

‘How to’ guide: How to support young people with learning disabilities and mental health issues

This ‘How To’ guide is aimed at strategic managers and other professionals who come into contact with children and young people with learning disabilities and mental health issues.

Introduction

This ‘How To’ guide is aimed at strategic managers and other professionals who come into contact with children and young people with learning disabilities through their employment. It is essential that those in contact with this group of children and young people are informed of their increased risk of developing mental health issues for three key reasons.

Firstly, all local areas need to promote and develop positive mental health strategies for all children. Secondly, parents and professionals in contact with this group of children and young people should be better informed of how to identify emerging mental health issues. Finally, they need to know how to navigate appropriate support if specialist help is required.

Historically, accessing mental health support for children and young people with learning disabilities has been a challenge, with the range of services being patchy across the UK. For a child without a learning disability, the most familiar route for support is the local Child and Adolescent Mental Health Service (CAMHS). If the child has a learning disability, the route to support is varied. They may have been referred to a Community Team for people with a Learning Disability (CTLD), a community paediatrician, a CAMHS or in some instances there was no provision at all. Recently much work has been undertaken to address this issue and there is now a number of policies backing the need to address the mental health needs of

this group in more inclusive and coordinated ways.

This guide describes the key issues and barriers to support for this group, along with current policy and legislation, and practical ideas of how to support the mental health needs of children and young people with learning disabilities.

How do we define mental health?

The Mental Health Foundation website (www.mentalhealth.org.uk) cites mental health as a way of describing how we feel and cope with our emotions. Being mentally healthy means not only are you free from mental health problems, but that you are able to make the most of your potential, can cope with life and play a full part in family life, employment and community. If you have good mental health you are more likely to be able to learn, are able to express and manage a range of feelings and emotions, cope with change and uncertainty and maintain networks of friends and relationships.

Mental health issues range from the everyday worries, through to anxiety and depression and more serious long term conditions such as schizophrenia and bi-polar disorder.

Mental health issues in children

The emotional well-being of children is just as important as their physical health. Approximately 1 in 5 children will experience some form of mental health issue in any given year (www.mentalhealth.org.uk) and whilst there is no formula to indicate which child will develop a mental health issue, there are certain risk factors that are more likely to increase the chance.

Table 1 lists some of the more common risk and resilience factors associated with child mental health (Mental Health Foundation, 1999). The more risk factors a child is exposed to, the more likely they are to develop a mental health issue.

TABLE 1

Risk factors	Resilience factors
Genetic influences	Being female
Low IQ	Being more intelligent
Communication difficulties	Good communication skills
Physical illness	Capacity to reflect
Parental conflict	At least one good parent/child relationship
Family breakdown	
Death or loss (including friends)	Support for education
Parental psychiatric illness	Good housing
Socio-economic disadvantage	High standard of living
Abuse	Good range of leisure, sports, social opportunities
Discrimination	

Mental health issues in children and young people with learning disabilities

Having looked at some of the risk factors in Table 1, it comes as no surprise to discover that children and young people with learning disabilities are at greater risk of developing mental health issues as compared with their peers. The risk factors that contribute are usually a mix of those within the child (IQ, genetic influences, physical illness and communication difficulties) and from external sources (socio-economic disadvantage, discrimination, loss and family breakdown).

A number of influential studies (Rutter et al, 1970, Corbett, 1979, Gillberg et al, 1986) have identified the propensity of this group of children and young people in developing such issues. More recently, Emerson and Hatton (2007) analysed data from the Office for National Statistics 2002 and 2004 cohorts, and from a group of 641 children with learning disabilities found they had a much greater risk of having mental health issues than children who do not have learning disabilities. Their research indicated that they were also poorer, live in more challenging family circumstances and had fewer friends, all of which are known to be associated with an increased risk of mental health issues. They argue that the increased rates of mental health issues among children and young people with learning disabilities in Britain is more to do with their increased exposure to poverty and social exclusion than being something inherent in having learning disabilities.

One group of people who are particularly susceptible to experiencing the effects of poverty and social exclusion are those from the south Asian community. South Asian families are more likely to face material disadvantage in terms of housing, unemployment, transport, income and benefits compared with white families who have a child with a learning disability (Hatton, 2003). The prevalence of learning disabilities in people aged between five and 34 years is three times higher in the south Asian community compared to the rest of the whole population, some of whom will have more than one disabled child (Emerson et al, 1997).

Children and young people with learning disabilities are also far more likely to have secondary health problems such as epilepsy, sensory impairments or other disabilities. Challenging behaviour can be the result of suffering from health problems, for example, a child may begin to self-injure if they are unable to articulate that they have ear or toothache.

Another factor to consider is adolescence and the transition to adulthood. Moving from adolescence to adulthood is daunting for most young people but for those with learning disabilities, this is compounded by extra variables, not least uncertainty about their future. They see their siblings leave home, go to university, have a good network of friends and a job and know that for them, those opportunities might be more limited. For those who attend a school miles away from home the child can be particularly isolated during school holidays from their peer group, and often rely on their parents for company due to a lack of transport facilities and support to access activities that their peer group attend.

“He wanted to leave home and be like his younger brother and sister.”

(Foundation for People with Learning Disabilities, 2002)

This is also the time when more serious mental health issues are likely to emerge, in particular depression (Allington-Smith, 2006). Any local area delivering services and support to children and young people should be striving to maintain or enhance the sense of well-being, as well as providing specialist help if mental health issues emerge.

How many children and young people have a mental health issue?

Although it can be difficult to identify psychiatric or psychological conditions in children and young people with learning disabilities, numerous studies indicate that around a third of children will experience mental health issues. In their study, Emerson and Hatton (2007) found that at any one time, approximately 36% of children and young people with a learning disability will experience a mental health issue as compared to 10% of those young people without a learning disability.

What are the most common issues experienced?

Children and young people with learning disabilities experience the same range of mental health issues as other children. However, some disorders are more common than others. These are described by Bernard and Turk (2009) as:

Autism and autistic spectrum disorders

Having autism or an autistic spectrum disorder can result in the child having higher than usual anxiety levels and the possibility of rigid behaviour patterns coupled with phobias. Those with more severe learning disabilities may have additional challenging behaviours due to difficulties with communication and expressing themselves.

Attention deficit hyperactive disorders

Children with learning disabilities tend to be under diagnosed with attention deficit hyperactive disorders because the over activeness is often attributed to their learning disability rather than be seen as an additional issue.

Depression

Symptoms of depression may be interpreted as a challenging behaviour or distress if the child is unable to articulate why their mood is so low.

Challenging behaviour

This in itself is not a diagnosis, but a description of any behaviour that creates a problem for the individual, carer or society. A comprehensive assessment is required to understand the cause of the behaviour, including any underlying physical or psychiatric issues along with any reinforcing factors associated with the behaviour.

Self-injury

Self-injury is a behaviour that is fairly common in children and young people with severe learning disabilities. A full assessment is required to identify the cause of the behaviour. It may result as a need to avoid a difficult situation, a way to gain attention or something tangible such as food or a toy, or is a response to something traumatic. Self-injury is also associated with particular conditions, for example, Lesch-Nyhan syndrome and Smith-Magenis syndrome.

Other disorders include Tourette syndrome and psychosis (including schizophrenia and bi-polar disorder). Children and young people with learning disabilities are also significantly more likely to have multiple psychiatric disorders and additional issues such as disruptive sleep patterns which can have a huge effect on the rest of the family.

Case study: Mandy

Mandy is a 14 year old girl with a severe learning disability and autistic spectrum disorder. She attends her local special school and is in a class of five children. Mandy, over the last few years, has become increasingly difficult to manage. She is very upset by any changes including going to school, returning home and changes of staff in the classroom. At home she is reluctant to participate in family activities and becomes very upset if the family try to go out. When she is distressed she screams and pulls her hair. She has also hit her mother.

Assessment

Having spoken to Mandy's parents, the school referred her to the local Child and Adolescent Mental Health Service where members of the team with expertise in learning disabilities undertook the following assessments:

- Function of behaviour (to identify what was causing Mandy's distress)
- Exclude physical health problems (for example, dental or period pain)

The function of her behaviour was found to be the avoidance of any change happening in her life. Change caused her anxiety. A strict routine was established around her going to and from school. Family activities were reduced. Additional short-term breaks were offered to the family by the Local Authority.

Outcome

- Mandy's behaviour improved in the school setting but remained problematic.
- The family are considering a trial of medication to reduce Mandy's anxiety.

What are the issues?

Although there is plenty of evidence indicating the greater emotional needs of this group, accessing the right support and intervention can be a challenge. Some of the key issues and barriers to mental health support are described below:

Recognition and getting a diagnosis

Some children and young people have difficulty in recognising their emotional distress as a mental health issue. Help is required to identify the feelings they are experiencing and the triggers behind those feelings. For those referred to mainstream services it may be difficult to enter a dialogue around mental health because staff may not be trained in alternative forms of communication to explore such feelings. Using fewer words, together with the use of photographs, graphics or even sign language can support someone to express themselves.

The quote below is from a young person who had difficulty in recognising his emotional distress as a mental health need:

"I don't talk to anyone – I just bottle it in. If I get angry, I just bottle it in, and then it explodes."

When the child and his or her family do recognise there is a problem, it can be a struggle to get their needs acknowledged by others. This is a significant concern because it means that children and young people often do not receive the appropriate mental health support at an early stage. The quote below illustrates one of the most common responses:

"The doctor saw the disability first and the person second."

(Evidence from a parent to the *Count Us In* inquiry, 2002).

Research looking at the needs of young people from south Asian communities indicated that they experienced significant problems in accessing services. These arose from lack of knowledge and awareness about what support is available, language barriers, inability or reluctance to get help, and perceptions and beliefs about caring and the role of the family (Foundation for People with Learning Disabilities, 2005a).

Often it is only when the situation becomes dire that any action happens, and by then it is often too late, resulting in children having to attend residential schools miles away from their home. This in turn creates difficulties when the young person leaves school as families feel unable to longer care for their son or daughter at home, so they face the challenge of trying to find alternative accommodation back in their local community.

Definitions and labelling

Evidence (Foundation for People with Learning Disabilities, 2005a) demonstrates that children, families and support professionals alike were unused to discussing young people's needs for mental health support. Some families were very suspicious of the label 'mental health' because of the stigma associated with it. Some families are reluctant to engage with mental health services for fear of having to cope with yet another label attached to their child.

Another barrier is that many professionals, families and young people are not used to discussing young people's mental health or are aware that this group is more likely to require mental health support. Families would like more information, advice and help to identify emotional difficulties in their children. Those in regular contact with children and young people need to be made aware of this group's propensity to develop mental health issues in order to look out for them and know what to do if they emerge.

Where to get help

Everyone has a responsibility to ensure that children and young people with learning disabilities are getting the most out of life. However, there are times when parents, education staff and others need more specialist help. As discussed earlier on, children and young people experiencing emotional difficulties can be referred to a number of services, but often referrals are passed from team to team until one eventually takes responsibility. More recently, policy initiatives in England have resulted in a shift of

culture to ensure that all children should be seen by local Child and Adolescent Mental Health Services (CAMHS). However, service delivery is still varied.

In a small study looking at the configuration of CAMHS, nearly 40% were specialist learning disability services who worked with children. Very few of these were fully integrated services. Other services had a learning disability team set within a mainstream CAMHS and some had no provision at all (Foundation for People with Learning Disabilities, 2005b).

What are CAMHS?

CAMHS is a term used to describe the range of services and professionals working in the field of child and adolescent mental health. Since the review of CAMHS in 1995 (Together We Stand) it was recommended that services in each area or region are generally organised into four tiers of support:

- Tier 1 - CAMHS are provided by non-specialists that include GPs, Health Visitors, social services, schools, youth workers and voluntary agencies.
- Tier 2 - CAMHS are usually provided by individual specialist health workers such as psychologists, psychiatrists, paediatricians, nurses and educational psychologists who may be part of multi-disciplinary teams or networks through which work is coordinated.
- Tier 3 - CAMHS is a more specialist service for those with more severe and complex mental health problems usually involving a number of professionals.
- Tier 4 - CAMHS offer very specialist interventions usually through in-patient units or highly intensive outpatient teams.

Tiers 1 and 2 see most children.

Case study: Jamie

Jamie is an 8 year old boy who attends his local mainstream primary school. His parents have always recognised that Jamie is a very active child who is always “on the go”. When he first started school he made some friends but, more recently, he has got into fights with the other children. His teacher feels he is underachieving because he does not settle to his work, does not listen in class, calls out during lessons and is generally disruptive. At home his parents are finding him increasingly difficult: he argues, hits his younger brother, and runs around the house not settling to activities.

Assessment

Following a referral to the local CAMHS the following assessments were undertaken:

- CAMHS assessment to consider diagnosis of attention deficit hyperactive disorders (ADHD)
- Cognitive assessment to exclude global developmental delay or specific delay such as dyslexia.

CAMHS confirmed a diagnosis of ADHD and mild learning disabilities. A combined approach of behavioural interventions and a trial of medication were commenced. The school accessed additional support both in the classroom and at playtimes.

Outcome

- Achievements at school increased
- Other pupils responded more positively to Jamie
- Jamie settled to some activities at home and the relationship between him and his brother improved.

Policy

There have been a number of policy initiatives that aim to improve the quality of life and access to services for this group of children. Some of the more recent key policies that have shaped services and support are listed below:

Every Child Matters (Department for Education and Skills, 2003) set out five key outcomes, based on consultations with children and young people. They are: being healthy, staying safe, enjoying and achieving, making a positive contribution, and economic wellbeing.

The National Service Framework for Children, Young People and Maternity Services (Department for Health/Department for Education and Skills, 2004) set out detailed standards for children’s and young people’s health and social care. The standards that most directly concern children with learning disabilities are:

- standard 8 – disabled children and those with complex health needs. The standard calls for disabled children to have equal access to child and adolescent services; for assessments to be provided by professionals with expertise, and for local services to include plans to improve mental health services across all four tiers of provision, and
- standard 9 – promoting mental health and psychological well-being. The standard states that all children with learning disabilities and a mental health problem should have access to appropriate child and adolescent mental health services.

The *Disability Discrimination Act 1995* and the *Disability Equality Duty for the Public Sector* (DDA 2005) should improve access to health and other public sector services for disabled people.

Aiming High for Disabled Children: Better support for families (HM Treasury and Department for Education and Skills 2007). This programme has committed funding to transform the services children with disabilities and their families receive. Priorities include improved access to short-term breaks and the smoother transition to adulthood.

Healthy lives, brighter futures – the strategy for children and young people’s health (Department of Health, Department for Children, Schools and Families, 2009). The Government’s vision for young people’s health and wellbeing with an aim that by 2020 England will be the best place for children to grow up in.

In addition to the above policies, the 2005 public service agreement (PSA) (Department of Health, 2005) between the Treasury and the Department

of Health set a target for all areas to have a comprehensive CAMHS by late 2006, and specifically a complete range of services for children with learning disabilities.

Good practice

Here we describe some of the key safeguards that should be in place in each area to enhance the emotional wellbeing of children and young people.

The views of children and families

Future developments in improving mental health support should reflect what children and families want. From speaking to young people and their families, the key areas to improve a person's wellbeing is to provide a single referral route, make time to listen to the young person and provide opportunities for mutual support for young people and family support for their parents and carers.

They also describe some of the more practicalities when accessing specialist services. For example, they should take into account where services are situated and what they are called (preferably in non-stigmatising places or buildings and not using 'mental health' in the name of the team). Flexibility around who and when they see specialists is important, for example, some children said they appreciated seeing a professional at school because they did not have to attend appointments elsewhere, whilst others said how useful it would be if a specialist could visit them at their youth club.

Mental health education and promotion

Mental health is everyone's business and not just the responsibility of CAMHS. Everyone in contact with children and young people have a duty to ensure they are making the most out of life and receive help if they are unwell. Schools, colleges and agencies working with young people have a responsibility to encourage children and young people to communicate about their emotional well-being and be better prepared for adulthood. Research (Emerson and Hatton, 2007, Foundation for People with Learning Disabilities 2005a) has demonstrated that

parents are more likely to go to the school as a first port of call if they have concerns with their child's mental health, yet many teachers and support staff do not feel equipped to deal with these problems. More support for professionals in regular contact with children, for example, teachers and youth workers is required, possibly through enhanced links with their local CAMHS. Primary healthcare services and other agencies working with children need to map the range of local services available so that families can navigate them quickly and successfully.

Case study: Thomas

Thomas is 15 and has mild learning disabilities and epilepsy. He attends his local secondary school (with support). Recently he has experienced an increase in epileptic seizures, some of which have happened at school. This has had an effect on his confidence and he tends to spend lunch times in the library and has stopped attending after school activities. His form tutor is concerned about his wellbeing and has alerted the school's special educational needs coordinator (SENCO). He lives with his mum and two younger sisters in a housing association two-bedded flat.

Suggested action

SENCO to contact Thomas' mother and find out what professionals he is in contact with, for example, CAMHS, Paediatric Neurologist (for the epilepsy), support groups. Following the conversation between his mother and the SENCO it was agreed that:

Thomas' mother would ask his Paediatric Neurologist to re-assess his epilepsy, and ask for the epilepsy nurse specialist to provide advice and training to the after school clubs. SENCO will make a referral to the Primary Mental Health Care Worker attached to the school (they are attached to the local CAMHS team) who can advise on how to improve his confidence and assess any underlying mental health issues. Thomas' mother would ask the GP to write a letter of support for more suitable housing, and identify other sources of support for the whole family.

Provide opportunities for friendship and leisure

Having friends and being able to access a wide range of activities are important to all children and young people. It can be difficult for many children and young people with learning disabilities to access these, which can result in isolation and boredom.

It is important to consider the religious and cultural beliefs of members of the community when developing these opportunities, for example, some families prefer support in the home rather than using short-term breaks out of the family home.

The Aiming High for Disabled Children (2007) programme should be able to offer more innovative approaches to address these through the short-term break funding. Strategic managers at a local level need to consult with children and families to find out what is required by users in their area. So often it has been noted that the children who require short-term breaks the most do not receive them because of their level of emotional distress or challenging behaviour. If commissioners and managers address this, it may well result in fewer children moving onto residential schooling.

Low level interventions such as person centred planning and circles of support can maintain and enhance emotional wellbeing, reducing the need for referrals to specialist services, as the case study below demonstrates.

Case study: Alex and his circle of support

Alex is 17 and left school at the age of 16. He attends college four days a week but does not go out in the evening or weekends, leading to him getting frustrated and low in mood at his lack of purposeful activity.

His mother heard about circles of support. The person centred planning coordinator in the area met Alex and helped him to identify people he could invite to join his circle of support. They were a mix of close family, wider family, friends and social service professionals.

The circle met and helped start a person centred plan. Over the course of four months Alex's plan was completed and he started to feel happier.

The circle helped him get a Direct Payment and he has recruited a young man to support him access leisure opportunities and meet up with friends at the weekend. Other members have agreed to do things with him such as take him fishing and to the cinema. They are also helping him think about what to do when he leaves college.

Features of a good CAMHS

In response to the policy initiatives and the PSA target, the Department of Health funded the development of a mental health care pathway (Pote and Goodban, 2007) to address concerns about how to best support children with learning disabilities and mental health issues. At the heart of every care pathway should be transparency about referral procedures and the range of support available, as young people and their families often do not know where to turn if they experience mental health issues.

While there is no magic wand to show which configuration of CAMHS is the best, services providing good care to the child and the family should be holistic and child-centred; see the child within a developmental framework; be inclusive and offer equal access and involve multi-agency commissioning.

The transition to adult services

It is widely recognised that the transition from child to adult mental health services can be problematic for various reasons. For example, child and adult services have different philosophies and whilst there is a focus on the family in child services, adult services focus on the person and person centred planning.

Another factor to consider is the lack of information shared from one service to another. An example of this is that some young people with challenging behaviour are managed in the school setting without input from CAMHS. Once they leave school all the information gathered at school may not be shared with other services they may come into contact with (Barron and Hassiotis, 2008). Guidelines developed (Deb et al, 2007) to address transition problems for this group recommends close working relationships between statutory, voluntary and private organisations along with agreed joint strategy and planning, ideally facilitated by a single pooled budget.

Most CAMHS work with young people up to the age of 18 years, in some cases it may be up-to their nineteenth year if they attend a special school. For young people with learning disabilities aged 18 years and over, if they had been seen by a CAMHS it is likely they will be referred on to the local Community Learning Disability Team (CLDT). If the young person had not experienced mental health issues prior to reaching 18 then the referral should go to either the CLDT or the local Community Mental Health Team. In most instances referrals are made to the CLDT, unless the person has very mild learning disabilities.

The Government recommends that young people in receipt of health services should have a health transition plan (Department of Health, 2008). The successful transition from child to adult health services should include the engagement of both those services along with the young person, their family and the GP. The health transition plan should be developed by key health professionals involved with the young person and the young person and their family. It should identify major concerns regarding their disability or long term health condition as they move into adulthood and is a

continuous process, based on the principals of person centred planning.

The Government also recommends that all adults with learning disabilities should have a health action plan. They are personal plans that list what needs to happen for the person to be healthy, including any help that the person may need to do this. Plans can be started by the person themselves, a family carer, primary care or support service (Department of Health, 2002).

Conclusion

Children and young people with learning disabilities have historically experienced double disadvantage. They have an increased risk of developing mental health issues and poor access to mental health services. This issue has now been recognised within the English Government and it is encouraging that both the policy framework and some of the current service developments explicitly address the needs of children and young people who have learning disabilities and mental health issues.

All children and young people with learning disabilities should have equal and efficient access to the whole range of mental health services, some of which will be mainstream, and for those with more complex needs perhaps through more specialist routes. We must not forget that everyone in contact with children and young people with learning disabilities have an important part to play in maintaining their emotional wellbeing.

A checklist for managers of children's services to consider

- Is there a care pathway in place to support children and young people with learning disabilities experiencing mental health issues?
- Do families and professionals working at Tier 1 know where to refer to if a child has mental health issues?
- Who is responsible for mapping the range of services, voluntary organisations and leisure opportunities in the area?
- Do the local CAMHS have specialist expertise in learning disabilities? If not, do they know where to refer to?
- Are there Primary Mental Health Workers in the area who can provide education and low-level interventions for children with learning disabilities?
- Are there hand-over agreements between CAMHS and Community Teams for People with Learning Disabilities for those moving through the transition to adulthood?
- Are young people being supported to develop a transition health plan and/or a health action plan?
- Are there short breaks and leisure opportunities available to these children and their families? Are they sensitive to the religious and cultural beliefs of the range of people living in your local area?
- Are there voluntary organisations that can provide advice, support and information to children and/or parents?
- Are children and young people consulted regarding what they want from services?
- Are there person centred planning coordinators available to support children and young people to think about what they want to do as they approach adulthood? What about circles of support?
- Are person-centred transition reviews happening in your local area?

Resources

Allington-Smith P (2006) *Mental health of children with learning disabilities*. *Advances in Psychiatric Treatment*, 12: 130-138.

Bernard S and Turk J (eds.) (2009) *Developing Mental Health Services for Children and Adolescents with Learning Disabilities. A Toolkit for Clinicians*. London: Royal College of Psychiatrists.

Berney T (2004) *Psychiatric services for children and adolescents with learning disabilities*. London: Royal College of Psychiatrists.

Byers R, Davies J, Fergusson A and Marvin C (2008) *What about us? Promoting emotional well-being and inclusion by working with young people with learning difficulties in schools and colleges*. London: Foundation for People with Learning Disabilities.

Deb S, Le Mesurier N and Bathia N (2007) *Guidelines for Services for Young People with Learning Difficulties/Disabilities and Mental Health Problems/Challenging Behaviour*. Birmingham: University of Birmingham.
(www.ldtransitionguide.bhamac.uk)

Foundation for People with Learning Disabilities (2002) *Count us in*. London: Mental Health Foundation.

Foundation for People with Learning Disabilities (2005) *Making us count*. London: Mental Health Foundation.

Foundation for People with Learning Disabilities (2006) *This is what we want*.
(www.learningdisabilities.org.uk)

Pote H and Goodban D (2007) *A mental health care pathway for children and young people with learning disabilities: A resource pack for service planners and practitioners*. London: CAMHS Publications.

Forster K and Grundy D (2007) *CANDLE – CAMHS and new directions in learning disability and ethnicity*. A resource for frontline staff, their supervisors/managers and trainers. Chesterfield: ARC.

Websites for professionals

The Challenging Behaviour Foundation

The Challenging Behaviour Foundation exists to demonstrate that individuals with severe learning disabilities who are described as having challenging behaviour can enjoy normal life opportunities when their behaviour is properly understood and they receive appropriate individualised support. The CBF supports families, professionals and other stakeholders through education, information, research and partnership working.

Telephone: 01634 838739

Website: www.thecbf.org.uk

Foundation for People with Learning Disabilities

The Foundation for People with Learning Disabilities works to promote the rights, quality of life and opportunities of people with learning disabilities and their families. They have undertaken extensive work in the area of young people and mental health.

Telephone: 020 7803 1100

Website: www.learningdisabilities.org.uk

Mental Health Foundation

The Mental Health Foundation is a leading UK charity that provides information, carries out research, campaigns and works to improve services for anyone affected by mental health problems, whatever their age and wherever they live.

Telephone: 020 78031100

Website: www.mentalhealth.org.uk

What about us?

This website is for pupils with learning disabilities and staff supporting them to make the best of mainstream schools and colleges. The website is based on the What about us? action research project conducted by the Foundation for People with Learning Disabilities and the University of Cambridge

Faculty of Education. It provides ideas on how to make pupils with learning disabilities feel more included and feel emotionally stronger at mainstream school and college.

Website: www.whataboutus.org.uk

Information aimed at young people and those with learning disabilities

Bullying UK

Bullying UK provides advice, information and resources to young people, parents and schools to help stop bullying across the UK.

Website: www.bullying.co.uk

Clear Thoughts

Clear Thoughts provides clear and accessible information about issues relating to mental health for people who have a learning disability. It is aimed at individuals, their families and carers and professionals who support them.

Website: www.clearthoughts.info

Connexions

Connexions offer young people between 13 and 19 who live in England information and advice to make decisions and choices in their lives as they move on from school and college. It also provides support up to the age of 25 for young people who have learning difficulties or disabilities (or both).

Website: www.connexions-direct.com

Easy Health

This website offers easy to understand information about staying healthy and getting help with your health.

Website: www.easyhealth.org.uk

Respond

Respond supports people with learning disabilities, their families, carers and professionals affected by trauma and abuse.

Helpline: 0808 808 0700

Website: www.respond.org.uk

Teenage Health Websites

This provides web-based, accurate and reliable health information to teenagers in a contemporary, cringe-free, entertaining and informative way.

Website: www.teenagehealthfreak.org

Transition Information Network

The Transition Information Network (TIN) is an alliance of organisations and individuals who work together with a common aim: to improve the experience of disabled young people's transition to adulthood. TIN is a source of information and good practice standards for disabled young people, families and professionals.

Telephone: 0207 843 6006

Website: www.transitionfonetwork.org.uk

YoungMinds

YoungMinds work to improve the mental health of all children and young people.

Telephone: 020 7336 8445

Website: www.youngminds.org.uk

All about feeling down: a booklet for young people with learning disabilities

This booklet is for young people with learning disabilities aged 14 to 25 about what they can do if they feel down. Foundation for People with Learning Disabilities (2003).

Website: www.learningdisabilities.org.uk

We are the strongest link: A pack to help young people with learning disabilities support each other

This peer support training pack aims to help young people with learning disabilities feel stronger about themselves as they go through the transition from school to adult life. The pack provides materials and ideas for groups and group supporters. Foundation for People with Learning Disabilities (2005).

Website: www.learningdisabilities.org.uk

Coping with stress

This illustrated booklet aims to inform people with a learning disability about stress and explain how to get help. British Institute of Learning Disabilities (1998).

Website: www.bild.org.uk

Depression

This booklet for people with learning disabilities tells you about different types of depression and what treatments are available.

Website: www.changepeople.co.uk

Moving on and keeping happy: Your guide to transition and good mental health.

This guide was developed by the University of Birmingham and the H Team from Grapevine, Coventry.

Website: www.ldtransitionguide.bham.ac.uk

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To find out more about the Foundation for People with Learning Disabilities:
www.learningdisabilities.org.uk

**Foundation for People
with Learning Disabilities**

The National Transition Support Team is based at the Council for Disabled Children, NCB. Registered charity no 258825.

To find out more about the National Transition Support Team and the Transition Support Programme:

Information line: 020 7843 6348
Email: tsp@ncb.org.uk
www.transitionsupportprogramme.org.uk

