

The challenges of Learning Disabilities and Substance Misuse

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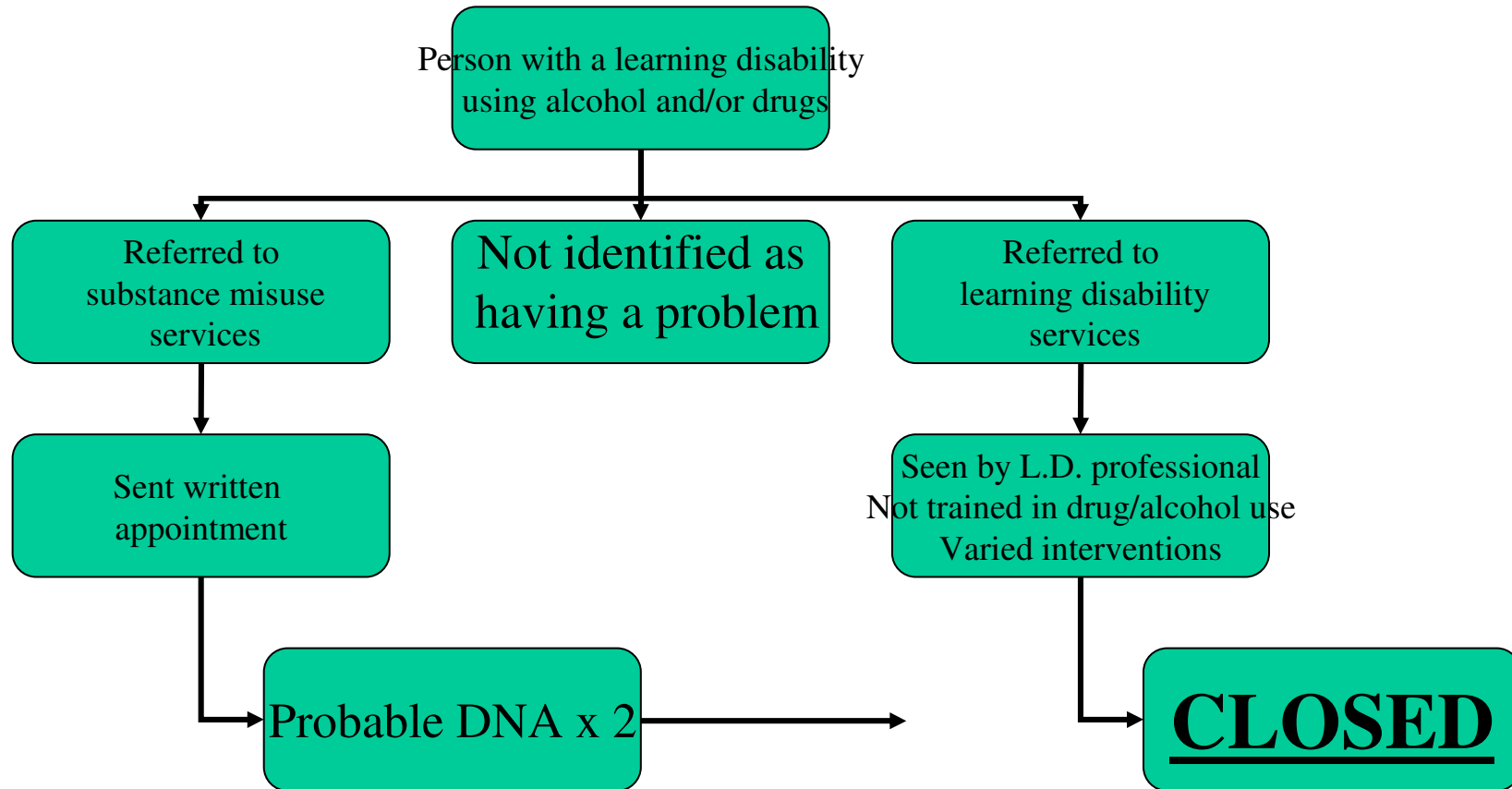
The Challenge

People with a Learning Disability are often excluded from Drug and Alcohol Services, as the service believes they have little to offer or perceive their service as being inappropriate.

Manthorpe (1997)

Clarke and Wilson (1999)

Service Response



Present Service Response

- All referrals directed to The Elms
- Joint initial assessment completed by Dennis and Gill
- Joint treatment plan devised with service user and carer if appropriate
- Treatment plan jointly monitored by Learning Disability and Drug / Alcohol Services or individually, dependant on complexity of need

Care Pathway

Self Management
Referral
Learning Disability Drug / Alcohol Services
Detection / Screening
Specialised Assessment
Treatment Process
Care co-ordination (shared care)
Long-term Treatment Exit Planning
After care Support Onward referral
Relapse
Out of system

Barriers

- Identification of problems
- Appropriate service ?
- Appropriate treatment / intervention ?
- Who to provide intervention ?
 - L.D. services
 - Substance misuse services
 - Shared Care
- Future Services

Barriers cont.

- Different terminology used by different services
- What is meant by ‘harmful’ substance misuse ?
- What is meant by ‘Learning Disability’
- Prejudice / stigma attached to learning disability
- Different levels of motivation to change
- Different treatment needs

Barriers cont.

- Drug and alcohol workers rarely receive any training on working with people with a learning disability. This may make their assessments and interventions inappropriate to meet the needs of this population.
- The emphasis on effecting positive life changes in treatment may be difficult for people with a learning disability who often have problems with making or effecting choices.

Barriers Cont.

- Existing treatment models need to be significantly adapted in view of their emphasis for treatment being on the individual's insight.
- People with a learning disability may lack the skills to cope with group-based therapies, which are often used within treatment.
- There is poor integration between learning disability services and mainstream substance misuse services. This makes it difficult for professional to work in collaboration.
- Campbell (1994)

Defining Learning Disability

Currently defined by 3 criteria

1. Significant impairment of intellectual functioning (IQ < 70)
2. Significant impairment of adaptive functioning in at least 2 areas:
Communication
Personal Care
Social Skills
Interpersonal Skills
3. Childhood onset (before 18)

British Psychological Society 2001

Impairment of adaptive / social functioning.

Recommended by British Psychological Society

- The individual requires assistance to provide for his/her own survival, (eating and drinking needs and to keep himself/herself clean, warm and clothed) and/or assistance with his/her social/community adaptation (eg social problem solving and social reasoning). The degree of assistance required may vary in terms of intensity (eg physical or verbal prompting) and frequency (eg daily or less often than daily)

Possible indicators of a Learning Disability

- Not giving a personal history in a chronological order.
- Confusion about times of appointment.
- Difficulty in processing information quickly.
- Difficulty in following instructions.
- Not being able to cope with more than one task at a time.
- Difficulty in understanding abstract concepts, eg time, directions, distance.
- Family history of learning disability.

Possible indicators of a L.D.cont.

- Social network of people with learning disability.
- Poor planning and sequencing abilities.
- Educational history of attendance at special school, or mainstream school with extra learning support.
- Contact with learning disability services in the past.
- Avoiding situations where a learning disability might become obvious.
- Repetition of phrases in conversation without expanding content.

Case Study

- 43yr old female with a Learning Disability, alcohol and poly-drug user
- Sexually abused as child
- I/V use and shared equipment
- Rx. Methadone reduction programme, none for 2 days, therefore withdrawing
- 9 children, all with ex-partner. (able to have supervised access)
- Homeless after leaving partner who was assaulting her. He was also a drug user.
- History of prostitution
- No money
- Living out of a skip
- Physically unwell
- Some family support
- Not registered with GP

Case Study cont.

- Following assessment & interventions
 - Not using illicit drugs, no injecting
 - Not on Methadone – own choice
 - Alcohol well controlled
 - Living independently
 - Completed sexual health screening
 - Registered with GP
 - Regular health screening and compliant with appointments,
 - Improvements in physical health / psychological health
 - Domiciliary stability / improvement
 - Diagnosis Hep C +ve ; but attending out-patient treatment

The Future

- Who?
- What?
- Why?
- Where?
- When?

Who?

- Both Learning Disability and Substance Misuse Services

What ?

- To provide a service that is ‘joint working’
 - Supervision
 - Training
 - Joint clinical work
 - Assessments
 - Treatment plans
 - Service developments
 - Home visits

Why ?

- Research suggests that learning disability and drug and alcohol services are both highly specialised **but** they need to work jointly to deliver services for people with a learning disability who have problems with drugs and/or alcohol

Manthorpe 1997

Clarke and Wilson 1999

Leedham 2002

Inglis 2002

Where ?

- **Nationally**
 - DOH & NTA

- **Local**
 - Joint work with local services
 - Home visits

Recommendations

1. The development of a national steering group in collaboration with DOH and NTA to explore how future services are developed to respond to the needs of people with a Learning Disability who also misuse drugs and alcohol
2. To hold a second national conference building on previous years success
3. To encourage **YOU** to contact your local Learning Disability Services to establish links and start joint working