should be used in choosing and implementing SRB intervention practices for individuals with ASDs.

Single Studies:

1. **A Comparison of Psychotropic Drug Side Effect Profiles in Adults Diagnosed With Intellectual Disabilities and Autism Spectrum Disorders,** Hess J et al, in <u>Journal of Mental Health Research in Intellectual Disabilities</u>, 3,2, 85 - 96

   Link to article: http://tinyurl.com/aut0502

   - 48 adults diagnosed with ID and Autistic Disorder or Pervasive Developmental Disorder-Not Otherwise Specified were examined with regard to psychotropic medication side effects.
   - Participants divided into 4 groups:
     - no psychotropic medication group ($n = 9$);
     - atypical antipsychotic medication group ($n = 13$);
     - atypical antipsychotic/antiepileptic drug group (AEDs/mood stabilizers; $n = 13$);
     - atypical antipsychotic medication, AEDs/mood stabilizers, and anxiolytics ($n = 13$).
   - Those not on any psychotropic medications evinced fewest side effects.
   - Participants prescribed psychotropic medication across multiple classes evinced more side effects.
   - Persons receiving atypical antipsychotic medication, AEDs/mood stabilizers, and anxiolytics had greatest number of side effects.

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