

People with learning disabilities and IAPT in Cumbria: A model and initial data

Richard Thwaites

(+Dave Dagnan, Chris Hatton, John Masson)

Core Assumptions

- IAPT services are already working with people with very low ability.
 - Statistically 10-12,000 people in 500,000 will have very low IQs (below 70), but no services know more than 20% of possible group (2,000 in 500,000).
 - Therefore 8-10,000 people may use services who have equally low IQs but will not be identified as having a learning disability.
- We use IQ to 'diagnose' people with a learning disability, but IQ is a very inaccurate predictor of performance. The same adaptations that will help those with an IQ below 70 may also help those with IQs 70-85.
- About 16% of the population (1 in 6 people) have IQs below 85.

Core Assumptions

- Many adaptations we make are to support the difficulties that people with learning disabilities have in literacy, numeracy and associated skills.
 - 16% of the population classified as 'functionally illiterate' & 'functionally innumerate'
- Adapting pathways and training staff to help those with learning disabilities will meet our commitments under disability discrimination legislation AND will help a much larger group of people with low ability.
- If use existing data systems we can identify those with learning disabilities, but if we introduce a 'health literacy and numeracy' screen we can identify the larger group as well.

So what have we done?

1. We have introduced a literacy & numeracy screen onto IAPTUS
2. We have used social care & NHS data systems to identify all those with LDs that have been referred to IAPT.
3. We have developed core curriculum for PWP & HI staff, delivered this training to staff in Cumbria & other areas (+ evaluated this using a new, validated measure of confidence in working with people with LD).
4. We have described simple adaptations to pathways that maintain the integrity of IAPT structures & process (some services have replaced core measures and used specialist services and so wouldn't be part of core IAPT)
5. We have described the outcomes for people with LDs in Cumbria IAPT.

The literacy and numeracy screen

Within First Step we see people with a wide range of needs. We want to be as helpful as possible. Answering the following few questions will help us to best meet your needs.



1. How often do you have someone (like a family member, friend or professional) help you read letters and information leaflets?

Never

☐

Rarely

☐

Sometimes

☐

Often

☐

Always

☐

2. How often do you have problems filling out questionnaires by yourself?

Never

☐

Rarely

☐

Sometimes

☐

Often

☐

Always

☐

3. Do problems with numbers make it difficult for you to manage day-to-day activities such as paying bills and reading timetables

Never

☐

Rarely

☐

Sometimes

☐

Often

☐

Always

☐

The literacy and numeracy screen and social care data: What do they tell us?

- 8% of people in the first 2 years of IAPT in Cumbria (about 2000 people) reported some difficulties in literacy that would have made engaging with IAPT hard.
- The core self-identification questions for disability identified 4 people as having learning disability in the first 2 years of Cumbria IAPT. The data from social care and NHS systems identified 75 people with learning disability. This is an underestimation by a factor 18!
- People do not object to having these questions asked of them as part of the core data set.

Training Curriculum

- The training was structured in a modular format such that the training consisted of 2, (module 1 + 3/5) 4 (1, 3, 5, 8) or all 8 modules depending on the duration of the training.

1. Introduction to intellectual disability, epidemiology and impact of literacy and numeracy difficulties in the general population.

2. Establishing therapeutic relationships

3. Introduction to assessment of people with intellectual disabilities

4. Advanced assessment of people with intellectual disabilities

5. Overview of adaptation of therapeutic techniques

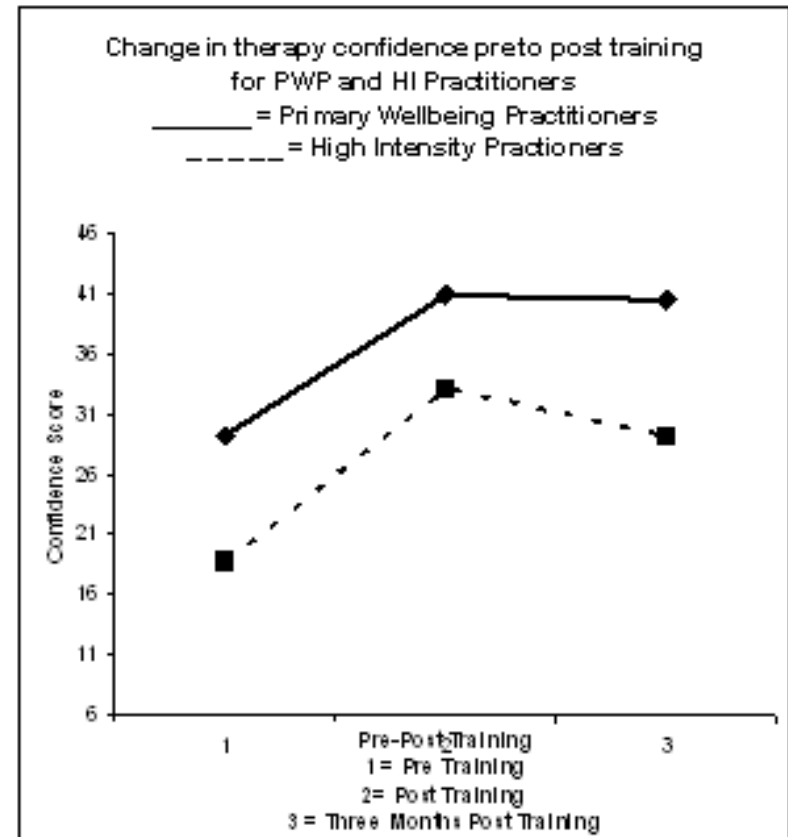
6. Specific examples of adaptation; thought diaries

7. Therapy approaches and formulation

8. Overview of local services and discussion of communication and support systems

Training outcomes

- Significant difference in confidence between HI and PWP (possibly related to demographics and structured training?)
- Significant increase in confidence for both groups maintained at 3 months



Pathway adaptations

- **Keeping it simple, based on scores from screening (some examples):**
 - Do a small (or one intervention) well, don't try to cover too much ground.
 - Using repetition as it is helpful and necessary.
 - Expect to have to read out the core measures, follow simple guidance in making this efficient and accessible.
 - Use accessible materials for self-help, information.
 - For people with learning disabilities use carers to support intervention.

Initial outcomes, from first 2 years pre-screening.

- People with learning disabilities do use IAPT services, although not proportionately to the general population.
- Clients' learning disabilities generally unrecognised in IAPT data systems (and services?)
- Patterns of referral sources & primary diagnoses similar to general population
- Around half of people with learning disabilities referred into IAPT services do not go on to receive an IAPT service (failure to engage, disengagement, signposting elsewhere)
- IAPT services can be highly effective for people with learning disabilities, those who complete have broadly similar outcomes

Further work: Discussion.....

- Working with Foundation for People with Learning Disabilities to share our learning nationally.
- Working with National IAPT to write and update positive practice guidance.
- We have a half-day curriculum that can be used in training courses.
- We have extended curriculum that can be used in post qualification training.
- We have experience of establishing data analysis & systems that can be shared.
- Intend to apply for funding for wider exploration of how people with learning disabilities use mainstream mental health services with a specific focus on IAPT.