

Mental ill health and behaviours that challenge in adults with learning/intellectual disabilities: review of evidence

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This review of evidence reports on 'Mental ill health and behaviours that challenge in adults with learning/intellectual disabilities' which arose from work commissioned by the Scottish Government and undertaken by the Scottish Learning Disabilities Observatory.

Table of Contents

1. Context

1.1 Terminology

1.2 Methods used to develop this report

Section One: Mental ill health:

2. Prevalence of mental ill health

2.1 Overall prevalence of mental ill health

2.2 Most prevalent mental ill health

2.3 Prevalence of mental ill health by level of learning/intellectual disabilities

2.4 Summary

3. Access to interventions and services

3.1 Summary

4. Clinical effectiveness of interventions

4.1 Psychosocial interventions

4.2 Pharmacological interventions

4.3 Other interventions for mental ill health

4.4 Summary

Section Two: Behaviours that challenge:

5. Prevalence of behaviours that challenge

5.1 Overall prevalence of behaviours that challenge

5.2 Most prevalent behaviours that challenge

5.3 Prevalence of behaviours that challenge across ability levels

5.4 Summary

6. Access to intervention and services

6.1 Summary

7. Clinical effectiveness of interventions

7.1 Psychosocial interventions

7.2 Pharmacological interventions

7.3 Summary

8. Conclusions

1. Context

According to Scotland's Census, 2011, 0.5% of people in Scotland have learning/intellectual disabilities. However, after the age of 55 this drops to 0.3%, reflecting the fact that people with learning/intellectual disabilities die much earlier than people in the general population, often from causes that are either amenable to treatment or preventable. People with learning/intellectual disabilities experience significant inequalities across all spheres of life, including significant physical and mental health inequalities.

Addressing mental ill health is a public health priority in Scotland. The Scottish Government's Mental Health Strategy: 2017–2027 sets out actions to improve the mental health of the whole population and achieve parity between mental and physical health. In March 2020, the Scottish Government published the Learning/Intellectual Disability and Autism Towards Transformation plan, outlining the need for improvement in the lives of the population with learning/intellectual disabilities and autism, particularly in the context of the COVID-19 pandemic.

Improving outcomes for people with learning disabilities/intellectual disabilities who have complex needs is also a priority area for learning/intellectual disabilities policy. The Scottish Government's Coming Home report (2018) found behaviour that challenges to be a common issue for people living in institutional settings and highlighted this behaviour to be an expression of individuals' unmet need and a means of communication. In response, the Positive Behaviour Support (PBS) Community of Practice was launched in 2020 and now has 346 members across Scotland. PBS seeks to understand people's behaviour and communication with a view to improving support, changing structures, cultures, environments, and empowering people. Its focus is on improving quality of life and reducing behaviour which challenges including offering less restrictive alternatives to psychotropic medication and physical restraint. Alternatives to physical restraint and other restrictive practices are also a focus of Restraint Reduction Scotland (RRS). This national network was established in 2020 with the aim of eliminating the misuse of restrictive practices and ensuring respect for people's human rights in a culture of openness and transparency. Linking these different strands, there is growing recognition of the impact of trauma on people with learning/intellectual disabilities who have behaviours which challenge accompanied by the development of resources to promote and implement trauma informed practice within Scotland.

This plan reports on the specific challenges that people with learning/intellectual disabilities experience in terms of access to mental health services, the need for greater awareness amongst health professionals of the mental health needs of people with learning/intellectual disabilities and the need for service improvement.

This rapid review of the current evidence on mental ill health and learning/intellectual disabilities, commissioned by the Scottish Government, was developed to support the drive to improve the mental health and wellbeing of people with learning/intellectual disabilities in Scotland.

In this report we have reviewed and updated the following guidelines from NICE:

1. Mental health problems in people with learning disabilities: prevention, assessment and management (NG54), 14th September 2016
2. Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NG11), 29th May 2015

The above clinical guidelines provide a systematic evaluation of the evidence relating to behaviours that challenge and mental health in the population with learning/intellectual disabilities with the overarching aim of improving health, care and wellbeing outcomes. They cover a wide range of areas including; care experiences, interventions for carers, organisation of care, identification and assessment of mental ill health and behaviours that challenge, and psychological and pharmacological interventions. This rapid review was limited to the following three questions:

- 1) What is the prevalence in adults with learning/intellectual disabilities:
 - a. of mental ill health?
 - b. of behaviours that challenge?
- 2) Do adults with learning/intellectual disabilities have equitable access to evidence-based interventions and services to support treatment:
 - a. of mental ill health?
 - b. of behaviours that challenge?
- 3) What is the clinical effectiveness of interventions to prevent and/or treat/manage:
 - a. mental ill health of adults with learning/intellectual disabilities?
 - b. behaviours that challenge experienced by adults with learning/intellectual disabilities?

1.1 Terminology

Reported rates of mental ill health in the population with learning/intellectual disabilities vary significantly and are dependent on the diagnostic criteria used. The presentation of mental ill health in people with learning/intellectual disabilities can also differ from those that are typical in the general population contributing to further variation in reported prevalence. In this report we have investigated prevalence, service access and outcomes for both mental ill health and behaviours that challenge.

The term 'mental ill health' will be used throughout to describe any condition that falls within The World Health Organisation's definition of "a broad range of problems, with different symptoms, [...] generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others." The term mental ill health is also intended to be synonymous with other terminology relating to mental health, such as mental health problems, mental disorders, or mental health conditions.

The term 'behaviours that challenge' will be used throughout. This term, which is sometimes used synonymously with 'challenging behaviours' was described by The Royal College of Psychiatrists (2007) as "Behaviour of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion."

Behaviours that challenge and mental ill health are separate constructs; people with learning/intellectual disabilities can experience both behaviours that challenge and mental ill health, just one of these, or neither.

Whilst there is often a relationship between mental ill health and behaviours that challenge there are also important distinctions. 'Behaviours that challenge' is an umbrella term that incorporates a wide range of conducts including aggression, self-injury and stereotypy (repetitive behaviours). There are multiple potential causes of behaviours that challenge including mental ill health, physical ill-health and pain, biological factors, medication side-effects and psychological causes such as trauma. There is consensus that behaviours that challenge are often a form of communication or response to unmet needs. However, these behaviours can have a serious impact of quality of life and have been associated with high rates of psychotropic prescribing, restraint and institutional care.

For the purposes of this report, we have differentiated mental ill health and behaviours that challenge whilst noting significant overlap between these broad categories. To underline the distinction between mental ill health and behaviours that challenge the results of this review are presented in 2 separate sections:

- [Section one: Mental ill health](#)
- [Section two: Behaviours that challenge](#)

1.2 Methods used to develop this report

In 2016 and 2015, respectively, NICE published guidelines relating to mental ill health and behaviours that challenge in people with learning/intellectual disabilities. Due to the extensive crossover between the aims of these guidelines and the aims of this review, it was decided to update the evidence within the two NICE guidelines.

This current review utilised a rapid review methodology. Searches were based on the search strategies used in the NICE guidelines and run for relevant databases (Medline, Embase, Cinahl, Psycinfo and Web of Science). Separate searches were conducted for behaviours that challenge and mental ill health and these searches were run from the last search dates of the two corresponding NICE guidelines: the behaviours that challenge search was conducted from 2014 onwards and the mental ill health search from 2016 onwards.

To be included in this review, papers had to:

- be published in a peer reviewed journal (conference abstracts were excluded)
- include participants aged 18 years old and over (for studies with mixed-aged samples, either >50% of participants had to be ≥ 18 years, or the mean age of participants had to be ≥ 18 years)
- include data relevant to the prevalence of mental ill health or behaviours that challenge, access to evidence-based interventions and services and/or outcomes of mental ill health or behaviours that challenge.

This review aimed to only include high quality evidence: question one was restricted to systematic reviews, cross-sectional and cohort studies that included population-based or administrative data; question two was restricted to randomised controlled trials, systematic reviews of randomised controlled trials, and qualitative research relating to service use; question three was restricted to randomised controlled trials and systematic reviews of randomised controlled trials. The searches (Appendix 1) identified a total 1313 papers and 20 were included within this updated review (Appendix 2). The appendices are available separately.

Section one: Mental ill health

2. Prevalence of mental ill health

What is the prevalence of mental ill health in adults with learning/intellectual disabilities?

The current NICE guideline suggests that mental ill health is more prevalent in adults with learning/intellectual disabilities than in the general population.

There were six cross-sectional studies, three longitudinal studies, and one systematic review that included data relevant to the prevalence of mental ill health in adults with learning/intellectual disabilities.

Most studies reported the prevalence of specific mental health conditions and prevalence stratified by level of learning/intellectual disabilities, rather than overall prevalence of any mental health conditions in people with any level of learning/intellectual disabilities. No studies were identified that directly compared prevalence between adults with and without learning/intellectual disabilities.

2.1. Overall prevalence of mental ill health

The prevalence of mental ill health reported in the above systematic review was 33.6%, based on data from $n = 29,958$ participants.

The three population-based cross-sectional studies reported the prevalence of any mental health condition in adults with learning/intellectual disabilities to be 18.8%, 26.4%, and 51.9%.

One longitudinal study also reported that adults with learning/intellectual disabilities and behaviours that challenge were almost three times more likely than adults with learning/intellectual disabilities without behaviours that challenge (71% vs 46%, respectively) to have at least one mental health condition.

The more recent evidence from this review suggests the prevalence of any mental health condition is 18.8% – 51.9% and likely to be significantly greater than the 16.3% – 21.5% reported in the NICE guidelines.

2.2 Most prevalent mental health conditions

The most prevalent of mental health conditions reported in cross-sectional and longitudinal studies were: anxiety disorders (3.5% – 15.1%), depression (2.4% – 11.7%), psychotic conditions, including schizophrenia (4.3% – 12.0%), and obsessive-compulsive disorder (2.4% – 4.0%).

The systematic review, which included n=25 studies, report the most prevalent mental health conditions to be: mood disorders (6.7%), anxiety disorders (5.5%), schizophrenia (4.8%), unspecified psychotic disorder (3.9%) and personality disorders (2.8%).

One longitudinal study reported adults with learning/intellectual disabilities and behaviours that challenge to have a higher prevalence of various mental health conditions compared to adults with learning/intellectual disabilities without behaviours that challenge: psychotic disorders (19% vs 13%), affective disorders (26% vs 14%), anxiety disorders (16% vs 9%), personality disorders (2% vs 1%), and dementia (6% vs 4%).

Three studies examined the prevalence of dementia in people with Down syndrome, who are known to be at increased risk compared to adults without Down syndrome. Age had a notable impact on prevalence of dementia, ranging from 18.5% – 27.6% in people aged under 50 years and 51.3% – 97.4% for people aged over 50 years.

The NICE guidelines also report the most prevalent mental health conditions to be: anxiety disorders (1.5% – 23.5%), depression (6.4% – 11.6%), psychosis (4.5% – 7.6%), affective disorders (0.7% – 10.6%), obsessive-compulsive disorder (5.8% – 6.6%), schizophrenia (2.8% – 4.7%), and dementia (2.7% – 21.6%).

2.3 Prevalence of mental ill health across levels of learning/intellectual disabilities

Level of learning/intellectual disabilities had an impact on the prevalence of mental ill health. Two studies reported that all mental health conditions, except dementia, were less prevalent in people with profound levels of learning/intellectual disabilities compared to people with mild to severe learning/intellectual disabilities. This is supported by one systematic review which found prevalence was similar in adults with mild (29.1%), moderate (28.5%), and severe (33.5%) learning/intellectual disabilities but lower in people with profound learning/intellectual disabilities (22.4%).

The NICE guidelines report the prevalence of any mental health condition by level of learning disabilities to be: 19.9% – 34.4% (mild), 10.9% – 64.7% (moderate), 22.6% – 71.0% (severe), and 9.7% – 45.1% (profound).

2.4 Summary

- Mental ill health is significantly more prevalent in adults with learning/intellectual disabilities than in the general population
- There are significant gaps and variance in reported prevalence of mental ill health

3. Access to interventions and services

Do adults with learning/intellectual disabilities have equitable access to evidence-based interventions and services to support treatment of mental ill health?

Following our systematic evidence search no studies were identified that reported directly on equitable access (comparing access outcomes for people with learning/intellectual disabilities with those of the general population). Thus, evidence reviewed here focuses on evidence reporting the barriers and facilitators of access to services and interventions.

The NICE guidelines suggest that services should be delivered flexibly and account for adults' varying needs. And, where necessary, care should be provided outside of the clinical environment, preferably close to or in the home. Communication difficulties should be considered as a potential barrier where someone is struggling to access a service. Service access could be improved by being accessible to people from all cultural backgrounds and through increased accommodation of service-user preferences for workers of a particular gender or cultural background, where possible.

One qualitative study was identified that investigated the experiences of service users with mild intellectual disabilities accessing Flexible Assertive Community Treatment (FACT) services in the Netherlands. FACT is a holistic and multidisciplinary approach to support people with learning/intellectual disabilities in the Netherlands. All outcomes from this paper relate to experiences of service users with learning/intellectual disabilities. Service users reported generally positive experiences of this service and treatment particularly in relation to contact with staff who treated them well and met both their emotional and practical needs. Service users felt the treatment resulted in them doing better and helped them to grow stronger, having more structure and less stress in their lives. The only negative themes identified were that staff were sometimes not supportive and were too restrictive.

The NICE guidelines report findings from one low-quality pilot randomised controlled trial in young people (mean age 18 years; range 13 – 25 years) with learning/intellectual disabilities and mental ill health that investigated improving accessibility of services. This study suggests that use of a liaison worker improves contact with services and may improve mental health in young adults with learning/intellectual disabilities and mental ill health.

3.1 Summary

- People with learning/intellectual disabilities value a collaborative approach from professionals working in mental health services
- The relationship that professionals develop with service users and their families is of fundamental importance
- Patients and carers should be given information about services, supports and treatments in accessible formats that facilitate informed decision-making

4. Clinical effectiveness of interventions

What is the clinical effectiveness of interventions to prevent and/or treat/manage mental health outcomes for adults with learning/intellectual disabilities?

There is limited evidence to inform current NICE guidelines (NG54) on the effectiveness of interventions to prevent or treat/manage mental ill health experienced by adults with learning intellectual disabilities. Therefore, the guidelines refer practitioners to generic guidelines on the use of psychosocial and pharmacological interventions for specific mental health conditions. Consensus advice is then provided on tailoring interventions to the needs of adults with learning/ intellectual disabilities.

4.1. Psychosocial interventions

The review methodology found three studies examining the effectiveness of psychosocial interventions for mental ill health.

The BeatIt clinical trial compared the effectiveness of behavioural activation (BeatIt) and guided self-help (StepUp) for the treatment of depression experienced by adults with mild/moderate learning/intellectual disabilities. Both interventions led to significant reductions in depression and anxiety at 12-month follow-up and eLearning modules on both interventions are available on the NHS Education for Scotland website (<https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/learning-disability.aspx>).

A computerised cognitive behavioural therapy (cCBT) intervention for adults with mild intellectual disabilities and depression and/or anxiety was effective at follow up (three-months).

A pilot randomised controlled trial of a befriending intervention reduced depression scores, increased self-esteem and psychological well-being, but reported mixed findings for quality of life.

These three studies add to the evidence on psychosocial interventions in the NICE guidelines supporting the use of:

- psychosocial interventions for the treatment of mixed mental ill health in adults with mild to moderate learning/intellectual disabilities
- relaxation therapy for adults with moderate to severe learning/intellectual disabilities with anxiety problems
- the use of adapted CBT to treat adults with learning/intellectual disabilities and depression

4.2 Pharmacological interventions

No new evidence on the effectiveness of pharmacological interventions was identified in the rapid review.

The only studies included in the NICE guidelines examined the effectiveness of drugs for the prevention or treatment of dementia in adults with Down syndrome. However, the evidence was not sufficiently robust to make a specific recommendation about the use of drugs to prevent or treat dementia.

4.3 Other interventions for mental ill health

NICE guidelines did not find evidence to support the effectiveness of these additional interventions for the treatment of mental ill health:

- Annual health checks
- Dietary and exercise interventions
- Exercise interventions
- Social and environmental interventions
- Occupational interventions
- Personal and support interventions in community and residential settings
- Community interventions
- Psychoeducation

No new evidence on the effectiveness of these or other interventions was identified in the rapid review.

4.4 Summary

- There is growing evidence supporting the use of psychosocial interventions for depression, and other mental health conditions, that are tailored to the needs of adults with learning disabilities
- There is minimal robust evidence about improving outcomes for adults with learning disabilities and behaviours that challenge

Section two: Behaviours that challenge

5. Prevalence of behaviours that challenge

What is the prevalence of behaviours that challenge in adults with learning/intellectual disabilities?

The NICE guidelines for behaviours that challenge do not provide data for the overall prevalence of behaviours that challenge or the prevalence of specific behaviours that challenge.

In the current review fewer evidence sources were identified relating to the prevalence of behaviours that challenge than mental ill health. Only four cross-sectional studies and one systematic review (focusing specifically on behaviours that challenge in adults with learning/intellectual disabilities and epilepsy) were identified.

5.1 Overall prevalence of behaviours that challenge

Three population-based cross-sectional studies reported the prevalence of behaviours that challenge to be 18.1%, 45.3%, and 53.3%. The systematic review found consistent link between having learning/intellectual disabilities and epilepsy and the prevalence or severity of behaviours that challenge.

5.2 Most prevalent behaviours that challenge

Two population-based cross-sectional studies reported the most prevalent types of behaviours that challenge were: self-injury (7.5% – 14.8%), aggressive-destructive behaviours (8.3% – 35.8%), stereotyped (repetitive) behaviours (10.9%), and other behaviours (8.5%).

5.3 Prevalence of behaviours that challenge across levels of learning/intellectual disabilities

One longitudinal study reported that behaviours that challenge were more common among adults with severe/profound (49%) and moderate (49%) learning/intellectual disabilities compared to adults with mild (25%) or other/unspecified (21%) learning/intellectual disabilities. Similarly, one cross-sectional study reported communication difficulties and severe to profound levels of learning/intellectual disabilities were the factors most closely associated with the presence of behaviours that challenge.

Prevalence also varied depending on the type of behaviours that challenge. Physical aggression and verbal aggression were more prevalent among adults with mild to moderate learning/intellectual disabilities. Whereas, all aggression, global behaviour that challenges, destruction of property, inappropriate sexual behaviour, self-injury, and stereotypy were more prevalent in people with severe and profound learning/intellectual disabilities.

5.4 Summary

- behaviours that challenge are commonly experienced by adults with learning disabilities
- The prevalence data highlights the key role played by services supporting adults with learning disabilities and behaviours that challenge
- There are significant gaps and variance in reported prevalence of behaviours that challenge

6. Access to interventions and services

Do adults with learning/intellectual disabilities have equitable access to evidence-based interventions and services to support treatment of behaviours that challenge?

Following our systematic evidence search no studies were identified that reported directly on equitable access (comparing access outcomes for people with learning/intellectual disabilities with those of the general population). Thus, evidence reviewed here focuses on evidence reporting the barriers and facilitators of access to services and interventions.

The current NICE guidelines (NG11) recommend that services should work in partnership with people with learning/intellectual disabilities and behaviours that challenge and their families to:

- involve services users and their families in care-related decisions
- support self-management and encourage independence
- build and maintain a continuing, trusting, and non-judgemental relationship with service staff

Services should provide good quality, accessible information about the nature of the person's needs, and the range of interventions and services available to them. This information should support development of a shared understanding about the function of the behaviours that challenge and help family members and carers to provide the level of support they are able to.

The updated search identified two qualitative studies that focussed on experiences of adults with learning/intellectual disabilities who used services to manage behaviours that challenge.

One study investigated participant views of behaviours that challenge services in the UK and raised important areas relevant to service users' experiences. Service users reported disliking the term "challenging behaviours" and wanted a more person-centered term to be used. Service users also reported confusion about the professionals engaged with, specifically who makes up a learning/intellectual disabilities team and the difference between professions. The service helped some participants to better understand their behaviours that challenge and gave a diagnosis that helped other people be less judgmental and assume that these service users were just "violent" or "naughty".

The second study identified explored the perceptions of adults with learning/intellectual disabilities about what is important in the provision of positive behavioural support in England. Service users, in general, reported positive views of the service. Service users valued being treated as human beings by staff who provided supportive relationships and were available to listen and talk when needed. Using the service supported adults with learning/intellectual disabilities to lead a normal life, such as forming meaningful relationships and independent living, and had a direct, positive impact. Service users noted how this service contrasted with past negative experiences of behaviours that challenge services, which used methods such as physical restraint and seclusion.

The NICE guidelines included data from one systematic review of qualitative studies that explored the experiences of people with learning/intellectual disabilities and behaviours that challenge in relation to received service supports and interventions. The themes identified highlighted that service users experienced an imbalance of power. Service users felt they had limited control of their living environment and lives, with a high dependency on staff. Service users in residential placements described these placements in negative terms, such as being surrounded by violence and lacking autonomy. Negative attitudes of staff were described as a trigger for behaviours that challenge, with self-injurious behaviour a way of coping with emotional experiences. Service users also reported their negative experiences of restrictive interventions and limited knowledge of the medication they received.

On the other hand, service users described the positive and beneficial relationship they had with staff which helped support emotional wellbeing and behaviours that challenge. However, high turnover of staff impacted these relationships. Service users highlighted the guilt they experienced after episodes of behaviours that challenge and noted the need for services to have proactive interventions and self-help strategies to reduce behaviours that challenge.

6.1 Summary

- The relationship that professionals develop with service users and their families is of fundamental importance
- Patients and carers should be given information about services, supports and treatments in accessible formats that facilitate informed decision-making

7. Clinical effectiveness of interventions

What is the clinical effectiveness of interventions to prevent and/or treat/manage behaviours that challenge for adults with learning/intellectual disabilities?

The current NICE guideline recommends that:

- Personalized, psychosocial interventions, based on behavioural principles and a functional assessment of behaviour could be beneficial to adults with learning/intellectual disabilities and behaviours that challenge. For those with anger management problems individual Cognitive Behavioural Therapy should be considered.
- Whilst evidence on the effectiveness of health care interventions is inconclusive GPs should offer annual physical health checks to people with learning/intellectual disabilities to enable identification and management of behaviours that challenge.
- Increases in structured daytime activities will likely be beneficial with little, if any, adverse outcomes.

The NICE guidelines also recommended that antipsychotic medication should only be used to manage behaviours that challenge if other psychological interventions are not effective and the risk to the person is severe. Decisions around antipsychotic medication should consider the person's (and family's) preference and potential side effects. Medication use should be monitored by a specialist and reviews of the medication should be conducted regularly (~3 monthly).

7.1 Psychosocial interventions

Three psychosocial interventions aimed at reducing the impact of behaviours that challenge were identified in the updated search.

A large-scale randomised controlled trial did not find any significant effect of staff training in positive behavioural support on behaviours that challenge in comparison to treatment as usual, at the 12 months follow up.

One pilot randomised controlled trial found no effect of massage therapy on behaviours that challenge therapy in comparison to treatment as usual.

A feasibility randomised controlled trial found an interpersonal art therapy intervention reduced verbal aggression and symptom distress in comparison with treatment as usual.

7.2 Pharmacological interventions

A systematic review of randomised controlled trials examined the effectiveness of opioid antagonists on self-injurious behaviours in adults with learning/intellectual disabilities. This review found the use of opioid antagonists can reduce self-injurious behaviours, with 50% of all participants showing a reduction in self-injury post-intervention. This systematic review also reported that 9% of participants included in the review reported adverse outcomes, including weight loss, loss of appetite with additional thirst and yawning, mild liver function test abnormalities, nausea, tiredness, and sedation.

7.3 Summary

- There is minimal robust evidence about improving outcomes for adults with learning disabilities and behaviours that challenge

8. Conclusions

This rapid review demonstrates that there are still significant gaps in the availability of high quality evidence relating to the prevalence, accessibility of services and clinical effectiveness of treatment of mental ill health and behaviours that challenge in the population with learning/intellectual disabilities.

Recommendation 1:

New learning disabilities research is needed that addresses the mental health and behavioural needs of people with learning/intellectual disabilities

All evidence reviewed confirms that people with learning/intellectual disabilities experience significantly higher rates of mental ill health and behaviours that challenge than observed in the general population. Early recognition and management is a key first step to reduce the impact of these inequalities in mental ill health and behaviours that challenge.

Recommendation 2:

Include mental health and behaviours that challenge assessments in annual health check programme

Access to high quality services is vital in supporting people with learning/intellectual disabilities who experience mental ill health and/or behaviours that challenge. These services should actively promote meaningful involvement of people with learning/intellectual disabilities and their carers in decisions about their care. However, to support informed decision-making, patients and carers must be given accessible information relating to all aspects of their care and support. Health and care staff have a critical role in supporting delivery of quality services that respect, value and promote the independence of people with learning/intellectual disabilities.

Recommendation 3:

All health and care staff should receive learning/intellectual disabilities awareness training, information should be provided in accessible formats and care should be delivered locally

There is growing evidence to support the use of psychosocial interventions as part of the first line management of mental ill health experienced by adults with learning/intellectual disabilities. Rigorous evidence to inform personalised approaches to supporting adults with behaviours that challenge is needed.

Recommendation 4:

Robust services should enable adults with learning/intellectual disabilities and behaviours that challenge to be supported in their local communities

Mental ill health and behaviours that challenge have a profound and negative impact on the health, well-being and quality of life of people with learning/intellectual disabilities. The pattern and determinants of mental ill health in the population with learning/intellectual disabilities demand population-specific targeted measures. Therefore, tackling the chronic and enduring effects of mental ill health in the population with learning/intellectual disabilities is a public health priority.

¹ The Scottish Government has funded the development and implementation of a new annual health check for adults with learning/intellectual disabilities.

