From the Deputy Chief Medical Officer
Dr Paddy Woods

Circular HSC (SQSD) (NICE NG54) 60/16

Subject: NICE Clinical Guideline NG54 - Mental health problems in people with learning disabilities: prevention, assessment and management

For action by:
Chief Executive of HSC Board – for distribution to:
   All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – for cascade to:
   Head of Pharmacy and Medicines Management
   Family Practitioner Services Leads – for cascade to relevant
   Family Practitioner groups

Chief Executive of Public Health Agency – for distribution to:
   Director of Public Health and Medical Director – for cascade
to relevant staff
   Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – for distribution to:
   Medical Directors – for cascade to relevant staff
   Directors of Nursing – for cascade to relevant staff
   Heads of Pharmaceutical Services – for cascade to relevant
   staff
   Directors of Acute Services – for cascade to relevant staff
   HSC Clinical and Social Governance Leads
   Directors of Social Services – for cascade to relevant staff
   Directors of Finance – for cascade to relevant staff
   AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – for cascade to: relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:
   Chair of HSC Board
   Chair of Public Health Agency
   Chairs of HSC Trusts
   Chair of ROIA
   NICE Implementation Facilitator NI
   Members of NI NICE Managers’ Forum

Summary of Contents: This guideline partially updates NICE Clinical Guideline CG42. It covers preventing, assessing and managing mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice). It aims to improve assessment and support for mental health conditions, and help people with learning disabilities and their families and carers to be involved in their care.

Enquiries: Any enquiries about the content of this Circular should be addressed to:
   Quality Regulation and Improvement Unit
   Department of Health
   Room D1.4
   Castle Buildings
   Stormont Estate
   Belfast
   BT4 3SQ

   SGU-NICEGuidance@health-ni.gov.uk

Circular Reference: HSC (SQSD) (NICE NG54) 60/16

Date of Issue: 08 November 2016

Related documents: HSC (SQSD) 3/13

Superseded documents
None

Status of Contents: Action

Implementation: As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Dear Colleagues

NICE Clinical Guideline NG54 - Mental health problems in people with learning disabilities: prevention, assessment and management
https://www.nice.org.uk/guidance/ng54

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland. This guideline updates and replaces recommendations in CG42 - Dementia: supporting people with dementia and their carers in health and social care (endorsed by DoH in September 2011). Details of the updated recommendations are detailed in Appendix 2 below.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf)

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DoH as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.
4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.


Dr Paddy Woods
Deputy Chief Medical Officer
# Appendix 1

## Endorsed NICE guidance - Details from Departmental review

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>NICE Clinical Guideline NG54 <a href="https://www.nice.org.uk/guidance/ng54">https://www.nice.org.uk/guidance/ng54</a></th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Mental health problems in people with learning disabilities: prevention, assessment and management</td>
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</table>
| **Summary of guidance** | This guideline partially updates NICE Clinical Guideline CG42 - Dementia: supporting people with dementia and their carers in health and social care (endorsed by DoH in September 2011).  
It covers preventing, assessing and managing mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice). It aims to improve assessment and support for mental health conditions, and help people with learning disabilities and their families and carers to be involved in their care.  
The guideline includes recommendations on:  
- organising and delivering care  
- involving people in their care  
- prevention, including social, physical environment and occupational interventions  
- annual GP health checks  
- assessment  
- psychological interventions, and how to adapt these for people with learning disabilities  
- prescribing, monitoring and reviewing pharmacological interventions |
| **Related strategically relevant DoH/ HSC policies** | None |
| **Inter-Departmental interest** | None |
| **Legislative / policy caveats** | This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case. |
The Mental Capacity Act 2005 does not apply in Northern Ireland, but work is under way to implement the Mental Capacity Act (Northern Ireland) 2016, which incorporates mental capacity and mental health provisions. The DoH guidance Reference Guide to Consent for Examination, Treatment or Care (2003), which is available on the DoH website, gives advice on determining whether a person has capacity and on what action may be taken where the person lacks capacity. Available at: https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care

This guidance refers to Risk Assessment. This should be considered in the context of Promoting Quality Care, good practice guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (DoH, revised 2010). Available at: https://www.health-ni.gov.uk/topics/mental-health-and-learning-disabilities/mental-health-and-learning-disabilities-useful


This guidance refers to the Accessible Information Standard. Northern Ireland healthcare professionals should refer to Making Communication Accessible for All - A Guide for Health & Social Care (HSC) Staff. Available at: http://www.belfasttrust.hscni.net/MakingCommunicationAccessible

This guidance refers to some NICE Public Health Guidance which pre-dates the introduction of the DoH process for endorsing Public Health guidelines. All Public Health Guidance endorsed by DoH can be found at: https://www.health-ni.gov.uk/articles/nice-public-health-guidance

This guidance makes reference to NICE Social Care guidance which has not been endorsed by the Department.
## Appendix 2

**Recommendations in CG42 - Dementia: supporting people with dementia and their carers in health and social care** that are updated by recommendations in this guidance.

<table>
<thead>
<tr>
<th>Original recommendation(s) in CG42</th>
<th>Replacement recommendation(s) from NG54</th>
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<tbody>
<tr>
<td>Recommendation 1.3.3.2</td>
<td>Recommendations 1.2.9, 1.6.3, 1.6.4, 1.7.5, 1.8.17</td>
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</table>

**Recommendation 1.2.9**

Health, social care and education services should train all staff who may come into contact with people with learning disabilities to be aware:

- that people with learning disabilities are at increased risk of mental health problems
- that mental health problems may develop and present in different ways from people without learning disabilities, and the usual signs or symptoms may not be observable or reported
- that people with learning disabilities can develop mental health problems for the same reasons as people without learning disabilities (for example, because of financial worries, bereavement or relationship difficulties)
- that mental health problems are commonly overlooked in people with learning disabilities
- where to refer people with learning disabilities and suspected mental health problems.

**Recommendation 1.6.3**

Include the following in annual health checks:

- a mental health review, including any known or suspected mental health problems and how they may be linked to any physical health problems
- a physical health review, including assessment for the conditions and impairments which are common in people with learning disabilities
- a review of all current interventions, including medication and related side effects, adverse events, interactions and adherence
- an agreed and shared care plan for managing any physical health problems (including pain).
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| *Recommendation 1.6.4*            | During annual health checks with adults with Down's syndrome, ask them and their family members, carers or care workers (as appropriate) about any changes that might suggest the need for an assessment of dementia, such as:  
- any change in the person's behaviour  
- any loss of skills (including self-care)  
- a need for more prompting in the past few months. |
| *Recommendation 1.7.5*            | Refer people with learning disabilities who have a suspected serious mental illness or suspected dementia to a psychiatrist with expertise in assessing and treating mental health problems in people with learning disabilities. |
| *Recommendation 1.8.17*           | Complete a baseline assessment of adaptive behaviour with all adults with Down's syndrome. |
| Recommendations 1.5.1.2, 1.6.2.7   | *Recommendation 1.8.16*    
Consider supplementing an assessment of dementia with an adult with learning disabilities with:  
- measures of symptoms, such as the Dementia Questionnaire for People with Learning Disabilities (DLD), the Down Syndrome Dementia Scale (DSDS) or the Dementia Screening Questionnaire for Individuals with Intellectual Disabilities (DSQIID)  
- measures of cognitive function to monitor changes over time, such as the Test for Severe Impairment (TSI)  
- measures of adaptive function to monitor changes over time. |