

**Strengthening Good Practice in Supporting People with  
Learning Disabilities and Mental Health Problems:  
Report on a Sussex-wide training programme**

**Sussex Partnership**   
NHS Foundation Trust

**September 2021**

## Executive Summary

### Introduction

The training programme was developed as part of wider service development initiative to raise the quality and ensure consistent evidence-based care for people in Sussex with learning disabilities at risk of, or experiencing mental health difficulties.

### Training

The training programme consisted of two distinct parts. There was an introductory one-day mental health in learning disabilities training that was developed within Sussex Partnership NHS Trust and aimed to ensure that attendees would have a solid understanding of people with learning disabilities presenting with mental health difficulties, including risk factors, signs and symptoms; good mental health; early identification, assessment, interventions and sharing a range of accessible resources. Educators included clinical psychologists, nursing and a Speech and Language Therapist. Three hundred places were offered to clinicians working in Sussex Partnership NHS Trust and neighbouring acute trusts, social workers supporting people with learning disabilities, family carers and care providers across 6 one day events. There was a 90% attendance overall.

The second part was a series of masterclasses open to clinicians working directly with people with learning disabilities and mental health problems and offering interventions around their mental health. These were training events on stopping over medication of people with learning disabilities; psychosis and people with learning disabilities; open dialogue and working with networks during crisis; working with mainstream service and reasonable adjustments and trauma/ trauma-informed care.

### Evaluation

For all the training sessions and content of the training and expertise/ quality of facilitators was rated highly. Attendees all showed increases in perceived knowledge and skills in relation to training content pre and post training. Attendees were asked to each write a pledge of how they would use the training going forward and these reflected strong intentions to put the training into active practice.

### Conclusion and next steps

The training programme was ambitious but was delivered as planned and was very well received. Whilst presenting challenges, the introductory training felt particularly helpful to offer the training across a range of professionals, paid carers and family carers. The training programme has further informed evidence-based ways of working and continues roll out of the training is planned. One key recommendation is that peer-trainers with learning disabilities are a central part of this in the future.



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## 1. Introduction

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Sussex Partnership NHS Foundation Partnership Trust delivers the specialist community learning disability provision across East and West Sussex and Brighton and Hove. There has been a service aim to improve the quality and consistency of our offer for people with learning disabilities experiencing mental health difficulties. This has been through the development of a clear evidence-based pathway around mental health and people with learning disabilities as well as an audit of expected standards of care. These developments have highlighted a need for a large-scale training programme to ensure awareness and delivery of good practice guidance across the Sussex footprint. This report describes a training programme developed and run within Sussex to meet this need.

### **SPFT Service and Staff**

The SPFT learning disability service provides multidisciplinary community and an inpatient service to people with a learning disability living in Sussex. There are 6 community teams all of which are co-located with the local authority. The teams work with people who need specialist additional support which can't be met by mainstream health provision in the areas of complex physical health, behaviour support and mental health. All pathways have a wellbeing focus. Approximately half the referrals to the service are for mental health and/ or behaviour that challenges and the service caseload is for referrals. The learning disability provision has received a good CQC rating.

The Service also provides inpatient provision for up to 10 people with a learning disability and complex mental health and behaviour support needs at The Selden Centre as well as the PDCA, which provides specialist domiciliary care and support to 14 people with highly complex and challenging needs in their flats within Eastbourne.

In total we employ 150 staff in the following roles:

- Speech and Language Therapists
- Psychiatrists
- Psychologists and Psychological therapists
- Occupational Therapists
- Community Learning Disability Nurses
- Physiotherapists
- Operational leads
- Admin staff
- Inpatient support staff
- Specialist domiciliary care staff

**We have at our core the following priorities:**

- Ensuring coproduction and design is at the heart of all our workstreams-focussing on what matters most to people using our services
- Building and embedding all Transforming Care work
- Building on existing pathways in behaviour support and mental health to ensure there are clear standards of evidence-based care and closer integration with the adult mental health workstreams where possible
- Modelling, new roles, recruitment and retention and wellbeing of staff

## Why was training needed?

A number of factors have highlighted the need for local Sussex-wide training on understanding and supporting people with learning disabilities and mental health:

- **Mental health inequalities and people with learning disabilities.**

People with learning disabilities are at higher risk of developing many common mental health difficulties relative to the rest of the population. They are more likely to experience more economic and social disadvantage, stigma and stressful life events which are known to be risk factors around mental health. Whilst there is a focus on physical health inequalities and avoidable deaths, mental health does not have the same awareness locally. Furthermore there is often diagnostic overshadowing where people may assume someone's presentation is due to their learning disabilities.

- **Access barriers**

From research, service-user and carer local feedback and improved systematic collation of key risk factors regarding hospital admissions, there is now much greater recognition of some of the access barriers, challenges and quality of service issues people with learning disability with mental health difficulties face. These include difficulties with identifying mental health issues in people with learning disabilities, diagnostic overshadowing, accessing early intervention; challenges with comprehensive assessment, consideration of capacity; linking with family and friends; sensory and communication adaptations; reasonable adjustments such as appointment times/ length as well as overreliance on medication and other restrictive practices (e.g. NICE guidance, 2016)

- **Need for improved clarity on good practice amongst staff**

A local audit with the learning disability services that looked at adherence of standards of practice in relation to mental health in learning disabilities menu of care highlighted a lack of clarity regarding expected good practice for people with learning disabilities. The audit highlighted inconsistency in adherence and quality on a range of standards of care in relation to mental health and people with learning disabilities. Staff were requesting more training on this topic.

- **NICE guidance**

The publication of national good practice NICE guidance on mental health problems in people with learning disabilities: prevention, assessment and management (NICE 2016); the recent STOMP guidance on stopping over-medication of people with a learning disability (NHSE 2015) and Building the Right Support (NHSE 2016) all offered clear guidance on prevention, assessment and intervention around mental health and people with learning disabilities. This included considering mental health in annual health plans, having a named keyworker, ensuring staff carrying out assessments had the appropriate expertise and skills in mental health; that psychological interventions are individually tailored and annual review and documentation if and why antipsychotic medication is required. A key theme throughout the national guidance highlights the need for staff awareness and training.

- **Clinical Academic Groups (CAGs) and the mental health in learning disabilities menu of care**

Clinical Academic Groups have been developed to support and strengthen evidence-based care within the Trust. Menus of care and intervention are developed and implemented, based on NICE guidance (or similar); local clinical expertise and service user and carer involvement. The intention is to provide a clear framework to deliver effective evidence-based practice across services. It has provided an opportunity to work within this framework across the trust and develop menus of care that are inclusive of people with learning disabilities. The trust

has developed menus for specific presenting issues for example PTSD; OCD, anxiety; dementia; Autism alongside menus that may sit across specialist groups such as forensic, older adults and people with learning disabilities.

One of the first menus of care to be developed for people with learning disabilities was the Mental health in learning disabilities (MHLD) menu of care and intervention. It was based on the recent NICE guidance and outlined what should be happening or available around supporting people with learning disabilities and their mental health locally. The menu of care and intervention sets out key standards and expectations to ensure consistent delivery of good quality care in line with national evidence-based care expectations. It highlighted local gaps across learning disability staff in basic-level training in this area as well as more in depth training for staff more likely to be involved in working with or supporting people with mental health problems. Training has also provided an opportunity to update and upskill clinicians around evidence-based care and specific mental health presenting issues.

## Discovery phase

The Springwell Project is a learning disability experts by experience group. It brings together experts by experience in learning disability and complex needs from across Sussex to share their experiences of using specialist NHS health services and to explore what needs to improve, so that people can be more in charge involved and in control of their care. As part of the development of the MHLD menu of care and intervention, there was a workshop held with service users from Springwell asking for their feedback and suggestions regarding improved mental health support for people with learning disabilities, where they put together a visual summary of their views. Training workshops seemed an effective way to make sure their voices were heard about how to improve care and services for people with learning disabilities experiencing difficulties with their mental health.

## Springwell Project views on mental health and people with learning disabilities



Alongside this, a small, in-depth doctoral qualitative research project was undertaken within the service that explored understanding community mental health services from a service user perspective: an exploration of the experience of adults with learning disabilities of mental health and mental health services (Schofield & Levitan, 2019). This involved interviewing four people with learning disabilities in

depth about their local experiences of using local mental health services (mainstream and specialist). Thematic analysis generated three main themes about their experience of mental health problems and mental health services: 1. “What I want from services”, including a balance between time to talk and practical tools. 2. “How services make me feel”, including feeling safe, valued, understood, and confused. 3. “What makes me feel worse”, including loss and loneliness, and experiences of stigma and abuse. Whilst the project was small, they connected to wider research and felt important themes to inform any future training and suggested local services had room for improvement.

## Learning

Each area of Sussex (East, West and Brighton & Hove) have a behaviour support network. In West Sussex this includes parent carers, clinicians, commissioners, providers and the local authority. West Sussex also has a “Carers, Health, All Together” (CHAT) project that is co-produced with family carers and brings together family carers of adults with a learning disability together with learning disability health professionals. One of the themes the CHAT project highlighted was challenges around supporting people with learning disabilities and mental health difficulties, navigating services and getting the right support. They requested some training around this to understand mental health and people with learning disabilities better.

To conclude, greater awareness and a skilled, knowledgeable workforce across Sussex were identified as central to improving evidence-based care for people with learning disabilities at risk of developing or experiencing mental health problems. This was via the MHLD menu of care development but also local feedback. At the time of the project, no such training pack around mental health and people with learning disabilities existed for staff/ families. It was clear that to ensure consistent, quality service provision for people with learning disabilities that there needed to be a wide scale training programme. The support of Health Education England, Intellectual Disability workforce regional programme (Kent, Surrey, Sussex) (HEEKSS ID programme) enabled the development and delivery of a Sussex-wide training to improve practice and support to people with learning disabilities experiencing mental health difficulties. The training was provided at two levels. The first being a wide-scale introductory training to raise awareness and highlight some key good practice and how to navigate across services. The second was a series of more in depth and targeted training masterclasses for professionals delivering interventions to support people with learning disabilities presenting with mental health difficulties.



## 2.0 Development, overview and delivery of the training

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The training was primarily designed, organised and delivered by Sussex Partnership NHS Foundation Trusts (SPFT) and namely the Learning Disability and Neurodevelopmental Care Delivery Service. However, there were close links and regular updates with local commissioners, social care colleagues and other key stakeholders. The project was primarily aimed at the development and delivery of training in Sussex to strengthen awareness and good practice in supporting people with learning disabilities experiencing, or at risk of experiencing, mental health issues. There were two main elements to the training project:

1. **Introductory level 1 training.** A large-scale introductory one-day training for clinicians, family carers, social workers and provider care staff to raise awareness and highlight good practice around mental health and people with learning disabilities. This training was developed in recognition of the need for greater awareness and support in identifying and understanding good practice around people with learning disabilities and their mental health. It was facilitated by local SPFT clinicians with expertise in this area.
2. **Masterclass training – level 2.** A series of smaller, focused masterclasses facilitated by local and national expert clinicians, aimed at clinicians delivering mental health assessments and interventions to widen knowledge and skills in specific areas identified.

## 2.1 Development and overview of the introductory one-day training

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The aim of this introductory days training was to strengthen good practice in supporting people with learning disabilities presenting with, or at risk of experiencing, mental health issues and promoting good mental health across Sussex to a wide audience. A series of six one-day introductory training days were offered across Sussex, with a total of 300 places across six days. The training was publicised widely across Sussex and was open to anyone who may be supporting an individual with a learning disability and mental health problems. This was done via a flyer (see appendix) circulated around SPFT services, the CAG networks, local authority and family and carer networks. To ensure the widest reach possible, it specifically targeted:

- learning disability and mainstream mental health clinicians
- staff in other areas of the service who support or aim to support people with learning disabilities
- social care staff
- health facilitation nurses
- family carers
- social workers
- provider care staff.

### Developing the content

A small group of interested learning disability clinicians within Sussex partnership developed the training. This consisted of four clinical psychologists (with both learning disability and mental health experience), a nurse and a speech and language therapist, all with a wealth of experience mental health in learning disabilities experience. There was also extensive consultation from a parent carer from West Sussex Carers Forum (of a young person with learning disabilities, Autism and mental health problems) as part of the training development and input from psychiatry. We used feedback

from the Springwell project, a local group of people with learning disabilities accessing our services and small scale local research projects to further inform the training.

It had been intended to have both a parent carer and someone with learning disabilities help deliver the training and/or be on film as part of the training but this was not possible. We were not able to find volunteers despite lots of support and encouragement from a local carers group within the timescales available. However, service user and parent carer voices were included throughout the training as much as possible.

The content of the day drew on:

- NICE guidance and wider research on mental health and people with learning disabilities, as well as more specific NICE and other good practice guidance around specific presenting mental health issues
- Feedback from Springwell Project, from discussions with West Sussex family carers and from a small qualitative research project with adults with learning disabilities about their experiences of mainstream adult mental health services in West Sussex
- Key feedback arising from clinical work delivered such as recognition of mental health problems.
- Sharing of mental health resources (in particular mental health in learning disabilities resources) available within the public domain.

Training combined a range of activities such as quizzes, video or PowerPoint slides to maximise engagement throughout the day (see the Appendix). The training day aimed to meet the needs of a diverse audience with different knowledge and experience, but also aimed to create space for people to safely share experiences and discuss themes within the context of delivering the training to a the large group. Adjustments were made to future training sessions following feedback and evaluation gained from earlier sessions, for example ensuring more time for conversation; less power-point time and more clarity on navigating when/ where to refer locally.

## Intended learning outcomes




These were developed both from local feedback, identified local need and national guidance around mental health and people with learning disabilities:

- Increased early identification and assessment of people with mental health problems to ensure earlier intervention and more pro-active approaches
- Improved implementation of evidence-based approaches to ensure more robust and effective service delivery in this area
- More effective working with service users and families in a more person-centred collaborative approach (reflected in service user and carer feedback)
- Reduced use of unnecessary medication
- Improved and strengthened community response to people presenting with mental health problems will hopefully reduce unnecessary hospital admissions and crisis, in line with transforming care
- Clinicians feeling more competent and improved skills and knowledge around core mental health conditions and how to work together as a service
- Access and links to widely available accessible resources for people with learning disabilities around mental health.

## Content overview

The below table shows the key areas covered in the one-day introductory training. Some of the slides and images are incorporated into the table, to illustrate the type of content and to illustrate how some of the key training points were delivered. The full training resources are available in the appendix.

Topic	Training content and activities										
Facts and figures around people with learning disabilities and mental health	Information about increased risk and vulnerability factors, through a quiz, PowerPoint slides and discussions.										
What is good mental health?	Reflecting on one's own experiences. What is good mental health?										
Understanding mental health issues in people with learning disabilities	<p>Short films showing service users (including people with learning disabilities) including self-described experiences of certain mental health problems.</p> <p>Slides explain common mental health difficulties.</p> <p>Discussed mental health difficulties (alongside the lived experience) including anxiety, psychosis, depression, bipolar affective disorder and trauma.</p> <p>Autism, neurodiversity and mental health</p>										
What people with learning disabilities tell us about their experiences	 <p>The slide displays the following table:</p> <table border="1"> <thead> <tr> <th>Theme</th> <th>Subtheme</th> </tr> </thead> <tbody> <tr> <td>What makes me feel worse</td> <td>Loss and loneliness Hate crime and abuse</td> </tr> <tr> <td>What I want from services</td> <td>Space to talk Practical tools</td> </tr> <tr> <td>How services make me feel</td> <td>Feeling safe Feeling valued Feeling understood</td> </tr> <tr> <td>Understanding services</td> <td>Contacting and accessing services Confusion about different services</td> </tr> </tbody> </table>	Theme	Subtheme	What makes me feel worse	Loss and loneliness Hate crime and abuse	What I want from services	Space to talk Practical tools	How services make me feel	Feeling safe Feeling valued Feeling understood	Understanding services	Contacting and accessing services Confusion about different services
Theme	Subtheme										
What makes me feel worse	Loss and loneliness Hate crime and abuse										
What I want from services	Space to talk Practical tools										
How services make me feel	Feeling safe Feeling valued Feeling understood										
Understanding services	Contacting and accessing services Confusion about different services										
<p>The evidence base. What does good assessment and intervention look like? Nice guidelines.</p> <p>Assessment and common interventions</p>	<p>Overview of the prevention, assessment and intervention/management guidance and the typical evidence-based interventions available.</p> <p>Outline of the local mental health in learning disabilities pathway.</p>  <p>The slide lists the following key points:</p> <ul style="list-style-type: none"> <li>• Annual Health Check</li> <li>• Assessed by professional with relevant expertise</li> <li>• Key worker</li> <li>• Tailoring psychological interventions</li> <li>• Annually documenting (and reviewing) the reasons for continuing antipsychotic drugs</li> </ul>										

Mindfulness grounding exercise	Breathing exercise after lunch to illustrate good mental health care
Local services offer and support	<p>Identifying and assessing mental health presenting difficulties</p> <p>Explanation of the different menus of care and interventions, in line with Nice guidance, and the most common interventions.</p> <p>Formulations, care planning and contingency/crisis plans.</p> 
STOMP	Slide on reducing unnecessary medication for people with learning disabilities. Highlighted the different resources available.
Trauma and trauma-informed care	Videos and key information around rates of trauma, and offering trauma-informed care.
Accessing mainstream services	<p>When and how people should be accessing mainstream or specialist services locally.</p> <p>Reasonable adjustments that services should make for people with learning disabilities and/ or Autism accessing mainstream services.</p>
Risk	Discussing risk management, crisis planning, helplines etc.
Resources	<p>At the end of the presentation individuals are left with more information about local services or helpful resources to access.</p> <p style="text-align: right;">Resources cont. </p> <ul style="list-style-type: none"> <li>• Easy read information leaflets on a range of subjects: <a href="https://www.ntw.nhs.uk/resource-library/">https://www.ntw.nhs.uk/resource-library/</a></li> </ul> 

## Rolling out the training

As this was a large-scale training programme, an administrator supported the training programme via venue booking and managing the training applications and communication. They also organised and sent certificates to attendees. This dedicated admin support was essential in making this large-scale training possible.

## Who attended the training?

Six introduction training sessions, each with capacity of up to 50 people, took place between July and October 2019 in training venues in West Sussex, East Sussex and Brighton and Hove. Participants booked 265 out of 300 spaces (88% booking) with high attendance and the latter four events oversubscribed. Despite some people who booked not attending, sessions but still well attended. Training took place in trust training venues which had sufficient capacity.

Attendees were made up of CLDT clinical staff, social workers, some clinicians from adult mental health and paid carers and/or family carers (about 30-40% of attendees). There was particularly good attendance from family carers in West Sussex events. Social care attendance was less than anticipated.

There were two facilitators for each training session, from the original training development working group. Feedback was taken at the end of each session and some minor changes around pace, structure and the exercises were made to future trainings based on feedback, allowing for iterative development. As part of the feedback, people attending the training were asked to pledge to do something as a result of the training. These pledges were assimilated and sent back to people after the training, alongside a copy of the slides.

## 2.2 Development of, and overview of the Masterclass training

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The series of in-depth training provided was a smaller, pan-Sussex training targeting mental health professionals within the learning disability services, with the aim of upskilling and shaping / further developing good practice through a series of masterclasses. There were five masterclasses held, with experts in the field invited to facilitate the training. There were 20-30 places within each masterclass and they were advertised primarily within the learning disability and neurodevelopmental service within SPFT for people predominantly working with people with mental health difficulties.

### Content outline

Masterclass topics were identified from the following sources:

- previous local service provision gaps
- key areas from NICE guidance
- current professional guidance
- discussion with clinicians working with adults with learning disabilities around their mental health.

All masterclasses were aimed at clinicians working with people with learning disabilities and mental health issues (in other words, delivering assessment and interventions around the mental health pathway) except one workshop that targeted clinicians in primary and secondary mental health mainstream services. The training was commissioned by the training project lead and was a mixture of asking leading national experts in the field, together with some masterclasses delivered by local experts within the region on some key areas. External trainers were paid to deliver the training (senior or consultant level fees in recognition of expertise) and SPFT expert facilitators were offered additional hours payment for this training. Some SPFT staff chose to do the training within current hours. The majority of professions attending were nursing, psychology, speech & language therapy, OT and psychiatry within the learning disability/mental health field across Sussex.

## Intended learning outcomes

- Improved multi-disciplinary evidence-based care response to people presenting with mental health problems
- A wider core offer, or menu of intervention based on the evidence-base
- Clinicians feeling more competent with more skills and knowledge around core mental health conditions and how to work together as a service (in other words, a more coherent MDT response)
- More effective working with service users and families in a more person-centred collaborative approach (reflected in service user and carer feedback)
- Reduced use of unnecessary medication
- Improved and strengthened community response to people presenting with mental health problems will hopefully reduce unnecessary hospital admissions and crisis, in line with transforming care.

As the table below shows, masterclasses were clustered around five key topics and delivered by experts in the field.

Session title	Content
Working with networks: Open dialogue approaches in the UK context	<p>A one-day introduction into this approach by Lisa Monaghan (clinical psychologist) and Catherine Thorley (systemic therapist, UCL, ELMHT) both of whom have extensive experience and training in open dialogue and working with people with learning disabilities. This is an approach that is growing in its application in the UK, as an effective model of engaging with networks during a (mental health) crisis to support positive person-centred effective outcomes for individuals and their networks.</p> <p><b>Aims</b></p> <ul style="list-style-type: none"> <li>• Introduce the open dialogue approach in relation to people with learning disabilities who present with mental health issues</li> <li>• Understand the open dialogue approach and develop skills to engage in an open dialogue when working with the individual in crisis, their families and social networks</li> </ul>
Supporting people with learning disabilities in mainstream services: Reasonable adjustments	<p>A two-hour workshop facilitated by senior learning disability nurses Jane Eastwood (external) and Maxine Schechter, SPFT</p> <p><b>Aims</b></p> <ul style="list-style-type: none"> <li>• Increase knowledge of working with people with learning disabilities and mental health difficulties</li> <li>• Understand how to make reasonable adjustments</li> <li>• Understand how mainstream services can adapt to they are more accessible to people with learning disabilities</li> <li>• Provide resources to support access to mainstream services</li> </ul>
People with learning disabilities hear voices too: Meeting the needs of people with learning disabilities who also hear voices	<p>A one-day workshop by Dr John Cheetham and Dr Nina Melunsky, South London &amp; Maudsley NHS Trust (SLaM). Based on their recent Pavilion study pack (2020) "People with Intellectual Disabilities hear voices too", with introduction from Dr Jason Reid, Consultant Psychiatrist, Psychosis CAG co-chair, SPFT</p>



<p>and/or have a diagnosis of psychosis</p>	<p><b>Aims</b></p> <ul style="list-style-type: none"> <li>• Increase knowledge around psychosis in relation to people with learning disabilities, evidence-based practice in psychosis and work of the SPFT Psychosis Clinical Academic Group</li> <li>• Identifying and assessing psychosis among people with learning disabilities.</li> <li>• Evidence-based practice in psychosis and psychosis CAG</li> <li>• Knowledge of good practice and key interventions for psychosis adapted for people with learning disabilities.</li> <li>• Making psychosis interventions accessible to people with learning disabilities.</li> <li>• Developing services to meet needs of people with learning disabilities who also experience psychosis</li> <li>• Delivering individual and group treatments for people with learning disabilities who are experiencing psychosis</li> </ul>
<p>Stopping the Over Medication of People with Learning Disabilities, Autism or both (STOMP) refresher</p>	<p>Half-day workshop by Michelle Krushandi, Senior community pharmacist, SPFT. STOMP is a key agenda within the trust.</p> <p><b>Aims</b></p> <ul style="list-style-type: none"> <li>• Increase knowledge around STOMP in relation to people with learning disabilities</li> <li>• Understand the local picture, what the STOMP agenda is and how to reduce avoidable medication</li> </ul>
<p>Trauma, trauma informed care and people with learning disabilities</p>	<p>One-day workshop by Dr Stringer (Psychiatrist, SPFT) and Dr Ursula Mazur (Senior clinical psychologist, SPFT)</p> <p><b>Aims</b></p> <ul style="list-style-type: none"> <li>• Increase knowledge around trauma-informed care in relation to people with learning disabilities, including the impact of adverse childhood experiences, neurobiology of trauma</li> <li>• Review the current evidence base in relation to how to assess and intervene when service users have a history of traumatic experiences and/or present with Post Traumatic Stress Disorder or Complex PTSD.</li> <li>• Working with staff teams to ensure trauma informed care and positive behaviour support in the context of trauma.</li> </ul>



### 3 Evaluation, feedback and learning

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Evaluation and learning was an integral part of the training programme. Detailed evaluation of each training is in the Appendix. Evaluation forms were given to all participants for all training at the start and end of the day. Evaluation forms were designed to measure perceived change in knowledge, skills and confidence in key areas of each training (see appendix). There was also free-text space where participants could write what they had found most or least helpful and what could be improved.

At the end of the training each participant was asked to pledge to do something differently as a result of the training. A detailed evaluation was written up for each session, and pledges pulled together and presented on to a single display page and sent back to participants. This section sets out an evaluation summary for the introductory training and for each of the masterclasses.

#### Tier 1 Introductory training

The evaluation forms from all 6 of the training days were collated and evaluated together. There was reflection, learning and changes made to the later training after earlier feedback (namely more exercises, less powerpoint time) but it was felt these were minor changes and the training could be viewed as a whole.

For all training days, the evaluation showed a significant increase in knowledge, skills and confidence at the end of training. Qualitative feedback suggested that some aspects of the training were hard to pitch for a diverse audience. For example, some people felt it was familiar information and wanted more in-depth training, for others it was pitched too hard and others just right. A common request was for more time for smaller group work and more of a workshop style. Families seems to find the training extremely helpful but only a few attended. Overall, the information covered felt relevant and helpful.

*I liked the variety of presentations and group work – very engaging. The content helped to refresh knowledge.*

Tier 1 attendee

*“the resources and the video on trauma informed care were very helpful”*

Tier 1 attendee

*“I liked the information on STOMP and the Springwell Project”*

*“Finding out about lots of useful easy read mental health resources that I can use within my practice”*

The biggest challenge highlighted was often the venue, with technical issues often being a feature. There have subsequently been a number of requests for more training, tailored more closely to the audience group (in other words, provider organisations.) The pacing was another point of feedback, particularly in earlier sessions delivered and this was taken on board in later training sessions with more practical tasks and less overhead presentation. The final theme was around the “pitch” of the training. The introductory training was open to a wide range of participants with a range of knowledges and expertise. For some people the training in parts seemed quite basic and a reminder of what they knew, though they recognised it was a mixed group. For others they reported feeling lost with some of the words and abbreviations. Likewise, some element of the training was to ensure people were aware of the NICE guidance and what good practice should look like. This was more relevant to trust and social care staff than providers or family members. This linked to some of the tensions when developing the training i.e. to stream the training to target audiences or to open it to all. Families and trust staff particularly values sharing the training space together and having the opportunity to talk, despite the challenges.

### **Training pledges by attendees for the introductory training**



More service user and parent involvement, both in the content and in the delivery, such as peer trainers would have improved the training considerably. This was an early intention of the training but time limits and lack of volunteers made this a real challenge. As the training was large (around 50 participants) and mixed, we had decided to minimise small group work but people missed this and in later training sessions we created more space for this and it worked very well. In particular hearing about family carer experiences. Some feedback requested more practical advice regarding which services to refer to; when to refer to adult mental health and when to refer to specialist learning disability services so some more local information online and leaflets would have improved the training.

The pledges people made at the end of the training showed that people really engaged in what they may be able to do differently going forward, and the application of the training. There was good feedback on the use of them and in particular when they were sent round with peoples certificates after the training.

## Masterclasses series evaluation

The masterclass training days evaluation followed the same format as the introductory training, with forms at the start and end of the day to assess perceived change in knowledge, skills and confidence in key areas of each training; qualitative feedback and a pledge. The masterclasses were all focused on particular presenting issues and/ or interventions highlighted as gaps or areas for development within the service. Overall feedback was extremely positive. Attendees found the training very helpful and informative and much of this learning and interventions have been used within the service and incorporated into service offers. One of the main issues overall for the masterclass was the sign up and attendance. The intention was for clinicians to attend whose work is clustered around the mental health pathway to attend i.e. mainly nursing, psychiatry and psychology and days and venues chosen to support their attendance. Unfortunately, not all professions were able to attend despite this for a range of reasons. The training coincided with leadership vacancies for nursing and psychiatry as well as it being a busy time for the service regarding training opportunities. Some professions were also less involved with the development of MHLTD training programme so there may have been less engagement. Positive feedback was shared across the service from attendees so later masterclasses were fully booked but it did mean that some earlier masterclasses were lower in numbers than anticipated.

### Evaluations of each individual session are presented below:

#### Masterclass 1: Open dialogue

A total of 18 members of staff **attended** this masterclass. The majority of these participants were psychological practitioners (11 out of 18). Other professions also attended, including two nurses, two behavioural practitioners and three speech and language therapists. This training primarily offered an approach to supporting people with mental health difficulties during crisis.

Knowledge, skill and confidence in working with people with learning disabilities and mental health difficulties using open dialogue significantly increased after the training compared to before.

Participants found the training very helpful and inspiring, and were keen to put the training day into practice, even forming an open dialogue interest group to enable this to happen. They found the person centred and inclusive nature of the training very valuing and a good fit with clinicians' personal and service value base. Trainers were rated very highly. The only feedback to improve it was that it was offered as a two-day training and wanting more of it. The pledges reflected the feedback with a real intention to bring this approach into the service and share across teams.



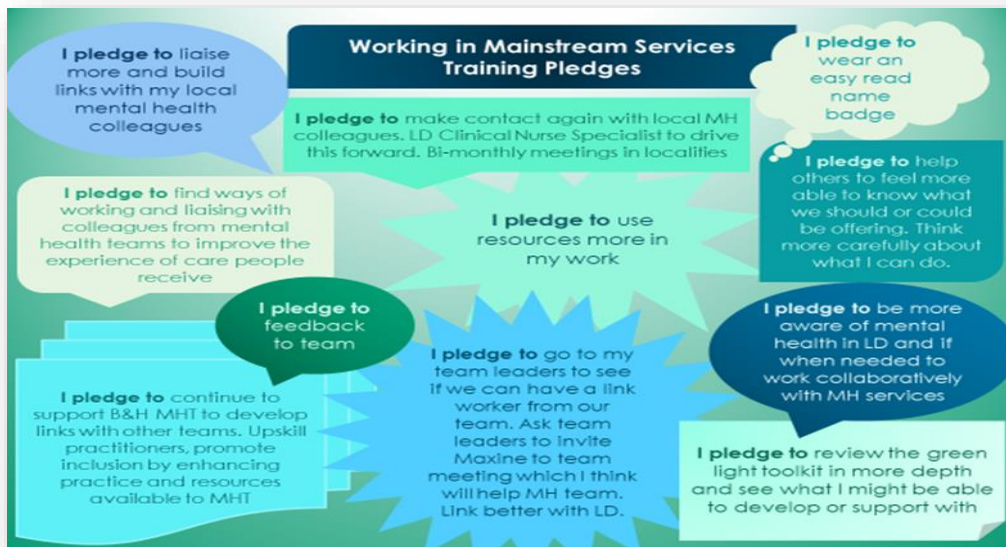


## Masterclass 2: Working with mainstream services

The masterclass was the shortest of those offered – a 2-hour workshop. A total of 13 members of staff attended the training. The majority of these were nurses (6/13) followed by psychological practitioners (4/13). Other professions also in attendance were an occupational therapy technician, social worker and a speech and language therapist. The majority of people were based in West Sussex (11/13) and this reflected. The remaining two individuals were from Brighton and Hove. The training targeted people working in mental health and this was reflected in the attendees. The overall feedback was positive and participants reported knowledge, skill and confidence was higher after the training compared to before. Participants feedback centred around positives around the sharing of resources and ideas about how to make reasonable adjustments and were keen to take the ideas into their practice.

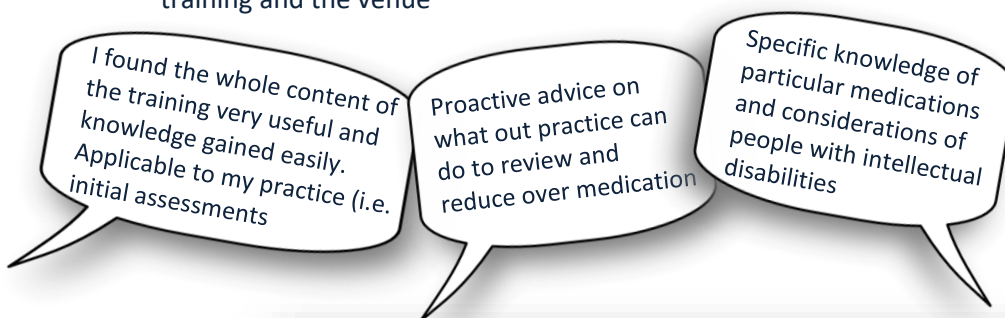






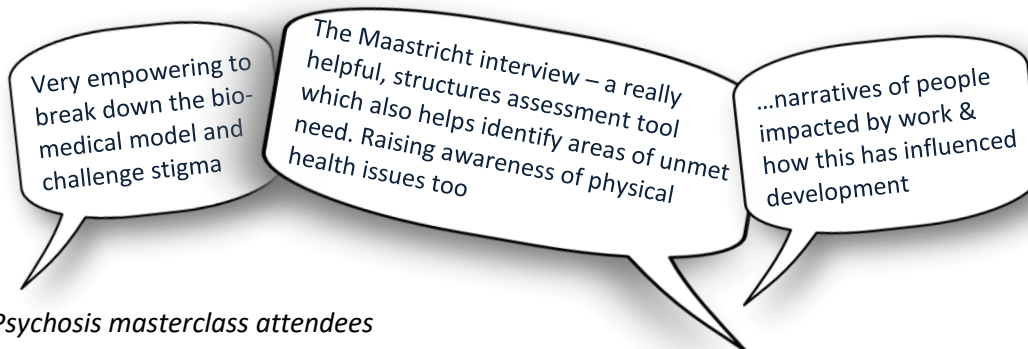
### Masterclass 3 – Stopping over medication of people with learning disabilities (STOMP)

This half day masterclass was attended by 15 staff, six of whom were nurses and four psychological practitioners. Others included a behavioural practitioner, an occupational therapist, physiotherapists, speech and language therapists. Attendance was similar across all three localities and the central Brighton and Hove location worked well. The feedback was very positive, with attendees reporting how useful it was and wanting it repeated across all teams. There was a sense that many more people would and could have benefitted from the training. Attendees really valued the joint facilitation from the specialist pharmacist and psychiatry and found it a very informative session. The evaluation showed significant increase in knowledge, skills and confidence in the STOMP agenda and how to reduce the use of unnecessary medication. Suggested improvements were about a longer training session, widening the take up of the training and the venue



### Masterclass 4 – Psychosis

This was a one-day masterclass with external facilitators (Clinical Psychologists). A total of 14 members of staff attended the training, out of 20 booked places. The majority of these were psychological practitioners (eight out of 14). Other professions also attended, including two nurses, two psychiatrists, one behaviour practitioner and one occupational therapist. A high number of nurses dropped out at late notice due to a clash of events. This masterclass was very well received with very positive feedback and found it a very collaborative, empowering way of working with service users. Attendees enjoyed the practical nature of the training and to focus on psychosis and the evidence base. This is also reflected in the pledges.



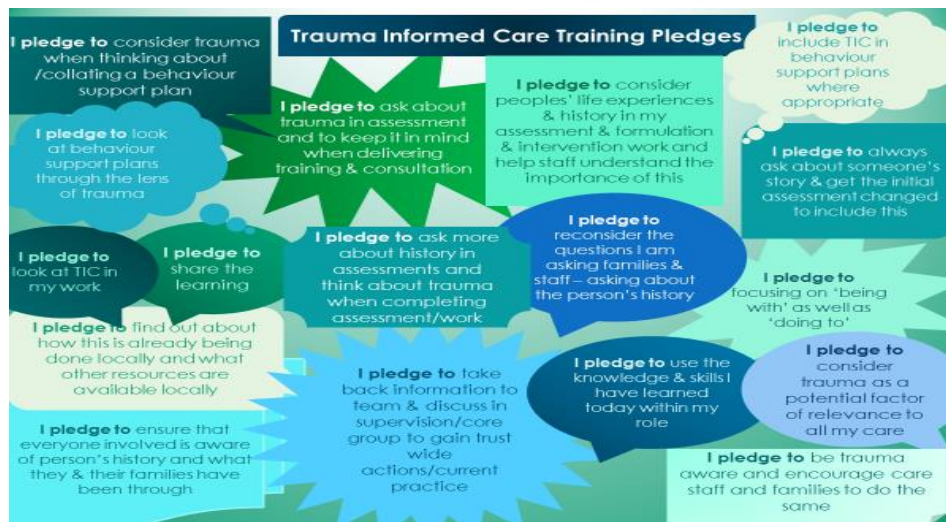
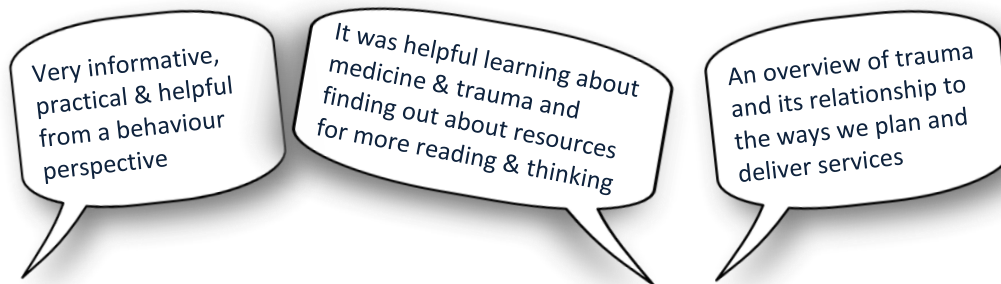
*Psychosis masterclass attendees*

Skills, Knowledge and Confidence of working with people with learning disabilities and psychosis significantly increased following the training sessions.



### Masterclass 5 – Trauma

A total of 25 staff attended (it was oversubscribed). The majority of individuals were psychological practitioners (11/25). Several attendees were also nurses (6/25), speech and language therapists (n = 3) and behaviour practitioners (3/25) and an occupational therapist. The facilitators were internal experts and it may be this supported the high attendance. The topic is also very pertinent within the service which was reflected in the attendance. As in all the other masterclasses the feedback was very positive and the self reported scores indicated that relevant skills, knowledge and confidence all increased when comparing scores before and after training. For some people the content was familiar and a reminder, whereas for others it was new.



## 5 Reflections and next steps

The training programme was developed in the context of ensuring quality and consistent evidence-based care across the service. One key area of focus was ensuring that people with learning disabilities with additional mental health difficulties receive the right, effective support across Sussex. The introductory training programme provided the opportunity to do just that by raising awareness and good practice across the region. This was to ensure clinicians, care providers, family carers and social workers all had a sufficient understanding of mental health and people with learning disabilities, and expected good practice. The masterclass series enables focused learning around key topics to strengthen the specialist provision offered across Sussex in particular in relation to interventions offered. In a relatively short timescale the training was developed, commissioned and delivered to a large audience, with very good feedback and perceived change in knowledge and skills following the training.

Since this training was delivered, a training pack has been produced by Pavillion and the Estia Centre called *'An introduction to mental health and mental wellbeing for staff supporting adults with intellectual disabilities'* (Ampegama, Marshall-Tate, Chaplin & Hardy, 2020). It covers some similar content such as what is mental health, what is mental illness, common sign and symptoms, assessment and interventions. It has a larger section on mental health promotion for staff, but less focus on more widely available resources and was for staff only. However, this Sussex-wide training programme aligned closely to local need and the local landscape and is has been reassuring that it was in line with the recently published national training pack.



## What worked well

There was very good feedback from all the training. The content of training was rated as high, as was the expertise/ delivery of the training by the facilitators. There was a reported perceived increase in knowledge and skill for attendees pre and post training. This was for all the training, indicating it was received very well by attendees and achieved its aims. Family carers and providers in particular feedback how pleased they were to access this training. There was close to 90% attendance at the introductory training which felt very positive. Word of mouth recommendations and wide circulation through networks (namely care support networks and via local authority) meant that later introductory training courses were over-subscribed as were later masterclasses. Pledges made by attendees reflected intentions to apply the training into practice. In terms of some highlighted themes of what worked well:

- The introductory level 1 training was an ambitious large-scale training and was well received and well attended. Participants reported valuing the section on trauma and trauma-informed care in particular, which was newer information, that many attendees reported finding very relevant.
- Inviting family carers in the training added an invaluable perspective to the training and an opportunity to move away from an 'expert service provider' position towards a more shared learning platform.
- Use of videos, discussion time, including voices of people with learning disabilities all worked well.
- The masterclasses series received very good feedback and participants reported finding all these very helpful and wanted more.

## What worked less well

There were clear themes around what could have improved the training: We would have liked greater involvement from service users and carers within the content and delivery of the training. This was difficult to manage within time-scales and a call out via West Sussex Carers Forum was not fruitful. There is a clear plan to develop this further in the future. In terms of specific feedback about the training:

- For the introductory training, attendees' starting points varied greatly from almost no knowledge or experience to considerable. This meant that for some people the training had an over emphasis on the basics while others seemed to struggle with the more in-depth aspects.
- The diverse audience in the introductory training was a challenge and at times was hard to pitch. For some people the information was too basic and for others it was too complex and too much jargon. Some improved communication in advance about how the training would be pitched, and or some more focused training e.g. for providers may have been helpful.
- Whilst there was some service user involvement from Springwell, West Sussex carers and qualitative research, the original intention was that service users would have a more direct role with the training and this proved a challenge in practice but felt a key omission.
- Masterclass attendance was poorer than hoped which was frustrating as those who attended found them incredibly helpful to their practice. It was hard to recruit some key targeted professionals such as psychiatry and nursing. At the point the training was delivered there were vacancies in leadership for these professions which appeared to be a factor.
- The biggest area of take up was West Sussex, the least Brighton and Hove. It was harder to get uptake from family carers in East Sussex and Brighton & Hove. This might reflect the



location bases of the development group (predominantly West Sussex) but also how important engagement was in take up of training.

Take up of introductory training for practitioners working in adult mental health services was low, and feedback was that there were practical issues such as IT and sound at some of the venues.

- Some longer-term plans for consolidation of training especially for the masterclasses would have been helpful for longer term uptake.

## Conclusions and Next Steps

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The training programme was well-timed and dovetailed well with other service developments in order to level up the quality and consistency of mental health support for people with learning disabilities across Sussex. Within a relatively short timescale, we were able to develop a large-scale comprehensive introductory training day, informed by the evidence base, research, local need and the development of a local mental health pathway. Overall there was excellent uptake of the introductory training with almost 90% attendance of the 300 places offered, together with very positive feedback. There was better uptake from family carers from West Sussex which reflects some of the existing engagement and forums. The masterclass series was also very well received, but take up across professional groups for this was more of a challenge.

The training has offered assurance that health and social care professionals together with local carers have a basic knowledge and understanding of mental health in relation to people with learning disabilities. More specifically that they are aware of some of the early risk factors and signs and symptoms that may be indicative of mental health difficulties in people with learning disabilities, when/ how to refer, and what should happen in terms of good evidence-based care. We have noticed that community learning disability teams feel more confident navigating this since the training and referrals are more detailed and informed. We envisage this will further develop with the introduction of the revised mental health menu of care and intervention. We hope that we will continue to see earlier identification of mental health presenting issues so there can be more pro-active and earlier interventions, and less “out of the blue” crises requiring admission or enhanced community support. We have seen a much greater awareness of the stopping over medication of people with learning disabilities (STOMP) across the board supported further by the masterclass which provided some very practical and informative training around this.

In terms of the masterclasses, there is improved joint working around the mental health pathway and improved understanding and a wider service offer in terms of interventions following the masterclasses. We hope this will be built on further with more opportunities for shared learning and further embedding of the pathway and menu of care. The focus areas for the masterclasses felt relevant and the training informative and practical. The development of the menu of care and intervention and both levels of training have provided the foundations of a workforce development plan, but this needs developing further so that clinicians have the right skills set to ensure an effective offer.

### Next steps

Based on the experience and feedback of the MHLTD training programme, we plan to continue rolling out the introductory one-day training, learning and incorporating feedback as we go so that it continuously improves over time. Learning from this current training programme, future training should include a peer-trainer with learning disabilities and more video of local service

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users and carers sharing their lived experience. This feels essential for any further roll out and reflects the values of the service more closely. It would be beneficial to repeat some of the masterclasses too, with this feedback in particular for the psychosis, STOMP, trauma and open dialogue masterclasses. It would be useful to extend this to other presenting problems/interventions. We would recommend further training around accessing mental health provision from mainstream services and reasonable adjustment but this would benefit from being part of the local community mental health transformation work in the ICS and co-developed across the services, again with a peer trainer as part of this.

The mental health in learning disability pathway/menu of care is currently being revised and some of the training from both the introductory training and masterclasses will be included in this next revision. For example, there will be an expanded section on psychosis, STOMP and trauma informed care, informed by the masterclasses. We have also shared some of the MHLD training key learning points with mainstream services e.g. local adult mental health teams and are committed to making resources and training materials widely available, within and outside of Sussex. A repeat audit of the key standards around the mental health pathway would be very beneficial to more formally measure practice over time and this is planned once the revised menu of care is implemented. We think the legacy of this training and wider work will be made more effective if there is ongoing engagement with stakeholders (commissioners, carers, service users, local authority as well as adult mental health) around this too.

The training programme was completed face to face, shortly before the Covid-19 Pandemic. The resources and multi-media elements of the existing training (in particular the introductory training) would lend themselves well to online training, with some adaptation. This would also overcome some of the barriers regarding delivering training to such a wide geographical area.

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*To find out more, please contact Dr Karin Fuchs, Consultant Clinical Psychologist:*

*Karin.fuchs@spft.nhs.uk*

## Appendix

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Sussex Partnership  
NHS Foundation Trust**Health Education England**

***Introductory One Day Training: Strengthening good practice in supporting people with learning disabilities presenting with mental health issues, at risk of mental health issues and promoting good mental health.***

**The training will include:**

- Facts and figures around mental health and people with learning disabilities and key risk factors
- Recognizing and understanding mental health issues in people with learning disabilities
- Overview of prevention, assessment and interventions/ management guidance (NICE) and established good practice.
- Overview of local pathway and what services can offer
- STOMP and reducing unnecessary medication.
- A personal view – views of people with learning disabilities and a family carer view
- Working with mainstream services

**Who is it for?** Clinicians and social care staff working within learning disability services, staff in adult mental health or child services working with people with learning disabilities, family carers, staff working in provider organisations.

**Dates and locations:**

16/09/19	Roebuck Suite, Hellingly Training Centre, BN27 4ER
18/09/19	Swandean Training Centre, BN13 3EP
02/10/19	Friends Meeting House, Brighton, BN1 1AF
10/10 /19	Swandean Training Centre, BN13 3EP
18/10/19	Roebuck Suite, Hellingly Training Centre, BN27 4ER
22/10/19	Swandean Training Centre, BN13 3EP

Spaces limited to 50 per day.  
Training runs from 10.00 to 16.00  
Tea and Coffee is provided but no lunch.

**To reserve a place please book via TicketSource searching under Learning Disabilities. Any queries please contact [Gin.Griffiths@sussexpartnership.nhs.uk](mailto:Gin.Griffiths@sussexpartnership.nhs.uk)**

**Or for further information contact [Karin.fuchs@sussexpartnership.nhs.uk](mailto:Karin.fuchs@sussexpartnership.nhs.uk)  
CAG co-chair**

**Learning Disability** Clinical Academic Group

## Evaluation Form example

Date: 17 July 2019

Learning Disability (LD) Training: People with Learning Disabilities Hear Voices Too

### What is your role?

<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Family Carer	<input type="checkbox"/> Paid Carer
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Speech & Language Therapist	
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Psychological Practitioner	<input type="checkbox"/> Other (please specify): _____	

### Where are you based?

<input type="checkbox"/> West Sussex	<input type="checkbox"/> Brighton & Hove	<input type="checkbox"/> East Sussex	<input type="checkbox"/> Other (please specify): _____
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**Aim:** Increase knowledge around psychosis in relation to people with learning disabilities, evidence-based practice in psychosis and work of the psychosis CAG. To understand how services can be developed to meet the needs of people with learning disabilities who also experience psychosis, using individual and group therapies.

**Instructions:** Please circle a number to indicate how knowledgeable, skilled/competent and confident you are feeling right now in relation to the following situations:

#### PRE- TRAINING

- **Identifying and assessing psychosis among people with learning disabilities.**
- **Evidence-based practice in psychosis and psychosis CAG**
- **Knowledge of good practice and key interventions for psychosis adapted for people with learning disabilities.**
- **Making psychosis interventions accessible to people with learning disabilities.**
- **Developing services to meet needs of people with learning disabilities who also experience psychosis**
- **Delivering group treatments for people with learning disabilities who are experiencing psychosis**
- **Delivering individual treatments for people with learning disabilities who are experiencing psychosis**

Not knowledgeable						Very knowledgeable
1	2	3	4	5	6	7
Not skilled						Highly skilled
1	2	3	4	5	6	7
Not confident						Highly confident
1	2	3	4	5	6	7

**Please stop here. We hope you enjoy your training today.  
Please complete the questions below at the end of today's training**

**Aim:** Increase knowledge around psychosis in relation to people with learning disabilities, evidence-based practice in psychosis and work of the psychosis CAG. To understand how services can be developed to meet the needs of people with learning disabilities who also experience psychosis, using individual and group therapies.

**Instructions:** Please circle a number to indicate how knowledgeable, skilled/competent and confident you are feeling right now in relation to the following situations:

#### POST TRAINING

Not knowledgeable	Very knowledgeable
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SLIDES FROM INTRODUCTORY TRAINING DAY

This block contains the first 8 slides of the introductory training day. Slide 1: 'Identifying, assessing and supporting people with learning disabilities experiencing or at risk of mental health problems'. Slide 2: 'Aims and objectives'. Slide 3: 'Plan of the Day'. Slide 4: 'Evaluating today's training'. Slide 5: 'Did you know? To enter, go to this website: <https://kahoot.it/> Pin: 972360 SURVEY'. Slide 6: 'Why is thinking about mental health for people with learning disabilities important?'. Slide 7: 'Mental health and social disadvantage'. Slide 8: 'What is a mental health problem?' with a Kahoot! poll.

This block contains the next 8 slides of the training. Slide 9: 'Feel very worried and scared', 'Act in a way you would not normally do', 'There are lots of mental health problems. Some of them are...', 'Depression - when you feel sad and tired all the time.', 'Anxiety - when you are very worried about lots of things all the time.'. Slide 10: 'ADHD - when you are very restless and find it hard to concentrate on things all the time.', 'Autism - when you find it hard to tell people how you feel, or to tell what other people are thinking or feeling.', 'Psychosis - when you hear or see things that other people can't or get new ideas that seem strange or hard to understand.'. Slide 11: 'Looking out for mental health problems', 'Everyone should look out for changes in you that could be a mental health problem. These are things like...', 'Healthy eating can help with everyday activities.', 'Wanting to be on your own a lot more.', 'Not wanting to talk, or finding it harder to talk.'. Slide 12: 'Getting annoyed or upset a lot more.', 'Not enjoying the things you usually like, such as your hobbies.', 'Worrying about things more.', 'Having big changes in your life, such as moving to a new home or a new family if you are in care.'. Slide 13: 'Your doctor should also offer you a health check each year. This is to make sure you get treatment for any medical problems you have. Your doctor will also check for mental health problems.', 'Someone who knows you well should go to the health check with you.', 'You should have an assessment if you might have a mental health problem.'. Slide 14: 'How to look after your mental health' with a 'Mental Health Toolkit' diagram. Slide 15: 'Bio-psycho-social model' diagram. Slide 16: 'EXERCISE' with a case study about Jamie.



### Break

### Let's talk about mental health

### Anxiety

- Everyone experiences anxiety. It is a helpful response to threatening or frightening circumstances.
- It only becomes a mental health problem if the severity of anxiety and feelings of dread are so out of proportion to the circumstances that normal daily routines are disrupted.
- There are various kinds of anxiety disorder which can be diagnosed, depending on the acuteness of the symptoms and the circumstances under which they occur. These include panic disorder, phobias and obsessive-compulsive disorder.
- All anxiety disorders are typically associated with physical symptoms such as:
  - increased heart rate, shortness of breath, sweating, trembling, shaking, chest pain, muscle tension, discomfort, light-headedness and nausea.

### Anxiety lived experience

**Researcher:** When you say you feel a wee bit nervous, can you feel it in your body like?

**Joseph:** Yes, I've had a few...if somebody is asking something I get a bit panicky, I can feel it.

**Researcher:** What do you mean?

**Joseph:** I can feel my face going red a bit and my breathing can get bad but that's not happened for a while now.

**"Whenever I try something new I'm anxious. That's just the way I am. It's not the way I was brought up; it's just the way I am...I feel a bit sick, you know what I mean?"**

<https://www.anxietyuk.org.uk/get-help/>

### Depression

- Feeling low in mood
- Feeling tired all the time physically feel heavy, aches and pains
- Sleeping more than usual/spending more time in bed.
- Difficulty in sleeping or waking too early in the morning
- Less interested in or enjoyment from activities, withdrawing from people
- Feeling restless
- Eating too little or too much
- Losing or gaining weight
- Crying without any obvious reason
- Feeling irritable
- Feeling guilty without any reason.
- Feeling that life is not worth living

### Depression – lived experience

**Sam:** Sometimes I feel depressed when I'm in the house.

**Researcher:** How would someone know you're depressed? What are you like when you feel like that?

**Sam:** I've never got a smile on my face.

**"One day everybody was sitting laughing at us, sometimes for nothing. What's the point in me being here, know what I mean? I just getting pure annoyed as they're not to do, know what I mean?"**

**"On the weekend I usually stay in, I may go to the shops with my ma but not often. She tries to get me to go to the town an' all that but I cannae be bothered going and I don't want to get ready, I don't want to wash my hair or all that. I just want to sit about... sometimes I can't get up till three o'clock in the afternoon and I'm just going to get ready for bed at half nine."**

**"How come I'm different from my brothers and I'm stupid and how come my nephew can count and I can't and he's 3?"**

<http://www.rhls.uk/Info/Topic/Clinicaldepression.aspx>

### Bipolar Affective disorder

- What is it?
- Bipolar – sometimes known as manic depression – is a severe mental health illness characterised by significant mood swings including manic highs and depressive lows. The majority of individuals with bipolar experience alternating episodes of mania and depression.
- Mania and hypomania
- Mania and hypomania are two distinct types of episodes, but they have the same symptoms. Mania is more severe than hypomania and causes more noticeable problems at work, school and social activities, as well as relationship difficulties. Mania may also trigger a break from reality (psychosis) and require hospitalization

### Psychosis

- Studies suggest that People with LD will be 3 x more likely to experience a psychotic episode. (Dee et al. 2003)
- 70% of people experiencing psychosis will have experienced adverse childhood trauma.
- It can be particularly difficult to recognise psychosis in people with ASD and often gets missed or seen as part of the 'puzzle'. There is some indication there is an increased risk of developing psychosis if you have ASD.
- Psychosis includes a range of symptoms that affect an individual's thoughts, feelings, and behaviours. Symptoms of psychosis are typically divided into two categories: 'positive' and 'negative' symptoms. 'Positive' symptoms are changes in thoughts and feelings that are 'added on' to a person's experiences e.g., hallucinations, delusions, disorganised speech or behaviour.
- 'Negative' symptoms are things that are 'taken away' or reduced e.g., reduced motivation or reduced intensity of emotion.

### Psychosis lived experience

**"Many:** they do silly things and torment me, we argue as well and things like that... er quite a few times its because I want to get rid of them and they won't leave (...) they just won't go and I scream get out get out go away my mind get out go away! I throw things and I slam the door things like that. really angry their angry with me in my head and I can't stand it no more. I tried to suicide myself once."

**"Alan:** er, the voice in me head, Nick. Nasty person he is, made me go ill in the past. Made me go berserk and that. Every time I get angry he pops up (???) all time and that."

[https://www.ted.com/talks/billy\\_belanger\\_sometimes\\_the\\_voice\\_in\\_my\\_head?stream=16893](https://www.ted.com/talks/billy_belanger_sometimes_the_voice_in_my_head?stream=16893)

### Lived experience

**Springwell** is a local project that has brought together people with a learning disability and complex needs from across Sussex to share their experiences of using specialist NHS health services and to explore what needed to change so that they can become more involved and more in control of their care right through from referral to discharge.

<https://www.youtube.com/watch?v=cm5t0v1348c&list=DL4M09NAN5Fw>

### Local experiences of mental health services

- We are currently completing an evaluation of services users experiences of mental health services
- We have interviewed 4 people with learning disabilities so far
- They have used specialist learning disabilities services, adult primary, and secondary care mental health services

### Local experiences of mental health services

What they said:

Local services	Comments
Local services for the young	Local and national, have a choice of where
Local services for the young	Spent in UK, Personal care
Local services for the young	Getting on, being able to help, understand
Local services for the young	Connecting and working services, continue about different services

### LUNCH

- Please enjoy your lunch break and make sure you engage in some self-care activities during the break

### ... and breathe

### Trauma in LD

- People with LD are much more likely to experience abuse and adverse life events
- Very likely to experience small traumas through stigma/discrimination, impoverished social and physical environments, lack of control over life, frequent loss and change
- At higher risk of developing mental health problems including PTSD/Complex Trauma
- The PTSD/Complex Trauma symptoms are different in the adult learning disability population. The diagnosis of PTSD/Complex Trauma may therefore be missed
- Overshadowing PTSD/Complex Trauma symptoms are attributed to the learning disability or treated as 'Challenging Behaviour'

### Trauma in LD

- ◊ Circumstances: Frequent changes of residential homes, hospitals and carers can mean that information about trauma/abuse is lost
- ◊ Nature of trauma: what is traumatic may differ in the LD population meaning that trauma events are not recognized by professionals

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### Trauma informed care for the workforce

- <https://vimeo.com/274703693>

### Adverse childhood experiences

- <https://www.youtube.com/watch?v=VMpJ-4CZK0>

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### What does good look like?

And how do we translate evidence of good practice into everyday care?...



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### NICE Guidance Important quality statements

- Annual Health Check
- Assessed by professional with relevant expertise
- Key worker
- Tailoring psychological interventions
- Annually documenting (and reviewing) the reasons for continuing antipsychotic drugs

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### Identifying a mental health problem

- Best line: know the person, nothing changed in the person and their life, importance of usual coping, consistent support, communication, reciprocity, challenge and so on
- Don't worry about using the 'best' words, be used to that and decide what is happening - ABC CPE
- Checklist, MIND-ADD
- Rule out physical issues

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### Pathway - Assessment

- Initial assessment
- History or not? Level of risk (DPS), presence, check their symptoms and behaviour, how to think about this, what's preferred, how to think about this
- MH assessment
- Involve people and their network
- MCA

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### Pathway - Menu of care and interventions basic considerations

- Psychological – based on MH assessment
- Tailored for preference, level of understanding, strengths and needs
- Consider specific needs, physical, neurological, sensory, communication
- Plan, prepare, timing, place, pace, who will help etc.
- Collaborate with person's network
- MCA/Best Interest

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### Common Interventions

- Offer to individuals interventions aimed at mental health (including social interventions and physical interventions) for example: CBT, DBT, Mindfulness, etc.
- Offer to MH Health in Mind Mental health training, internet
- Offer to CBT Psychological Interventions with a CBT Skills Training Manual and CBT Practice Manual for Support Working with staff with mental health problems
- Psychological Interventions - Tailored and CBT
- Tailored to person (Support and Support Therapy), Support manual and working with Communication and Physical health and wellbeing
- Tailored to person (within appropriate setting)
- Health assessment and safety
- Recovery college e.g. The 4LD workshop, Coping with Illness

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### Formulation

- An explanation of the person's presenting difficulties (making sense)
- Will consider bio-psycho-social factors
- Provides a rationale for interventions/care plan

41

### Care planning

- Allocate a care co-ordinator/keyworker
- Ensure MDT approach, regular review, link with the person/their network
- SMO if allocated will have a central role
- Reflect bio-psycho-social needs (multidisciplinary involvement)
- Relapse prevention plan/WRAP/psychosocialisation
- May include developing a capable environment via the person's network
- MCA/Best Interest

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### Contingency/Crisis Plan

- Traffic Light/WRAP/relapse prevention (Plan from the past) – developed with person and their network
- Notice the warning signs
- Regular network meetings – support the support
- Out of hours services
- Monitor risks closely, before crisis, share with them the crisis plan

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### How we can help and support you: A Guide for Mental Health in Learning Disabilities

Learning Disability and Mental Health  
Clinical Academic Group (MCA)



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### We support STOMP

<http://www.expofmhs.uk/learning-disability/learning-disability/stomp/>

<http://www.youtube.com/watch?v=11gh8VYVg>

## STOMP

Stopping over-medication of people with a learning disability, autism or both.

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### Our STOMP Health Care Pledge

- We will actively explore alternatives to medication
- We will ensure people with a learning disability, autism or both, of any age and their circle of support are fully informed about their medication and are involved in decisions about their care
- We will ensure all staff within the organisation have an understanding of psychotropic medication including why it is being used and the likely side effects
- We will ensure all people are able to speak up if they have a concern that someone is receiving inappropriate medication
- We will maintain accurate records about a person's health, wellbeing and behaviour
- We will ensure that medication, if needed, is started, reviewed and monitored in line with the relevant NICE guidance
- We will work in partnership with people with a learning disability, autism or both, their families, care teams, healthcare professionals, commissioners and others to stop over medication.

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### STOMP Social Care Pledge

- Maximize Organisation's Equality (MCA/DOB)
- Awareness campaigns, training for individuals that best supports, promotes services and confidence
- VOOG resources for support workers
- Top tip for us: education: <http://www.gemini.org.uk/what's-your-voice/>

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### Green Light Tool Kit/Which service and Improving services

- Anyone that can access mainstream services, should be accessing mainstream services
- All services should be making reasonable adjustments
- Toolkit aimed at MH and LD Teams to work on collaboratively


For more info, check out this website:  
<http://www.mentalhealth.org.uk/learning-disability/publications/learning-disability-mental-health>

Or this one:  
<http://improvement.nhs.uk/resources/learning-disability-improvement-standards-nhs-trusts/>

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### Break



### What about risk?

- We always take a team approach to managing a risky situation
- We see risk within a framework (e.g. enhanced CPA)
- Intervention is proportionate to risk
- Crisis planning
  - Helplines
  - Keeping mentally well

### Accessing Support

- Refer to Mental Health crisis plan for specific numbers
- Contact GP
- Referral to LD/ MH team
- In crisis:
  - Call NHS direct 111
  - Crisis helpline - Sussex Mental Healthline on 0300 5000 101
  - The Haven – mental health crisis assessment unit at Millview, an alternative to A&E
  - Attend A&E – mental health liaison nurse

### Reasonable Adjustments

Throughout the NHS everyone should expect reasonable adjustments. These should include:

- Where to meet someone (access; brightness, noise)
- Pace – shorter sessions?
- Adapt communication, using pictures? Simplifying words, no acronyms! Checking out understanding
- consent and capacity!

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### Resources

- Please take a look at our resources table if you have time before you leave today
- In addition, the following slides have links to a number of additional resources. These can be sent out via email to anyone who would like them

### Evaluating today's training

Please complete the second section of your evaluation questionnaire now

### Ending

- Thank you for your participation in the day, we hope you have enjoyed it!
- Opportunity to de-brief with facilitators if needed

### Helpful services and resources:

- Beat-it
- Feeling down
- Chaplain book
- Books beyond words
- [www.ntw.nhs.uk/selfhelp](http://www.ntw.nhs.uk/selfhelp)
- Where are the CLDT's
- Time to talk

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### Resources cont.

- Easy read information leaflets on a range of subjects:  
<https://www.ntw.nhs.uk/resource-library/>



### Resources cont...

- Easy health - good for a range of easy read leaflets, films and templates - Free
- Books beyond words – Books e-books and apps – a range topics to promote conversation and understanding – have to purchase
- Feeling Down Guide- easy read work book - free
- IHAL Improving Health and Lives- all about reasonable adjustments

### Resources cont...

- [www.easyhealth.org.uk](http://www.easyhealth.org.uk)
- <https://booksbeyondwords.co.uk/>
- <https://www.mentalhealth.org.uk/sites/default/files/feeling-down-guide.pdf>
- <https://www.ndti.org.uk/our-work/our-projects/peoples-health/improving-health-and-lives-ihal>

### Resources cont...

- MIND – Lots on you tube!
- RE-THINK
- NICE guidelines – most versions have an accessible link.

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**KAHOOT “Did you know....?” QUIZ QUESTION (SLIDE 5) MHLD Introductory training**

What percentage of people with LD also experience mental health problems?

1. 25-40%
2. 5-15%
3. 50-65%
4. 70-85%

People with LD are more at risk of mental health problems due to

1. Biological factors
2. Negative life events
3. Access to fewer coping skills
4. **All of the above**

Diagnostic overshadowing is...

1. Diagnostic uncertainty
2. **Misattributing a mental health problem as a person's LD**
3. Diagnostic confusion
4. Being unable to diagnose

Compared to the general population rates of psychosis diagnoses in PwLD are...

1. Five times greater
2. **Three times greater**
3. Three times less
4. Five times less

How many people with LD are prescribed psychotropic medicines, when they do not have the health conditions the medicines are for?

1. 5,000 to 10,000
2. 50,000 to 60,000
3. **30,000 to 35,000**
4. 100,000 to 110,000

What percentage of PwLD will experience depression in a year?

1. 5%
2. 10%
3. 15%
4. **20%**

STOMP stands for

1. Squashing talk of medication problems
2. Stopping time on mental health problems
3. **Stopping over medication of people with a learning disability, autism or both**
4. Speaking the opposite medically proven

## Learning Disabilities and Mental Health Introductory Training Evaluation (example evaluation)

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*This training session was an introductory One day Training offered in the mental health and learning disability training series. The training session was delivered by Helen Lambert and Emma Stevens at Roebuck Suite, Hellingly Training Centre on 18 October 2019. A total of 38 Sussex Partnership Foundation Trust staff attended the training, which took place over the course of one day. A questionnaire was completed prior to and at the end of the training session, to obtain quantitative and qualitative information. To gather quantitative data, 7-point Likert scales were used to assess attendees' self-reported levels of knowledge (1, not knowledgeable to 7, very knowledgeable), skill (1, not skilled to 7, highly skilled) and confidence (1, not confident to 7, highly confident), in working with people with learning disabilities and mental health issues. Seven-point Likert scales were also used to gather information regarding ratings of the venue and training quality. Qualitative measures were taken to identify what participants found helpful and where improvements could be made.*

**The training had the following aim:**

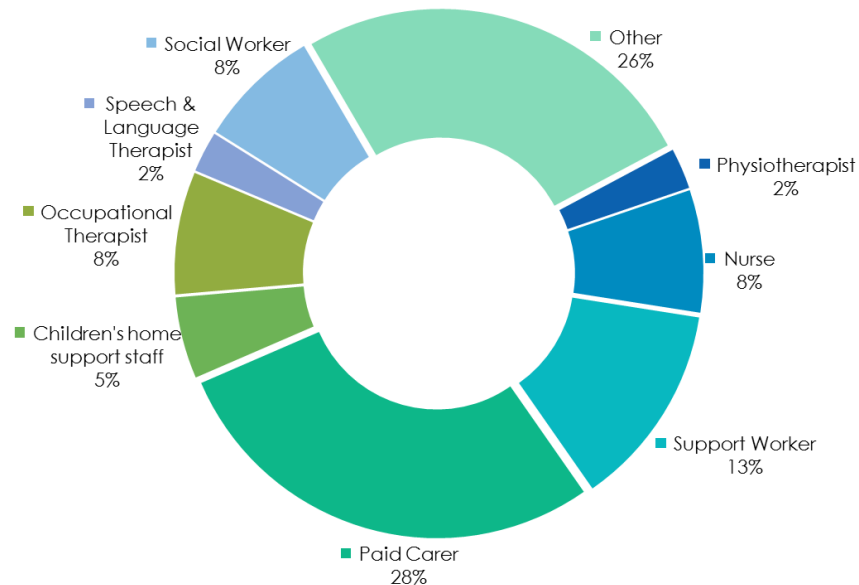
*Strengthening good practice in supporting people with learning disabilities presenting with mental health issues, at risk of mental health issues and promoting good mental health*

**Knowledge, skill and confidence were rated based on the below criteria:**

- Facts and figures around mental health and people with learning disabilities and key risk factors*
  - Recognizing and understanding mental health issues in people with learning disabilities*
  - Overview of prevention, assessment and interventions/management guidance (NICE) and established good practice*
  - Overview of local pathway and what services can offer*
  - STOMP and reducing unnecessary medication*
  - A personal view - views of people with learning disabilities and a family carer view*
  - Working with mainstream services*
-

\*Due to a lack of clarity with three participants' scores on knowledge, skill and confidence Likert scales, their data was excluded from this part of the analysis (n = 35).

**Figure 1. What is your role?**



## Quantitative Findings

### What is your role?

The majority of people in attendance at the training were Paid Carers (n = 11) and support workers (n=5). Some were Nurses (n = 3), occupational therapists (n = 3) or social workers (n = 3). Many attendees had a range of other professions including student nurses, key workers and ASC team leaders (n = 10).

### Where are you based?

The vast majority of people attending the training were based in East Sussex (n = 35). One person was from Brighton and Hove and two individuals did not indicate their localities.

### Ratings of training content, quality of trainers and venue

Based on figure three (below), the venue and the content of the training were rated highly and the quality/expertise of trainers was rated very highly.

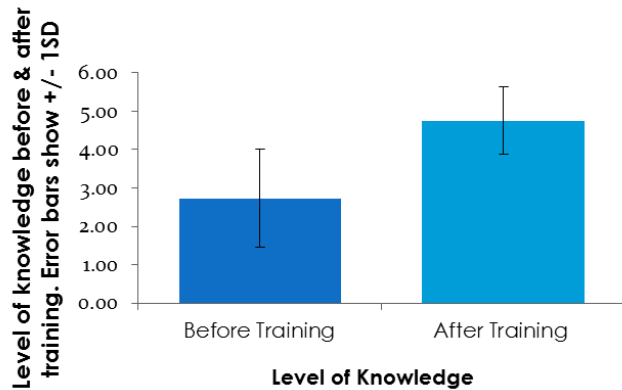
**Figure 3. Ratings of training content, quality of trainers and venue**

	Venue	Content of Training	Quality/expertise of trainers
<b>Mean</b>	5.19	5.97	6.53
<b>SD</b>	1.33	0.91	0.70

**Knowledge of working with people with learning disabilities and mental health issues\***

Analysis indicates that attendees reported higher scores for **knowledge of working with people with learning disabilities and mental health issues**, after the training session (Mean = 4.75, SD = 0.87) compared to self-reported scores before the training (Mean = 2.72, SD = 1.28). A Wilcoxon Signed-Ranks test indicates that the self-reported change in knowledge is significant ( $z = 3.02, p = .003$ ).

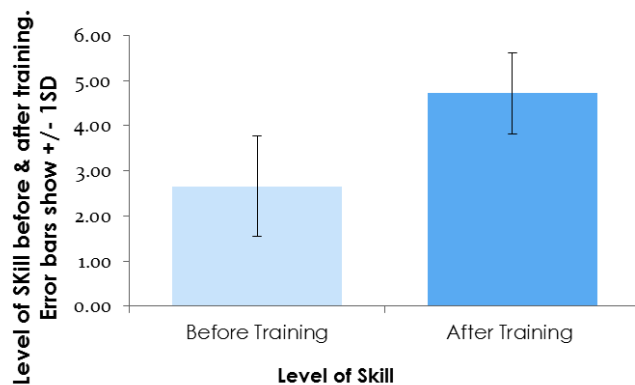
**Knowledge of working with people with learning disabilities and mental health issues**



**Skill in working with people with learning disabilities and mental health issues\***

Figure five highlights the change in levels of self-reported **skill in working with people with learning disabilities and mental health issues**, before and after the training. The mean level of self-reported skill was significantly higher after training (Mean = 4.71, SD = 0.89) compared to before the training session (Mean = 2.66, SD = 1.11;  $z = 2.98, p = .003$ ).

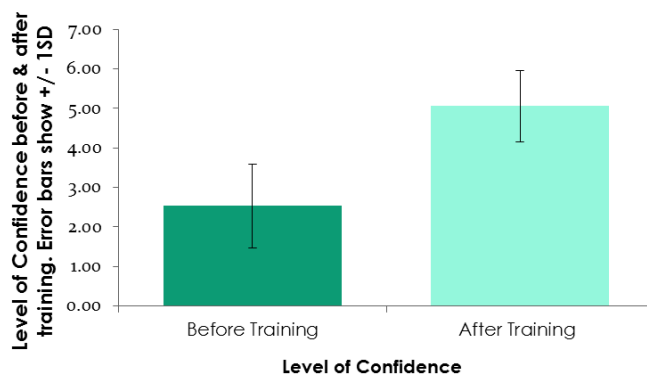
**Figure 5. Skill in working with people with learning disabilities and mental health issues**



**Confidence in working with people with learning disabilities and mental health issues\***

Participants ratings of **self-confidence in working with people with learning disabilities and mental health issues** also increased from pre-training (Mean = 2.53, SD = 1.06) to post-training (Mean = 5.06, SD = 0.89). A Wilcoxon Signed-Ranks test

**Figure 6. Confidence in working with people with learning disabilities and mental health issues**



also shows this difference is significant ( $z = 3.02, p = .003$ ).

## Qualitative findings

### **What have you found most helpful?**

Attendees appear to have found this training very helpful as a refresher of knowledge with good resources. They found that they were given a lot of opportunities to consider how to apply the information given in practice. Furthermore, attendees found the group helpful, as individuals from a variety of disciplines and organisations attended, ensuring a good exchange of knowledge. Some attendees also remarked that the group discussion was very helpful to consider the impact of mental health issues on people with learning disabilities.

*"Good refresher of knowledge with the opportunity to consider how to apply learning to practice"*

*"Meeting people from other organisations, sharing knowledge/personal experience was very helpful"*

*"Discussion about impact of MH problems on LD population & other factors"*

### **What have you found least helpful?**

A number of people found it unhelpful that the sound of the videos was not working. Some attendees disliked the venue, suggesting that it was too cold and at times it was difficult to hear. Attendees also found some parts of the content unhelpful, as some felt that important areas were not covered.

*"Sound of the videos not working"*

*"I already knew the areas of supporting reasonable adjustments & the characteristics of different mental health diagnoses"*

*"Venue was cold & the group was very large: too noisy at times,"*

### **Is there anything that would improve the training?**

Attendees suggested some additional information to be incorporated including trauma training, local support group information and more service user involvement. Furthermore, attendees suggested more in-depth discussions on certain areas and to hear other people's experiences. They also proposed that the group size should be smaller and the course to be longer.

*"Local support group information, a trainer from the MH team, considering EUPD, service user involvement (local service user)"*

*"Longer - more in-depth - small groups, more task focused work to put into practice"*

*"Smaller group, warmer venue"*

## Learning Disabilities and Mental Health Introductory Training Evaluation

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*This training session was an introductory One day Training offered in the mental health and learning disability Tier 1 training series. The training session was delivered by Hannah Droscher and Karin Fuchs and held at Swandean Training Centre on 10 October 2019. A total of 44 Sussex Partnership Foundation Trust staff attended the training, which took place over the course of one day. A questionnaire was completed prior to and at the end of the training session, to obtain quantitative and qualitative information. To gather quantitative data, 7-point Likert scales were used to assess attendees' self-reported levels of knowledge (1, not knowledgeable to 7, very knowledgeable), skill (1, not skilled to 7, highly skilled) and confidence (1, not confident to 7, highly confident), in working with people with learning disabilities and mental health issues. Seven-point Likert scales were also used to gather information regarding ratings of the venue and training quality. Qualitative measures were taken to identify what participants found helpful and where improvements could be made.*

**The training had the following aim:**

*Strengthening good practice in supporting people with learning disabilities presenting with mental health issues, at risk of mental health issues and promoting good mental health*

**Knowledge, skill and confidence were rated based on the below criteria:**

- Facts and figures around mental health and people with learning disabilities and key risk factors*
- Recognizing and understanding mental health issues in people with learning disabilities*
- Overview of prevention, assessment and interventions/management guidance (NICE) and established good practice*
- Overview of local pathway and what services can offer*
- STOMP and reducing unnecessary medication*
- A personal view - views of people with learning disabilities and a family carer view*
- Working with mainstream services*

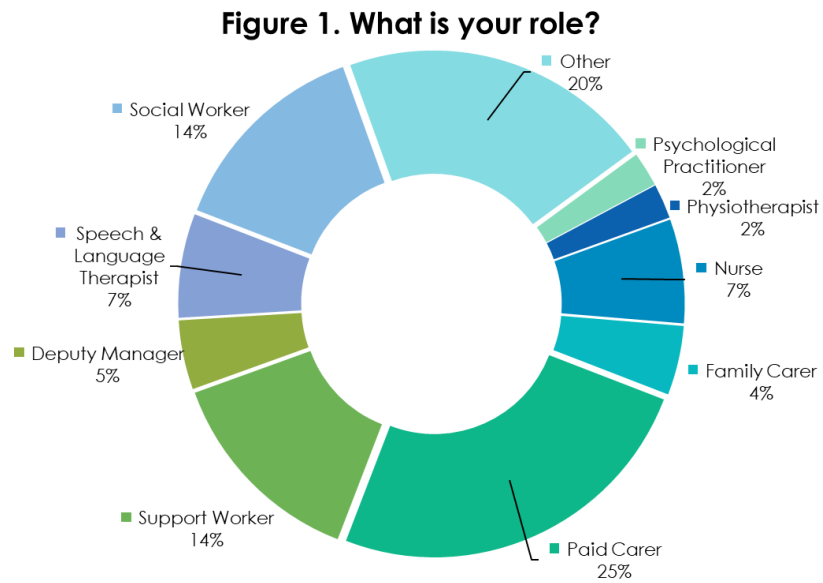
*\*Due to a lack of clarity with one participants' scores on knowledge, skill and confidence Likert scales, their data was excluded from this part of the analysis (n = 43).*



## Quantitative Findings

### What is your role?

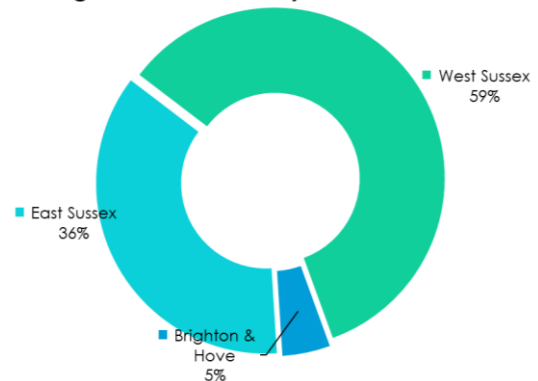
Most of the attendees at the training were paid carers (n = 11). A number of people in attendance were Support Workers (n=6) and Social Workers (n = 6). Additionally, some attendees were nurses (n = 3), Speech and language therapists (n = 3) and family carers (n = 2). Other professions (n = 9) included Sports and Leisure Officers, Resource officers and advocates.



### Where are you based?

The majority of attendees at the training were based in West Sussex (n = 26). A number of attendees were based in East Sussex (n = 16) and some in Brighton and Hove (n = 2).

**Figure 2. Where are you based?**



### Ratings of training content, quality of trainers and venue

Based on figure three (below), the venue, the content of the training and the quality/expertise of trainers were rated highly.

**Figure 3. Ratings of training content, quality of trainers and venue**

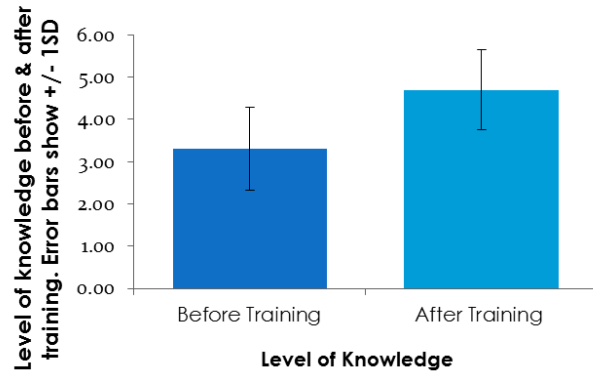
	Venue	Content of training	Quality/expertise of trainer
<b>Mean</b>	5.17	5.34	6.08
<b>SD</b>	1.22	1.32	1.21



**Knowledge of working with people with learning disabilities and mental health issues\***

As indicated by figure 4 attendees reported higher scores for **knowledge of working with people with learning disabilities and mental health issues**, after the training session (Mean = 4.7, SD = 0.95) compared to self-reported scores before the training (Mean = 3.3, SD = 0.98). A Wilcoxon Signed-Ranks test indicates that the self-reported change in knowledge is significant ( $z = 5.31, p < .001$ ).

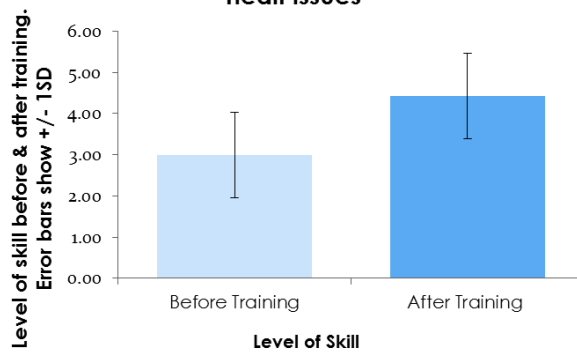
**Figure 4. Knowledge of working with people with learning disabilities and mental health issues**



**Skill in working with people with learning disabilities and mental health issues\***

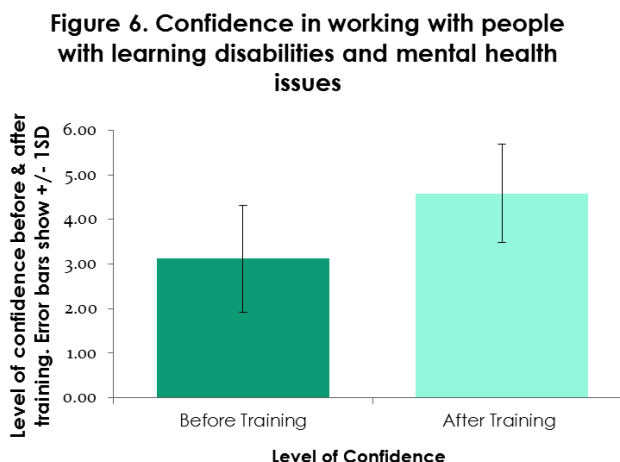
Figure five highlights the change in levels of self-reported **skill in working with people with learning disabilities and mental health issues**, before and after the training. The mean level of self-reported skill was significantly higher after training (Mean = 4.42, SD = 1.03) compared to before the training session (Mean = 2.99, SD = 1.04;  $z = 5.17, p < .001$ ).

**Figure 5. Skill in working with people with learning disabilities and mental health issues**



## Confidence in working with people with learning disabilities and mental health issues\*

Participants ratings of **self-confidence in working with people with learning disabilities and mental health issues** also increased from pre-training (Mean = 3.12, SD = 1.2) to post-training (Mean = 4.58, SD = 1.1). A Wilcoxon Signed-Ranks test also shows this difference is significant ( $z = 5.12, p < .001$ ).



## Qualitative findings

### What have you found most helpful?

Feedback from attendees shows that the variety of resources given was very helpful. Furthermore, it was remarked that specific aspects of the content such as STOMP, Springwell, pathways and trauma informed care information was very beneficial. Attendees further noted that meeting people from other teams and being able to share experiences with attendees and trainers was very helpful.

*"Different resources and easy read guideline's outline of MH needs & how best to support adults with a learning disability"*  
*"Information about STOMP & Springwell"; "information about trauma informed care"*  
*"Meeting people from other organisations/ providers and sharing information"*

### What have you found least helpful?

Attendees remarked that they did not feel the training was relevant to their roles - some because they already knew the information provided and others because the information was completely new to them and they could not understand everything. Attendees disliked the training venue, remarking that the room was too hot, there were limited parking spaces and the sound was not working.

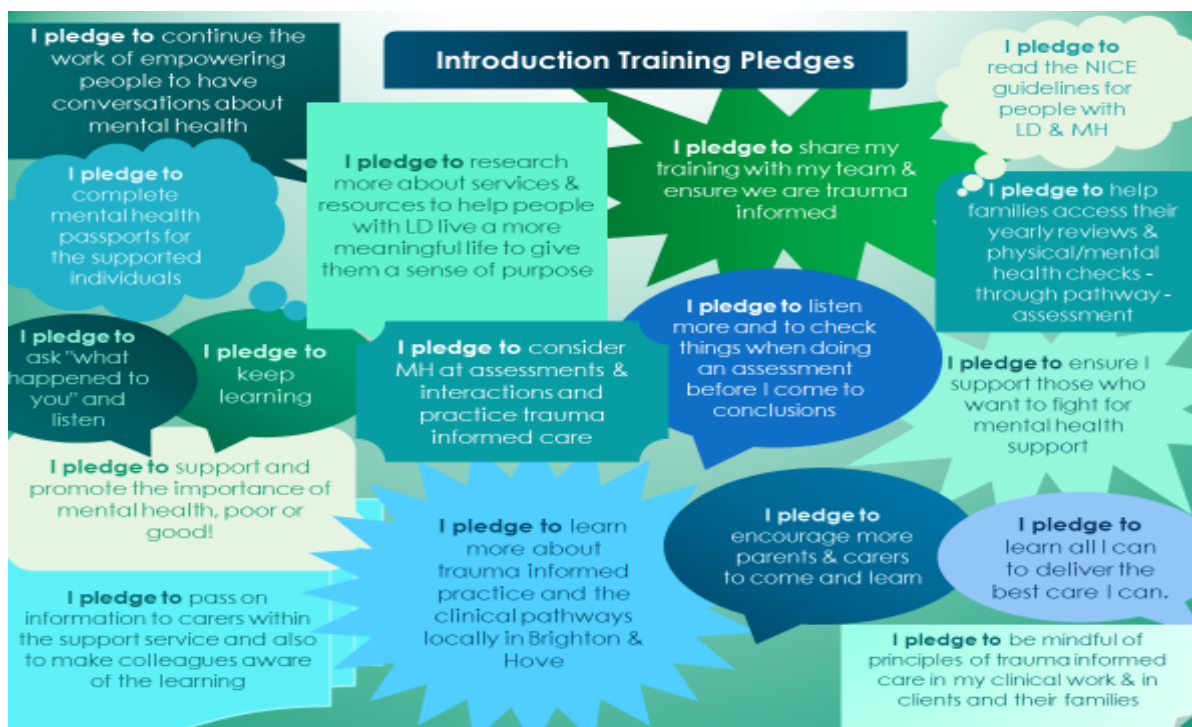
*"Review of SPFT pathways (but only because I know of them - sure it was good for non-SPFT people)"*  
*"The training wasn't relevant to my role and there were lots of words and abbreviations I didn't know"*

### Is there anything that would improve the training?

A number of attendees would like more group interaction and discussions, as this would help them to stay alert and engaged. Furthermore, attendees reported that having more case examples or an expert by experience would have been beneficial. Additionally, attendees felt that more in-depth information on topics

such as support strategies, access to mental health services and information specific to their roles would be helpful.

*"Having an "expert by experience" come and share their experiences of living with a LD and mental health issues"  
"More team contributions and group discussions"  
"Include more specific information on how to access MH care & practical information on pathways/referrals/tiers etc."*



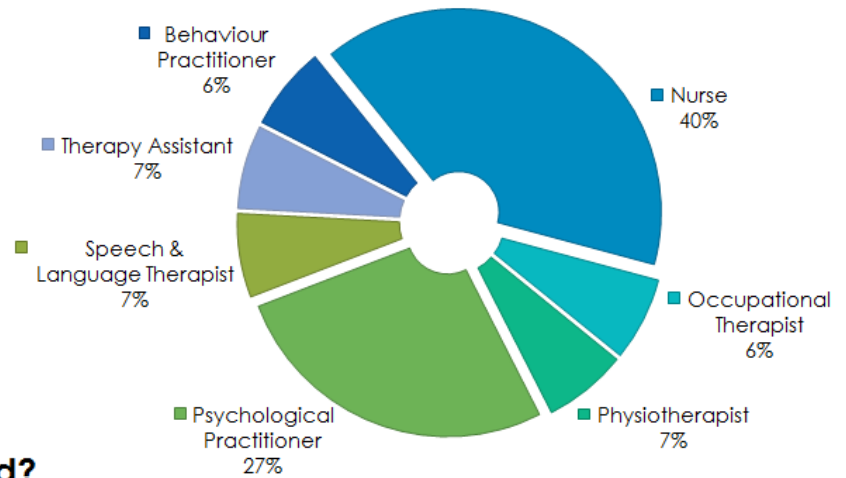
## Learning Disabilities STOMP Training Evaluation

This training session was the first of five masterclasses offered in the tier two mental health and learning disability training series. The training session was held at Ralli Hall in Hove on 22 May 2019 and it was delivered by Dr Sharma Parveen (Consultant Clinical Psychiatrist) and Michelle Kruschandi (Pharmacist with a lead role in Transforming Care). A total of 15 Sussex Partnership Foundation Trust staff attended the training, which took place for two hours. A questionnaire was completed prior to and at the end of the training session, to obtain quantitative and qualitative information. To gather quantitative data, 7-point Likert scales were used to assess attendees' self-reported levels of knowledge (1, not knowledgeable to 7, very knowledgeable), skill (1, not skilled to 7, highly skilled) and confidence (1, not confident to 7, highly confident), in actively working to reduce the use of unnecessary medication. Seven-point Likert scales were also used to gather information regarding ratings of the venue and training quality. Qualitative measures were taken to identify what participants found helpful and where improvements could be made.

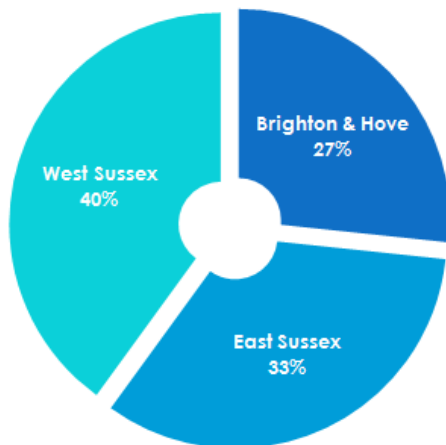
### What is your role?

The majority of people in attendance at the training were nurses ( $n = 6$ ) or psychological practitioners ( $n = 4$ ). Other professions also attended, including a behaviour practitioner, occupational therapist, physiotherapist, speech and language therapist and a therapy assistant.

**Figure 1. What is your role?**



**Figure 2. Where are you based?**



### Where are you based?

Attendance was similar across localities; West Sussex ( $n = 6$ ), East Sussex ( $n = 5$ ) and Brighton and Hove ( $n = 4$ ).

### Ratings of training content, quality of trainers and venue

Based on figure three (below), the training content, quality and expertise of the trainers was rated very highly. The venue was also rated highly.

**Figure 3.**  
**Ratings of training content, quality of trainers and venue**

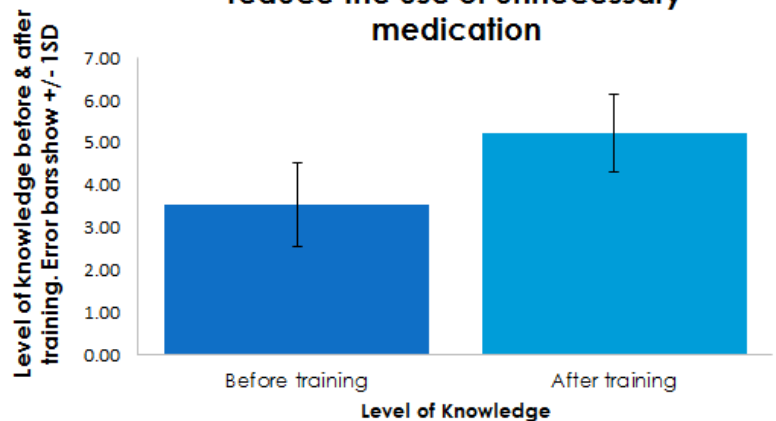
	Content of training	Quality/expertise of trainers	Venue
<b>Mean</b>	6.50	6.79	5.33
<b>SD</b>	0.65	0.43	0.72

### Quantitative Findings

#### Knowledge of actively working to reduce the use of unnecessary medication

Analysis indicates that attendees reported higher scores for **knowledge of actively working to reduce the use of unnecessary medication** after the training session (Mean = 5.20) compared to self-reported scores before the training (Mean = 3.53). A Wilcoxon Signed- Ranks test indicates that the self-reported change in knowledge is significant ( $z = -3.50, p < .001$ ).

**Figure 4. Knowledge of actively working to reduce the use of unnecessary medication**



**Skill in actively working to reduce the use of unnecessary medication**

**Figure 5. Skill of actively working to reducing the use of unnecessary medication**

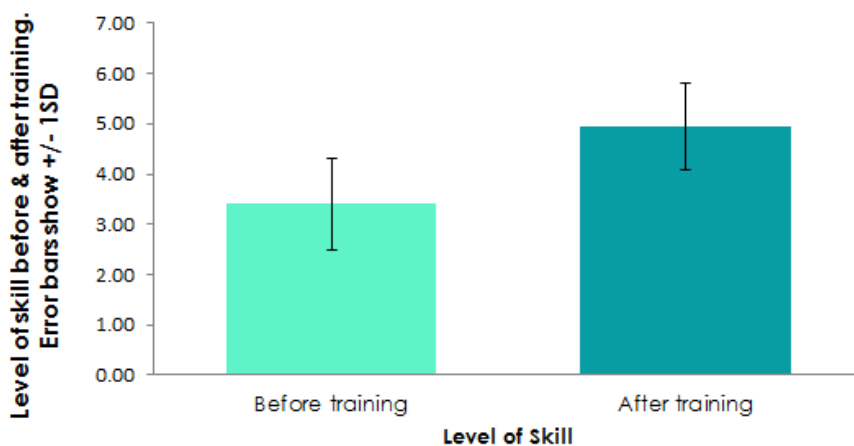
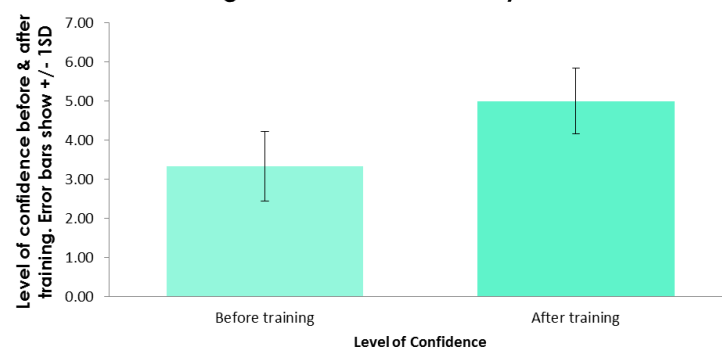


Figure five (opposite) highlights the change in levels of self-reported **skill in actively working to reduce the use of unnecessary medication** before and after STOMP training. The mean level of self-reported skill was significantly higher after training (Mean = 4.93) compared to before the training session (Mean = 3.40;  $z = -3.42, p = .001$ ).

**Confidence in actively working to reduce the use of unnecessary medication**

Participants ratings of **self-confidence in actively working to reduce the use of unnecessary medication** also increased from pre-training (Mean = 3.33) to post-training (Mean = 5.00). A Wilcoxon Signed- Ranks test also shows this difference is significant ( $z = -3.54, p < .001$ ).

**Figure 6. Confidence in actively working to reducing the use of unnecessary medication**

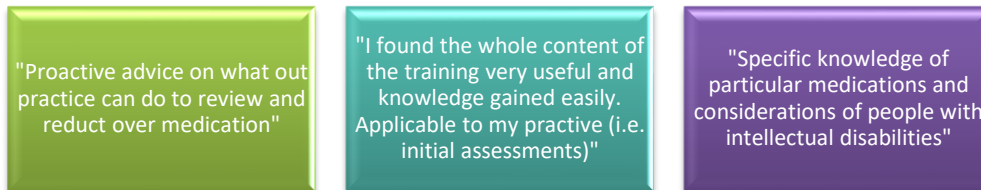




## Qualitative findings

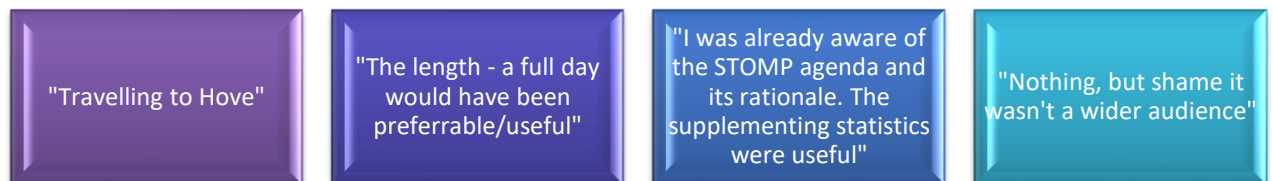
### *What have you found most helpful?*

A number of people found specific information about medications helpful, such as key medications, doses, risk and side effects. A number of participants also mentioned they found the practical advice about reducing medication very helpful and information about discontinuation effects. Attendees also highlighted that being provided with real life examples, learning about poor practice and the learning disabilities pharmacy pilot study was useful information.



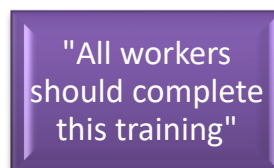
### *What have you found least helpful?*

Few attendees provided comments to answer this question. Key issues raised were location, length of day being too short, prior knowledge and having a limited audience



### *Is there anything that would improve the training?*

A number of improvements were suggested including widening the audience to whom training is available, more information about side effects, dose, schedules for reduction and more case study examples. There was also a comment requesting a list to take aware of medications to concentrate on.



## Learning Disabilities Working in Mainstream Services Training Evaluation

This training session was the second of five masterclasses offered in the tier two mental health and learning disability training series. The training session was held at Swandean, Meadowfield Hospital on 01 July 2019 and it was delivered by Jane Eastwood, Specialist Community Nurse, and Maxine Shechter, [job title]. A total of 13 Sussex Partnership Foundation Trust staff attended the training, which took place for two hours. A questionnaire was completed prior to and at the end of the training session, to obtain quantitative and qualitative information. To gather quantitative data, 7-point Likert scales were used to assess attendees' self-reported levels of knowledge (1, not knowledgeable to 7, very knowledgeable), skill (1, not skilled to 7, highly skilled) and confidence (1, not confident to 7, highly confident), in working with people with learning disabilities and mental health difficulties in mainstream service, based on five criteria. Seven-point Likert scales were also used to gather information regarding ratings of the venue and training quality. Qualitative measures were taken to identify what participants found helpful and where improvements could be made.

### **The training had the following aim:**

Increasing knowledge of working with people with learning disabilities and mental health difficulties, within mainstream services. To understand how to make reasonable adjustments, adapt information for people with learning disabilities, and how mainstream services can be adapted so they are more accessible for people with learning disabilities.

### **Knowledge, skill and confidence were rated based on the below criteria:**

- Identifying increased vulnerabilities in developing mental health problems among people with learning disabilities.
- Identifying where reasonable adjustments can be made for people with learning disabilities within mainstream mental health services.
- Implementing reasonable adjustments for people with learning disabilities within mainstream mental health services.
- Adapting information about mental health problems for people with learning disabilities.
- Making mental health services accessible to people with learning disabilities.

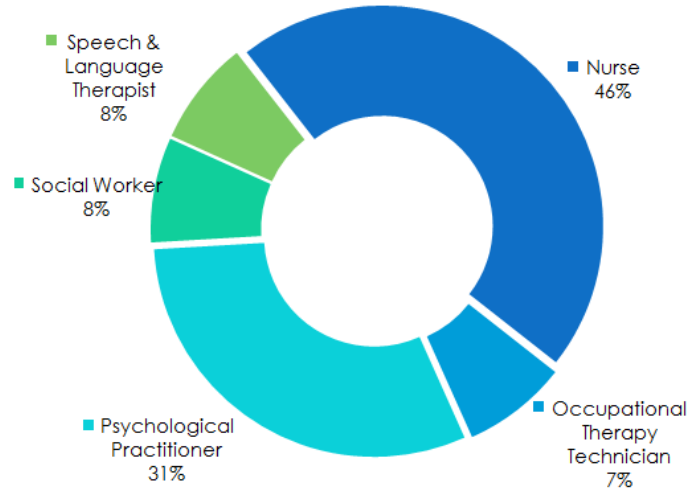
\*Due to a lack of clarity with one participant's scores on knowledge, skill and confidence Likert scales, their data was excluded from this part of the analysis (n = 12)

## Quantitative Findings

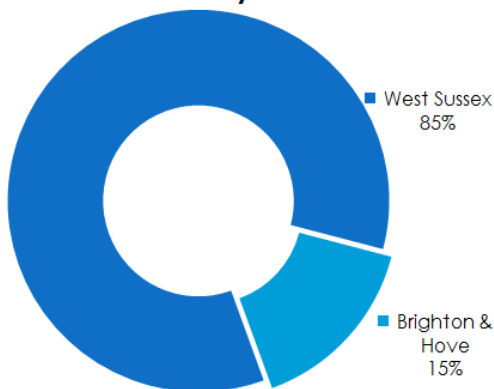
### What is your role?

The majority of people in attendance at the training were nurses ( $n = 6$ ) or psychological practitioners ( $n = 4$ ). Other professions also attended, including an occupational therapy technician, social worker and speech and language therapist.

**Figure 1. What is your role?**



**Figure 2. Where are you based?**



### Where are you based?

The majority of people attending the training were based in West Sussex ( $n = 11$ ). Two people were from Brighton and Hove.

### Ratings of training content, quality of trainers and venue

Based on figure three (below), the training content, quality and expertise of the trainers was rated very highly. The venue was also rated highly.

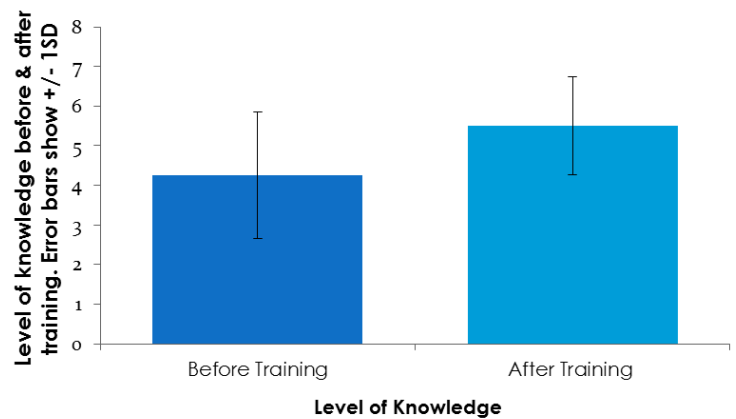
**Figure 3.**  
**Ratings of training content, quality of trainers and venue**

	Content of training	Quality/expertise of trainers	Venue
<b>Mean</b>	6.38	6.46	6.46
<b>SD</b>	0.65	0.52	0.66

**Knowledge of working with people with learning disabilities and mental health difficulties in mainstream services\***

Analysis indicates that attendees reported higher scores for **knowledge of working with people with learning disabilities and mental health difficulties in mainstream services**, after the training session (Mean = 5.50, SD = 1.24) compared to self-reported scores before the training (Mean = 4.25, SD = 1.60). A Wilcoxon Signed- Ranks test indicates that the self-reported change in knowledge is significant ( $z = -2.88, p = .004$ ).

**Figure 4. Knowledge of working with people with learning disabilities & mental health difficulties in mainstream services**



**Skill in working with people with learning disabilities and mental health difficulties in mainstream services\***

Figure five highlights the change in levels of self-reported **skill in working with people with learning disabilities and mental health difficulties in mainstream services**, before and after the training. The mean level of self-reported skill was significantly higher after training (Mean = 5.17, SD = 1.19) compared to before the training session (Mean = 4.00, SD = 1.60;  $z = -2.75, p = .006$ ).

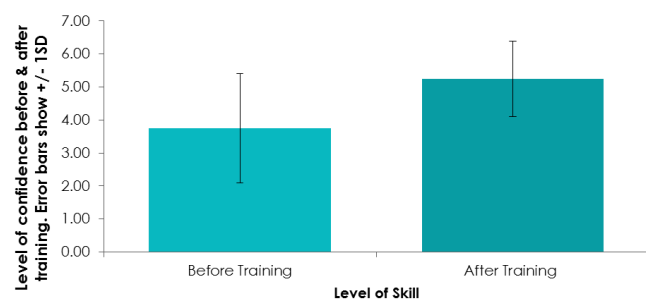
**Figure 5. Skill in working with people with learning disabilities & mental health difficulties in mainstream services**



**Confidence in working with people with learning disabilities and mental health difficulties in mainstream services\***

Participants ratings of **self-confidence in working with people with learning disabilities and mental health difficulties in mainstream services** also increased from pre-training (Mean = 3.75, SD = 1.66) to post-training (Mean = 5.25, SD = 1.14). A Wilcoxon Signed- Ranks test also shows this difference is significant ( $z = -3.02, p = .003$ ).

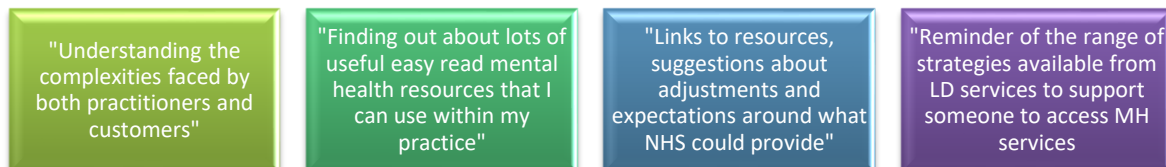
**Figure 6. Confidence in working with people with learning disabilities & mental health difficulties in mainstream services**



## Qualitative findings

### *What have you found most helpful?*

Many people on the day reported to find the opportunity to network helpful. Additionally, attendees found it helpful to have resources, examples and strategies of how to support people with learning disabilities in mainstream services.



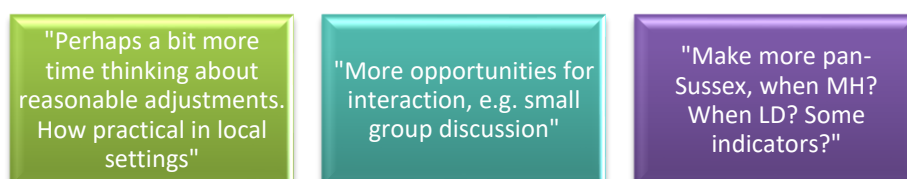
### *What have you found least helpful?*

One individual mentioned that it was difficult to concentrate when documents were being passed around for people to look at. Another comment regarded the session being very brief. There was also a comment regarding a part of the session was spent explaining why the topic was important and a suggestion that this was not necessary. The following comment was entered into this section but could be interpreted as an area for improvement: *"Maybe hearing from MH services on what their experiences have been and what they find difficult"*



### *Is there anything that would improve the training?*

A number of improvements were suggested including more opportunities for small group discussion and more time to consider reasonable adjustments and practical suggestions to apply in mental health settings. Additionally, there were suggestions around making the training longer and less one way in terms of learning disability services supporting mental health services. One person suggested making the training more pan-Sussex with indicators of when learning disability services and when mental health services.



## Learning Disabilities Open Dialogue Training Evaluation

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This training session was the third of five masterclasses offered in the tier two mental health and learning disability training series. The training session was held at Hellingly Hospital on 03 July 2019 and it was delivered by Lisa Monaghan, Consultant Clinical Psychologist, UCL and Catherine Thorley, Care pathway Lead, Systems and Families, NEFLT and Clinical Lead. A total of 18 Sussex Partnership Foundation Trust staff attended the training, which took place over the course of one day. A questionnaire was completed prior to and at the end of the training session, to obtain quantitative and qualitative information. To gather quantitative data, 7-point Likert scales were used to assess attendees' self-reported levels of knowledge (1, not knowledgeable to 7, very knowledgeable), skill (1, not skilled to 7, highly skilled) and confidence (1, not confident to 7, highly confident), in working with people with learning disabilities and mental health difficulties using an open dialogue approach, based on four criteria. Seven-point Likert scales were also used to gather information regarding ratings of the venue and training quality. Qualitative measures were taken to identify what participants found helpful and where improvements could be made.

### **The training had the following aim:**

Introduce the open dialogue approach in relation to people with learning disabilities who present with mental health issues. To understand the open dialogue approach and develop skills to engage in an open dialogue when working with the individual in crisis, their families and social networks.

### **Knowledge, skill and confidence were rated based on the below criteria:**

- Identifying the experience of crisis in an individual with learning disabilities.
- Understanding the open dialogue approach with a person with learning disabilities, who is experiencing crisis, and their family and social network.
- Actively working to reduce crisis situations by implementing an open dialogue approach with an individual with learning disabilities and by engaging their family members and social network.
- Engaging in an open dialogue with a person with learning disabilities, their family members and members of their social network.

\*Due to a lack of clarity with one participant's scores on knowledge, skill and confidence Likert scales, their data was excluded from this part of the analysis (n = 17).

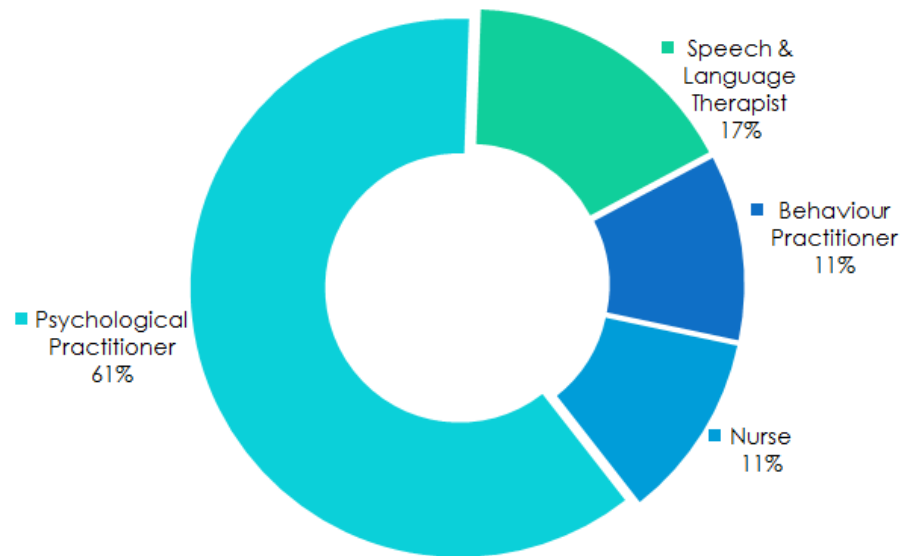


## Quantitative Findings

### What is your role?

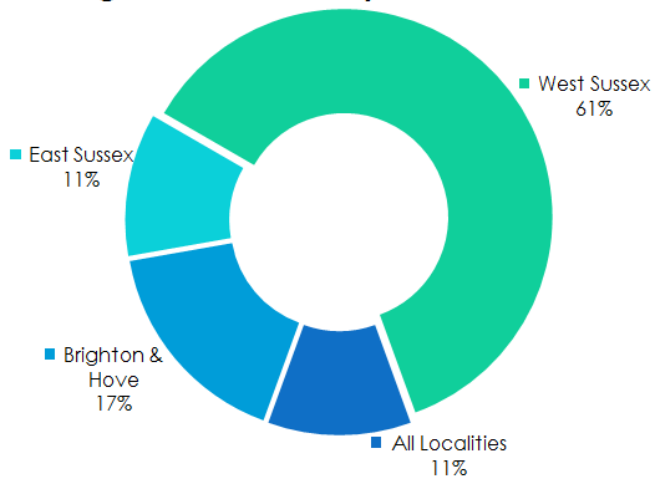
The majority of people in attendance at the training were psychological practitioners ( $n = 11$ ). Other professions also attended, including two nurses, two behavioural practitioners and three speech and language therapists.

**Figure 1. What is your role?**



### Where are you based?

**Figure 2. Where are you based?**



The majority of people attending the training were based in West Sussex ( $n = 11$ ). Three people were from Brighton and Hove, two were from East Sussex and two attendees work across all Trust localities.

### Ratings of training content, quality of trainers and venue

Based on figure three (below), the training content, quality and expertise of the trainers was rated very highly. The venue was also rated highly.

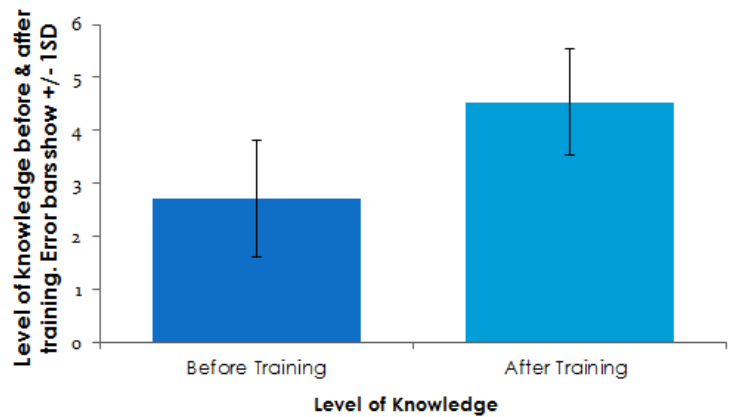
**Figure 3.**  
Ratings of training content, quality of trainers and venue

	Content of training	Quality/expertise of trainers	Venue
<b>Mean</b>	5.94	6.28	5.33
<b>SD</b>	1.11	1.07	1.03

**Knowledge of working with people with learning disabilities and mental health difficulties using an open dialogue approach\***

Analysis indicates that attendees reported higher scores for **knowledge of working with people with learning disabilities and mental health difficulties using an open dialogue approach**, after the training session (Mean = 4.53, SD = 1.00) compared to self-reported scores before the training (Mean = 2.71, SD = 1.10). A Wilcoxon Signed- Ranks test indicates that the self-reported change in knowledge is significant ( $z = -3.56, p < .001$ ).

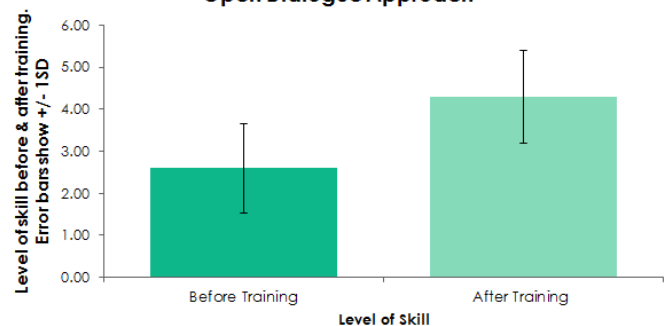
**Figure 4. Knowledge of working with people with learning disabilities & mental health difficulties using an Open Dialogue approach**



**Skill in working with people with learning disabilities and mental health difficulties using an open dialogue approach\***

Figure five highlights the change in levels of self-reported **skill in working with people with learning disabilities and mental health difficulties using an open dialogue approach**, before and after the training. The mean level of self-reported skill was significantly higher after training (Mean = 4.29, SD = 1.11) compared to before the training session (Mean = 2.59, SD = 1.06;  $z = -3.57, p < .001$ ).

**Figure 5. Skill in working with people with learning disabilities & mental health difficulties using an Open Dialogue Approach**



**Confidence in working with people with learning disabilities and mental health difficulties using an open dialogue approach \***

Participants ratings of **self-confidence in working with people with learning disabilities and mental health difficulties using an open dialogue approach** also increased from pre-training (Mean = 2.53, SD = 1.01) to post-training (Mean = 4.47, SD = 1.33). A Wilcoxon Signed- Ranks test also shows this difference is significant ( $z = -3.46, p = .001$ ).

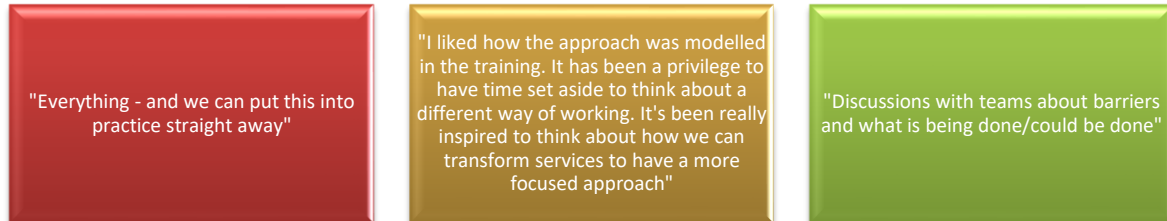
**Figure 6. Confidence in working with people with learning disabilities & mental health difficulties using and Open Dialogue Approach**



## Qualitative findings

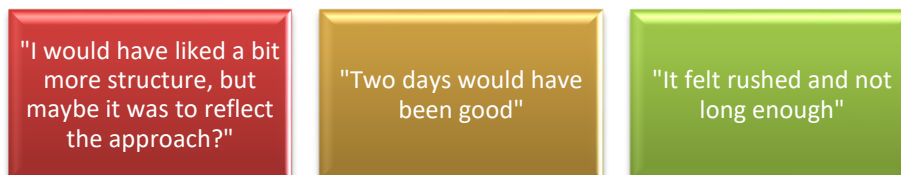
### *What have you found most helpful?*

Attendees appear to have found this training very helpful to learn about key aspects of the open dialogue approach, particularly in terms of how the ideas can be implemented to transform services. A number of people found discussion around barriers helpful and how to think more openly. Attendees also found it helpful to meet and discuss this approach with colleagues as well as the use of practical exercises.



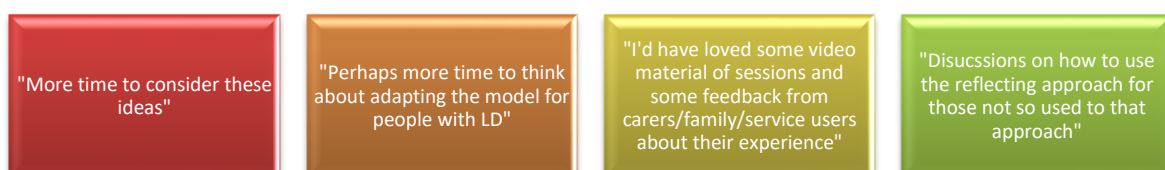
### *What have you found least helpful?*

The length of the training was considered by a number of people to be least helpful, and it was suggested that two days would have been preferable. Additionally, one individual would have liked more notice that the training was taking place. A couple of comments highlighted a wish for greater structure and that some language was less helpful.



### *Is there anything that would improve the training?*

Improvements that were suggested mainly highlighted a wish for the training to be longer with more emphasis on how to adapt the model for people with learning disabilities. Suggestions were made about including video material to provide examples and feedback from carers and service users about their experience of the approach. Other improvements suggested explaining more about the concept and its relationship to systemic principles as well as explaining key terms and approaches for those who are less familiar.



## Learning Disabilities Psychosis Training Evaluation

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This training session was the fourth of five masterclasses offered in the tier two mental health and learning disability training series. The training session was held at Ralli Hall, Hove on 17 July 2019. It was delivered by Dr Jason Read, Consultant Psychiatrist and Co-chair Psychosis CAG; John Cheetham, Nina Melunsky, Clinical Psychologists both from South London and the Maudsley NHS Foundation Trust. A total of 14 Sussex Partnership Foundation Trust staff attended the training, which took place over the course of one day. A questionnaire was completed prior to and at the end of the training session, to obtain quantitative and qualitative information. To gather quantitative data, 7-point Likert scales were used to assess attendees' self-reported levels of knowledge (1, not knowledgeable to 7, very knowledgeable), skill (1, not skilled to 7, highly skilled) and confidence (1, not confident to 7, highly confident), in working with people with learning disabilities and psychosis. Seven-point Likert scales were also used to gather information regarding ratings of the venue and training quality. Qualitative measures were taken to identify what participants found helpful and where improvements could be made.

### The training had the following aim:

Increase knowledge around psychosis in relation to people with learning disabilities, evidence-based practice in psychosis and work of the psychosis CAG. To understand how services can be developed to meet the needs of people with learning disabilities who also experience psychosis, using individual and group therapies.

### Knowledge, skill and confidence were rated based on the below criteria:

- Identifying and assessing psychosis among people with learning disabilities.
- Providing treatment for psychosis to people with learning disabilities.
- Adapting information about psychosis for people with learning disabilities.
- Making psychosis interventions accessible to people with learning disabilities.
- Actively working to manage/treat psychosis with individuals with learning disabilities.
- Evidence-based practice in psychosis and psychosis CAG
- Developing services to meet needs of people with learning disabilities who also experience psychosis
- Delivering group treatments for people with learning disabilities who are experiencing psychosis
- Delivering individual treatments for people with learning disabilities who are experiencing psychosis

\*Due to a lack of clarity with one participant's scores on knowledge, skill and confidence Likert scales, their data was excluded from this part of the analysis (n = 13).

## Quantitative Findings

### What is your role?

The majority of people in attendance at the training were psychological practitioners ( $n = 8$ ). Other professions also attended, including two nurses, two psychiatrists, one behaviour practitioner and one occupational therapist.

Figure 1. What is your role?

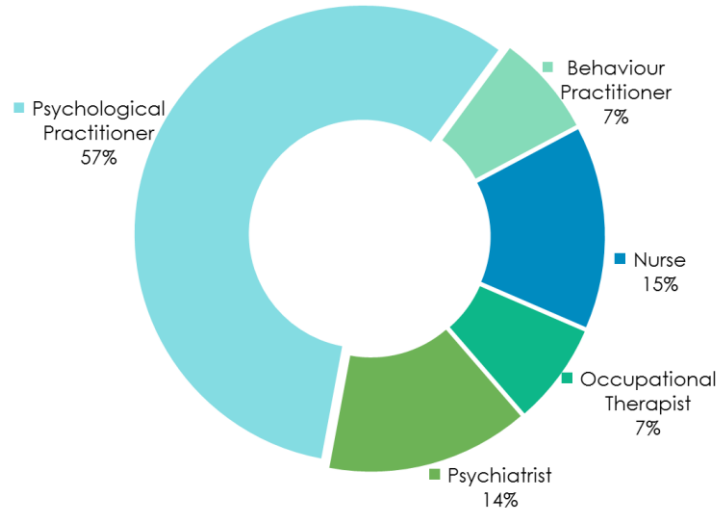
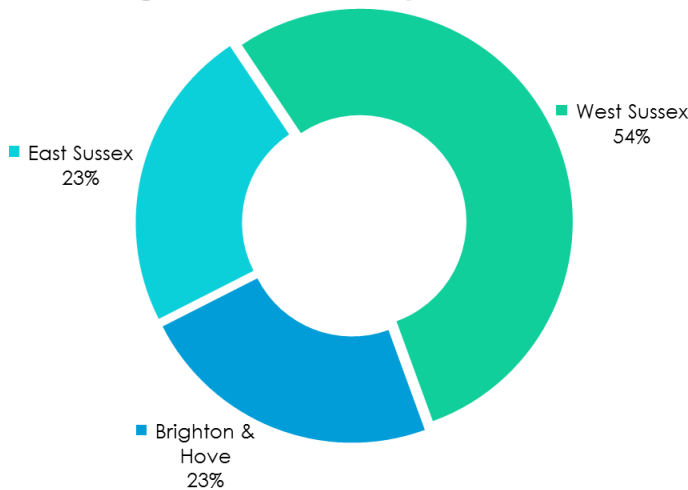


Figure 2. Where are you based?



### Where are you based?

The majority of people attending the training were based in West Sussex ( $n = 7$ ). Three people were from Brighton and Hove and three from East Sussex.

### Ratings of training content, quality of trainers and venue

Based on figure three (below), the training content, quality and expertise of the trainers was rated very highly. The venue was rated average.

Figure 3.

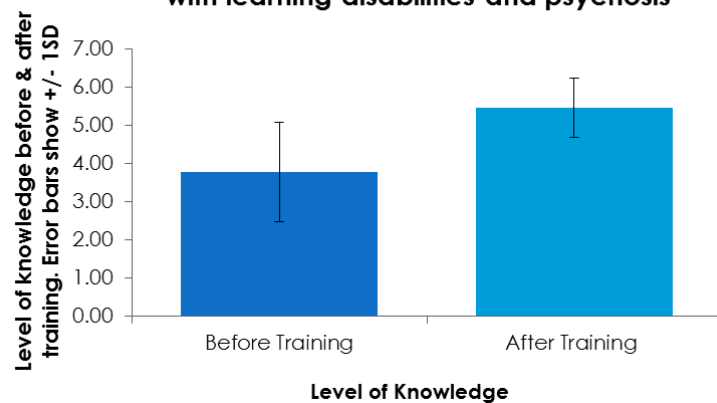
### Ratings of training content, quality of trainers and venue

	Content of training	Quality/expertise of trainers	Venue
<b>Mean</b>	6.5	6.54	4.31
<b>SD</b>	0.71	0.66	1.32

**Knowledge of working with people with learning disabilities and psychosis\***

Analysis indicates that attendees reported higher scores for **knowledge of working with people with learning disabilities and psychosis**, after the training session (Mean = 5.46, SD = 0.78) compared to self-reported scores before the training (Mean = 3.77, SD = 1.30). A Wilcoxon Signed- Ranks test indicates that the self-reported change in knowledge is significant ( $z = 3.02, p = .003$ ).

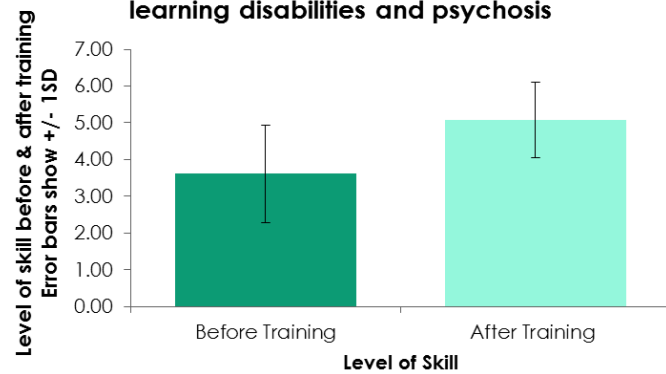
**Figure 4. Knowledge of working with people with learning disabilities and psychosis**



**Skill in working with people with learning disabilities and psychosis\***

Figure five highlights the change in levels of self-reported **skill in working with people with learning disabilities and psychosis**, before and after the training. The mean level of self-reported skill was significantly higher after training (Mean = 5.08, SD = 1.04) compared to before the training session (Mean = 3.62, SD = 1.33;  $z = 2.98, p = .003$ ).

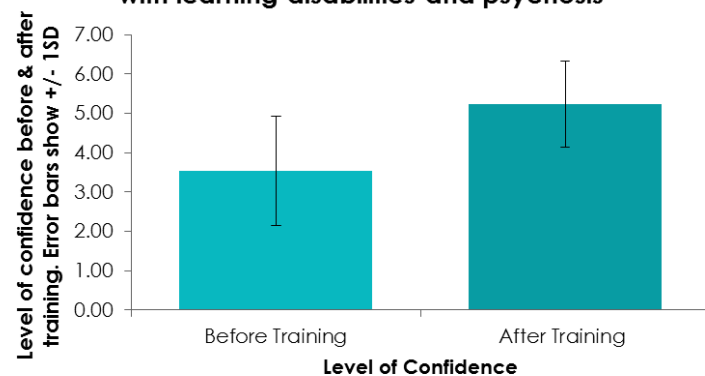
**Figure 5. Skill in working with people with learning disabilities and psychosis**



**Confidence in working with people with learning disabilities and psychosis\***

Participants ratings of **self-confidence in working with people with learning disabilities and psychosis** also increased from pre-training (Mean = 3.54, SD = 1.39) to post-training (Mean = 5.23, SD = 1.09). A Wilcoxon Signed- Ranks test also shows this difference is significant ( $z = 3.02, p = .003$ ).

**Figure 6. Confidence in working with people with learning disabilities and psychosis**

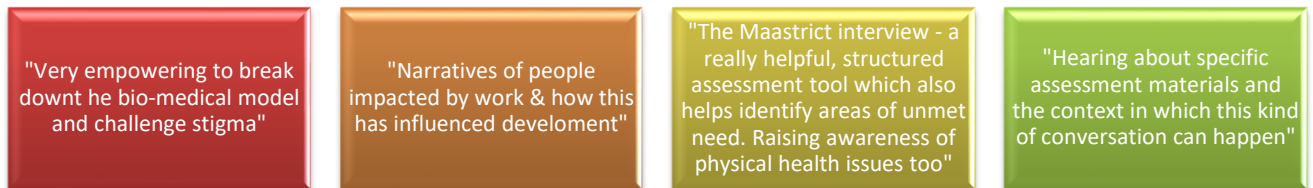




## Qualitative findings

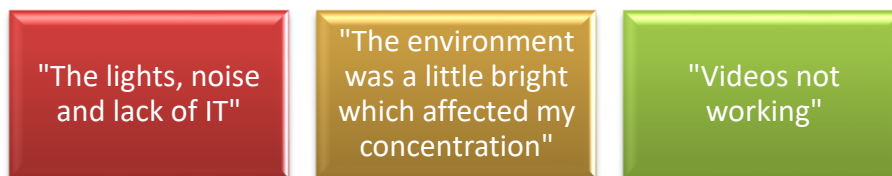
### *What have you found most helpful?*

Attendees appear to have found this training very helpful to learn about resources, assessment materials and interventions for psychosis in the context of people with learning disabilities. Several people found the practical tasks and case examples particularly helpful. Attendees also found it helpful that practical support and guidance was given to demystify what psychosis is and to use in their work.



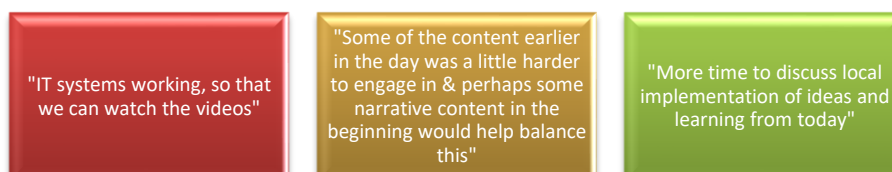
### *What have you found least helpful?*

A number of people disliked the venue, suggesting that it was very noisy and uncomfortable and therefore distracting from the training. Some people criticised lack of IT systems working, as watching the videos would have been helpful. One person found the information about the CAG the least helpful.



### *Is there anything that would improve the training?*

The suggested improvements mainly centred on finding a better venue for the training and having a working IT system to watch the videos. Some people would have liked more discussions on local implementation of the ideas and more acknowledgements of the specific professions and roles. One person suggested including narratives earlier in the day.



## Learning Disabilities Trauma Informed Care Training Evaluation

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This training session was the fifth of five masterclasses offered in the tier two mental health and learning disability training series. The training session **was held at** on 17 October 2019. It was **delivered by**. A total of 25 Sussex Partnership Foundation Trust staff attended the training, which took place over the course of one day. A questionnaire was completed prior to and at the end of the training session, to obtain quantitative and qualitative information. To gather quantitative data, 7-point Likert scales were used to assess attendees' self-reported levels of knowledge (1, not knowledgeable to 7, very knowledgeable), skill (1, not skilled to 7, highly skilled) and confidence (1, not confident to 7, highly confident), in working with people with learning disabilities and psychosis. Seven-point Likert scales were also used to gather information regarding ratings of the venue and training quality. Qualitative measures were taken to identify what participants found helpful and where improvements could be made.

### **The training had the following aim:**

Increase knowledge around trauma informed care in relation to people with learning disabilities. To review the current evidence, base in relation to how we assess and intervene when clients have a history of traumatic experiences and/or are presenting with Post-Traumatic Stress Disorder or C-PTSD. The day will cover: the impact of adverse childhood experiences, the neurobiology of trauma, trauma informed care, the three-phase model as well as examples of positive behavioural support and systemic interventions.

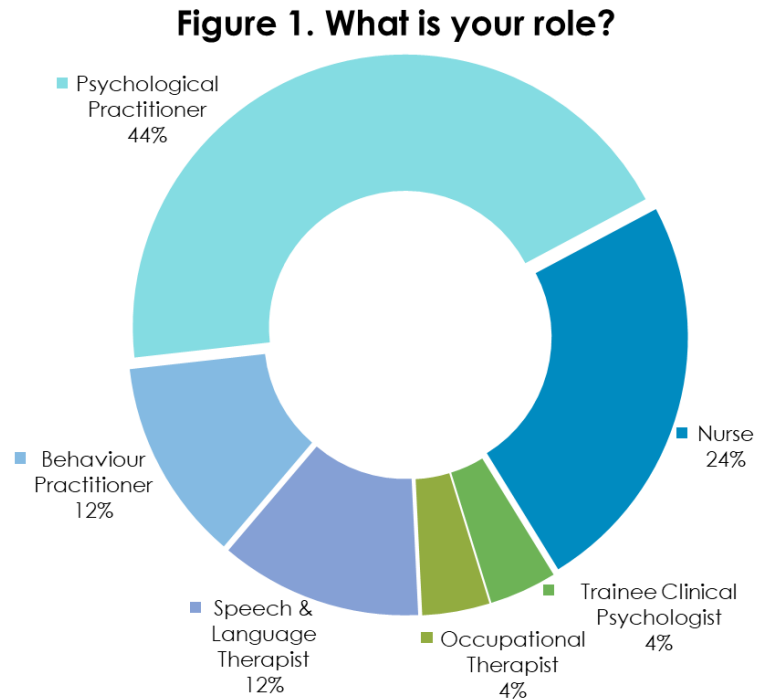
### **Knowledge, skill and confidence were rated based on the below criteria:**

- The impact of adverse childhood experiences and the neurobiology of trauma
- Trauma-informed care
- Evidence-based practice in relation to assessment and intervention of trauma
- Working with staff teams to ensure trauma informed care
- Positive Behaviour Support in the context of trauma

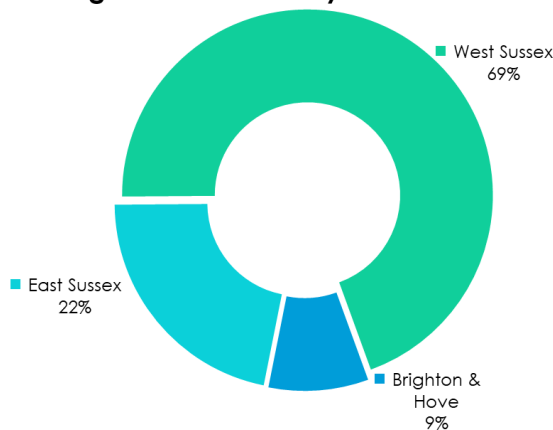
## Quantitative Findings

### What is your role?

As illustrated by Figure 1 the majority of people in attendance at the training were psychological practitioners (n = 11). Several attendees were nurses (n = 6), speech and language therapists (n = 3) and behaviour practitioners (n = 3). Other attendees were a trained clinical psychologist (n = 1) and an occupational therapist (n = 1)



**Figure 2. Where are you based?**



### Where are you based?

The majority of people attending the training were based in West Sussex (n = 16). Five attendees were from East Sussex, two from Brighton and Hove two attendees worked across several Trust localities.

### Ratings of training content, quality of trainers and venue

Based on figure three (below), the training content and the quality and expertise of the trainers was rated very highly. The venue was also rated highly.

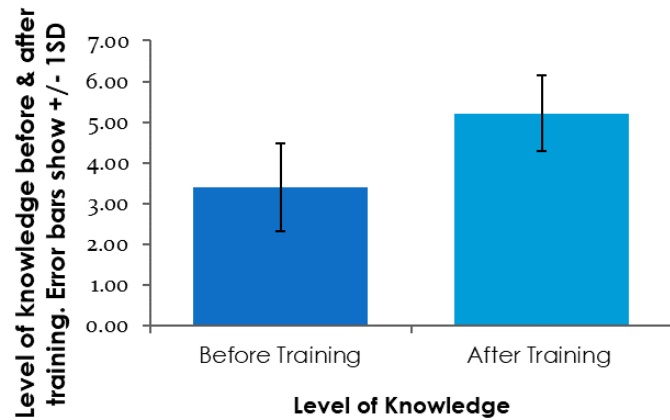
**Figure 3. Ratings of training content, quality of trainers and venue**

	Venue	Content of training	Quality/expertise of trainers
<b>Mean</b>	5	6.24	6.68
<b>SD</b>	1.10	0.72	0.56

**Knowledge of working with people with learning disabilities and mental health difficulties using a trauma-informed care approach**

Analysis indicates that attendees reported higher scores for **knowledge of working with people with learning disabilities using a trauma informed care approach**, after the training session (Mean = 5.22, SD = 0.94) compared to self-reported scores before the training (Mean = 3.40, SD = 1.08). A Wilcoxon Signed-Ranks test indicates that the self-reported change in knowledge is significant ( $z = 5.21, p < .001$ ).

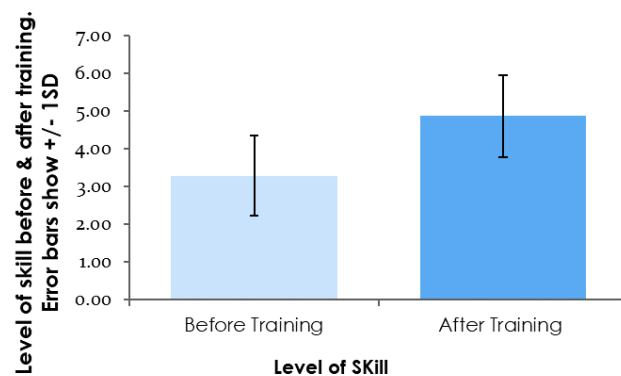
**Figure 4. Knowledge of working with people with learning disabilities using trauma informed care**



**Skill in working with people with learning disabilities and mental health difficulties using a trauma-informed care approach**

Figure five highlights the change in levels of self-reported **skill in working with people with learning disabilities using a trauma informed care approach**, before and after the training. The mean level of self-reported skill was significantly higher after training (Mean = 4.86, SD = 1.09) compared to before the training session (Mean = 3.28, SD = 1.06);  $z = 5.15, p < .001$ ).

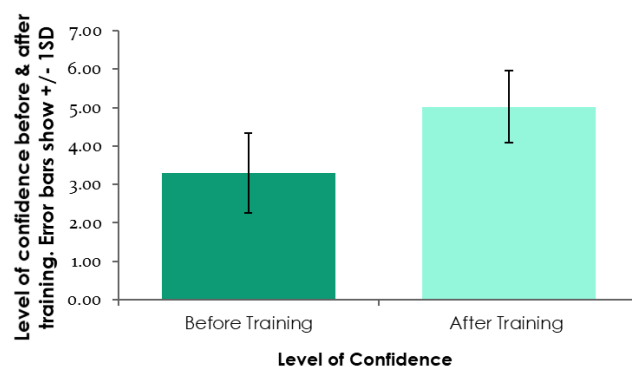
**Figure 5. Skill in working with people with learning disabilities using trauma informed care**



**Confidence in working with people with learning disabilities and mental health difficulties using a trauma-informed care approach \***

Participants ratings of **self-confidence in working with people with learning disabilities using a trauma informed care approach** also increased from pre-training (Mean = 3.30, SD = 1.04) to post-training (Mean = 5.02, SD = 0.94). A Wilcoxon Signed- Ranks test also shows this **difference is significant** ( $z = 5.12, p = .001$ ).

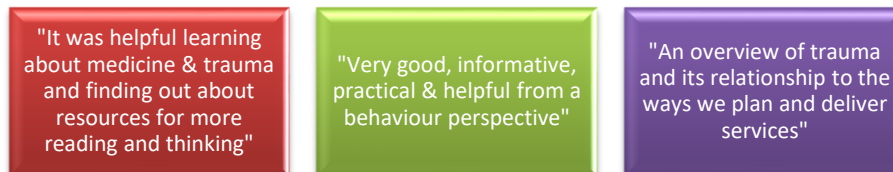
**Figure 6. Confidence in working with people with learning disabilities using trauma informed care**



## Qualitative findings

### *What have you found most helpful?*

Most attendees appear to have found all aspects of this training very helpful to get information and resources about trauma informed care for people with learning disabilities and appreciated the importance of focusing on this area. Attendees found the group discussions, examples of tools and learning about medicine and trauma especially helpful.



### *What have you found least helpful?*

Most attendees reported finding all aspects of the training helpful. Some mentioned that the training was more of a refresher and consolidation of pre-existing knowledge. One attendee found that there was too much on the PowerPoint slides.



### *Is there anything that would improve the training?*

The suggested improvements for the training session included having more practical tools for staff, more in-depth information about PTSD and evidence base literature as well as splitting the training by level of knowledge. Some attendees would have liked a better layout of the room with more tables.

