## INTRODUCTION

The particular focus of this paper is on mental health nurse education in relation to people who have both learning disabilities and mental illness. Within this paper we use the term 'learning disability' as this is the language that is used within health and social care policy within the UK. Other terms such as 'learning difficulty' are preferred by some user-led groups, and increasingly the use of the term 'intellectual disability' or 'intellectual impairment' is being used internationally. There are advantages and disadvantages around all labels that are applied, and historically terms were used that were derogatory and dehumanising to describe people who had learning disabilities. It is imperative to recognise that all people are individuals regardless of labels, each with their own needs, gifts and strengths, and these are the values that underpin our use of the term 'learning disability' within this paper.

## Background

Historically there has been little or no interest or attention paid to the emotional or mental well-being of those who have a learning disability. Indeed for many years there was a debate between professionals from different

backgrounds as to whether people who have a learning disability could even become emotionally disturbed or mentally ill (Raghavan, 2007). There was little recognition of people with learning disabilities as feeling, emotional or perceptive individuals (Arthur, 2003) and the mental health of people with learning disabilities has been woefully neglected (Hatton & Taylor, 2010). Although public attitudes have generally improved toward people who have a learning disability this does not compare favourably with improved attitudes to other types of disability (Office for Disability Issues, 2010).

Learning disability has been defined as: '*A significantly reduced ability to be able to understand new or complex information, to learn new skills; a reduced ability to cope independently, which; started before adulthood, with a lasting effect on development'* (Department of Health (DH), 2001, p.14) and it is estimated that approximately 1.4 million people in the United Kingdom are diagnosed with a learning disability. In England it is national policy to provide people with learning disabilities who also experience a coexisting diagnosis of a mental illness access to mainstream mental health services (DH, 2001, 2009). The document 'Valuing People: a new strategy for

Learning Disability for the 21st century' (DH, 2001) outlined the need for services to promote independence, choice, rights and inclusion and specifically stated the need for access to mainstream mental health services. However, the skills and knowledge of nurses about the differences and complexities involved in nursing learning disabled patients who are also experiencing mental ill health is often minimal (Michael, 2008; DH, 2009).

Mental ill health in an individual with a learning disability is a diagnosis that stands independently, a co-existing condition that is separate from the learning disability, and is often referred to within this client group as a dual diagnosis (Priest & Gibbs, 2004). It is now widely recognised that individuals with a learning disability are susceptible to experiencing mental illness (Clay, Hart, Hemel & Knifton, 2012), and there is a growing body of evidence that suggests that this client group are in fact more at risk of mental ill health than the general population (Borthwick-Duffy, 1994; Cooper, Smiley, Morrison, Williamson, & Allan 2007; Cooper & Van der Speck, 2009). Raghavan (2007) suggests that prevalence rates of mental illness in people with learning disabilities is between 15% and 80% (2007). Despite this knowledge

there are problems in recognising, identifying and diagnosing mental health problems in this client group. Health professionals may attribute symptoms of mental ill health to symptoms or behaviours of the learning disability and vice versa a process often referred to as diagnostic overshadowing (Raghaven & Patel, 2005). In addition, the assessment process for detecting mental ill health in this client group may prove much more difficult due to the individual's potential difficulty in communicating their symptoms accurately, the degree of staff knowledge and a lack of appropriate assessment tools (Priest & Gibbs, 2004; Ragahaven & Patel, 2005).

Education and training in learning disabilities at both pre-registration and post-qualifying levels should ensure that mental health nurses are can effectively utilise knowledge, available frameworks, policies and guidance for the benefit of people with co-existing learning disabilities (Barriball & Clark, 2005; Gibson 2009).

In the UK, nurses are educated in one of four nursing specialities during a three year programme: adult health nursing, mental health nursing, children and young people's nursing and learning disabilities nursing. The

Nursing & Midwifery Council (NMC) prescribes required competencies needed to become a registered nurse in each of these specialisms.  The competencies for entry to the nursing register for mental health nurses state that they must be able to provide appropriate mental health care for individuals with a learning disability (NMC, 2010) and many UK universities appear to utilise 'exposure to other fields of practice' workbooks to achieve this, the effectiveness of which is unknown.  The aim of this literature review therefore is to explore how mental health nurses are being prepared to care for learning disabled patients who also experience mental ill health.

## **METHODS**

A systematic approach was adopted to search for all relevant literature; hence this paper is best described as a systemised review (Grant and Booth, 2009).  A scoping exercise of the websites belonging to the Department of Health; Google Scholar; the Royal College of Nursing; the NMC; and the British Institute of Learning Disabilities revealed that literature relating to this topic was available, which was relevant in the current nursing, research and political contexts.  To focus the search the PEO (population, exposure, outcome) framework (Khan et al.,

2003) was used to develop the search question: How are mental health nurses prepared to care for people with learning disabilities in mainstream mental health settings? The inclusion criteria was; English language, papers published since 2001 (following the 'Valuing People' (DH, 2001 document), and papers relating to adults. Four main keywords were identified and synonyms identified from those which can be seen in table 1.

**Table 1 Keywords and synonyms**

| Initial keywords from question and PEO framework: | Synonyms |
|---|---|
| Mental health nurses | Mental health nursing<br>Psychiatric nursing<br>Psychiatric nurses<br>Mental health |
| Prepared | Education<br>Knowledge<br>Pre-registration education<br>Pre-registration nurse education<br>Post qualifying education |
| Learning disabilities | Intellectual disabilities<br>Mental retardation |
| Care | |

Combinations of these terms using the Boolean operator AND were conducted in the databases, CINAHL, MEDLINE, PubMed, Scopus and ERIC. Firstly papers

were identified that matched the inclusion criteria from the reading of their title and abstract in order to manage the volume of information as per guidance (NHS CRD 2009; Bettany-Saltikov 2012). The remaining papers were then read in full. A total of 13 articles were included in the final review.

## FINDINGS AND DISCUSSION

The origin of the primary research papers could be identified as: UK (Barriball & Clark, 2005; Clark, 2007; Jenkins 2009; Donner et al, 2010; Bollard et al., 2012;, Read & Rushton, 2012; Rose et al., 2012a; Rose et al., 2012b), US (Hahn, 2003), Netherlands (Klooster et al., 2009) New Zealand (Taua & Farrow, 2009; Taua et al., 2012) and Israel (Werner & Stawski, 2012). Of the 13 articles included, three distinct categories were apparent which will be discussed:

1) attitudes

2) practice issues

3) education and training

**Attitudes**

Three papers were identified that directly related to health care staff, qualified nurses, and student nurses attitudes towards those with a learning disability (Klooster et al., 2009; Rose et al., 2012a; Werner & Stawski, 2012). All raised issues regarding the difficulty that negative attitudes had on the ability of individuals to access to mainstream mental health services and on recovery, rehabilitation and self-esteem. Staff attitudes can directly affect the quality of care delivered to all patients (Rose et al, 2012a). This means that people with learning disabilities and mental ill health can be prevented from utilising services they need (Werner & Stawski, 2012).

With a convenience sample of 81 student nurses, Klooster et al. (2009) compared attitudes with a group of non-nursing peers ('non-nursing students'). They found that nursing students had more positive attitudes towards individuals with a physical disability than their non-nursing peers, and more strongly 'supported similarity and rejected exclusion' of people with learning disabilities (p. 2570). The study found that an important predictor of positive attitudes towards people with physical disabilities was having a relative or friend with a disability, however this

association was not apparent in attitudes of the students towards people with learning disabilities.

In practice settings student nurses had low levels of contact with people with a learning disability compared to qualified staff (McConkey & Truesdale, 2000) but qualified staff had low levels of confidence in meeting and engaging with someone with a learning disability compared with someone with a physical disability. Exposure to relationships with people with learning disabilities appears important as Rose et al. (2012b) found that mainstream mental health staff had significantly poorer attitudes towards those with a learning disability than staff who worked in specialist learning disability services. This difference was not supported however if there was an increase in professional contact, or if education or training was delivered surrounding this client group. However, it appears that it is not necessarily the quantity of contact time experienced with this client group that leads to the formation of positive attitudes, but the type and quality of this contact (Klooster et al., 2009; Rose et al., 2012a). Improving the knowledge of professionals around issues associated with learning disabilities is achievable and

positively improves staff attitudes (Rose et al., 2012a; Werner & Stawski, 2012).

**Practice issues**

Four papers fell into this theme: Jenkins (2009); Taua & Farrow (2009); Donner, Mutter & Scior (2010); Taua, Hepworth & Neville (2012).  These papers indicate that the marginalisation of people with learning disabilities is a universal issue where staff do not feel that they have the necessary abilities or skills to provide mental health treatment to this client group or implement interprofessional policies and procedures effectively. Effective care coordination is of high importance and requires nurses to be able to work effectively in a multidisciplinary team (Taua et al., 2012).  However, Donner et al. (2010) state that staff report that they are not fully aware of their roles and responsibilities within care provision for this client group, and that this confusion over roles is apparent within and throughout the multidisciplinary team.  In addition, there is consistent reporting of the failure of inter-professional working between specialist services and mental health services.

There is an on-going debate as to whether specialist or general services are more appropriate (Gibson, 2009). There is often disagreement and confusion from staff as to where individuals with a dual diagnosis should be treated, rather than recognising the need for services to work together in order to provide successful and appropriate care (Donner et al., 2010). Xenitidis et al. (2004) reported that those with a dual diagnosis utilising specialist learning disability services commonly have a longer inpatient stay compared to those admitted to generic mental health services. However, it is also reported that those utilising specialist learning disability services are discharged having had a more comprehensive, holistic care delivery and care package put in place.

The experience of individuals admitted and discharged from generic mental health services found that services often excluded their support networks, such as family and friends (Xeniditis et al. 2004), which could prove distressing and detrimental to recovery. Xeniditis et al. (2004) also suggest that this shortened length of stay in generic services could be attributed to monetary cost, and the lack of recognition of the more complex issues

commonly present in those with a dual diagnosis - therefore affecting the quality of support for individuals and their families.

Apparent mental health problems may be attributed to the person's learning disability (Donner et al., 2010) because dual diagnosis nursing does not have a specific framework for practice (Taua et al., 2009). Instead assessment frameworks are adapted from psychiatric models which tend to emphasise psychiatric needs to the detriment of recognising and responding to needs that are associated with a learning disability. This creates difficulties as many of these require information gained directly from the individual, and it is not uncommon for individuals with dual diagnosis to have various difficulties in verbal communication. This could mean that people may not be able to describe their feelings or needs (Taua et al., 2012). In addition, Donner et al. (2010) also found that frustration from service users was commonly reported due to their needs not being recognised or understood and this was attributed to them not being able to communicate them effectively to nursing staff. It is perhaps indicative of the neglect of this issue that Donner et al. (2010) was only able to recruit specialist learning disability providers as

mainstream mental health providers did not respond to invitations to take part in the study.

The nursing of those who have a dual diagnosis of mental ill health and learning disability is evidently a key area that requires further development and consideration to ensure that this population's mental health needs are being met.

**Education and Training**

The majority of available papers (6) fall into this theme: Hahn (2003), Barriball & Clark (2005), Bollard et al. (2012), Clark (2007), Read & Rushton (2012) and Rose et al. (2012b).  It has been reported that education is needed as there has been little or no education delivered at pre-qualification level to non-learning disability field nursing students (Hahn, 2003; Clark, 2007; Rose et al., 2012b). This is perhaps due to inherent flaws in nurse education because of the choice of delivery of information and inability to provide experience due to the lack of available placement setting (Barriball & Clark, 2005; Clark, 2007). One solution to this is to involve learning disability service users in nurse education, an approach widely promoted and encouraged by nurse education regulatory bodies (NMC, 2010).  However, the involvement of service users

within undergraduate nurse education has not commonly involved those with a learning disability (Bollard et al., 2012). In a project evaluation Bollard et al. (2012) found that the benefits of involving people with learning disabilities in nurse education included: understanding and recognising the need for different types of communication when working with this client group; their understanding of what it means to have a learning disability; and facilitating exposure to a client group that some nursing students had never come into contact with before. However this needs willingness on the part of educational providers given the considerable time, effort and resources it would require (Bollard et al., 2012).

There are sporadic examples of people with learning disabilities being involved in delivering not only parts of curricula, but also in assessment of students but this is not as widespread as it could be. At the institution of the latter authors of this paper individuals who have learning disabilities provide a regular and valued contribution to the delivery of the 'BSc in Integrated practice in learning disabilities nursing and social work' programme. As Bollard et al. (2012) found this would have benefits for

student nurses on other programmes, but due to the considerable time, effort, commitment and logistical organisation required from academic staff across numerous programmes it remains an ideal that has yet to be realised.

## **Implications for practice**

The search question would appear to be a premature one as there is little evidence to inform us of how mental health nurses are prepared to care for people with learning disability and mental illness. Instead we have answered the question; 'Are mental health nurses prepared', for which the answer appears to be 'no'.

From the literature reviewed a number of key issues have been identified that give an indication of the challenges for practice for mental health nurses and mental health services:

- Staff attitudes affect the quality of care delivered to patients
- People need to spend time with people with learning disabilities in order to develop positive attitudes (however it is not the *amount* of contact that is important, but the *quality* of contact)
- Nursing students had more positive attitudes to people with physical disabilities in general, but slightly more positive attitudes to people with learning disabilities than their non nursing peers.

- There are difficulties with diagnosis often due to communication difficulties and a lack of suitable assessment tools. This can mean that mental health problems are incorrectly attributed to a persons' learning disability
- There is ongoing debate between whether specialist or generic services are best – those accessing specialist services for people with learning disabilities commonly have a longer inpatient stay but have more comprehensive care delivered
- There is role confusion which contributes to gaps and shortcomings
- Generic mental health services often exclude family and friends
- There is little or no education delivered around aspects of learning disability for pre registration students of mental health nursing and other fields of practice
- Involving people with learning disabilities in pre registration education is beneficial

Given the apparent lack of preparation at undergraduate level indicated from the review it is unsurprising that qualified nurses are shown to lack knowledge, understanding and relevant skills as many qualified nurses have had very little or no experience of working with those with a learning disability and do not feel appropriately prepared to work with this client group (Hahn, 2003; Clark, 2007). Attendance at training workshops or specific modules of study has been shown to address this but this needs to be preserved, maintained and refreshed (Rose et al., 2012b; Read & Rushton, 2012).

Given our inability to answer the search question directly there would appear to be a significant gap in the evidence regarding how mental health nurses are prepared for caring for people with learning disability and mental illness. Without clear guidance and frameworks for practice, nurse's confusion will remain problematic. In addition a lack of appropriate assessment tools leaves nurses lacking in confidence when they are faced with a person with learning disability and mental illness (Taua et al., 2009, 2012; Donner et al., 2010). A lack of knowledge may promote the continued problem of diagnostic overshadowing with the complex needs of these individuals not being identified (Taua et al., 2012; Donner et al., 2010).

It is clear that education and training is needed and that this would improve attitudes. There is clearly a significant shortfall in the education of mental health nurses, at both pre-qualification and post-qualifying levels, with regards to knowledge, understanding and awareness of the implications of having learning disabilities. This includes an apparent absence of learning disabled service users and their carers being involved in mental health nurses education (Bollard et al., 2012). This is potentially further

compounded by the lack of availability of placements where student nurses will be exposed to people who have learning disabilities, and how education and exposure to this particular client group are addressed by educational providers (Clark, 2007, Barriball & Clark, 2005).

The challenge faced by higher education institutes are substantial as changes in how higher education is funded and provided may mean that academic staffing levels, course provision and resources will ultimately be affected or reduced to compensate, which may also affect the level or quality of education delivery (Report of the Willis Commission, 2012). Political aspects of health care need to be considered, current circumstances such as governmental pressures for savings to be made, and possible subsequent cuts to frontline staff, must be recognised as factors influencing health trusts abilities to implement or finance such ventures (Gibson, 2009).

Given the findings that nurses attitudes are better towards people with physical disability, this raises the question of why; what is the difference? One answer to this may be related to skills in communication and hence how nurses relate to people with learning disabilities. Education could

certainly address this, but macro communication is also an issue. Jenkins (2009) reminds us that multidisciplinary, interprofessional working should be inclusive of, and reflective of an individual's needs, as well as including any involved carers or family where appropriate. This is a major concern for the delivery of health care for individuals with a learning disability who may need to utilise mainstream mental health services. In the UK, there is a political imperative for mental health nurses to provide specialist mental health services to people with learning disabilities, but it is perhaps only the interest and motivation of individual lecturing staff that will begin to address this.

One area where there may be most potential in the short term for practice development is in dementia services where investment in education and training is currently an international priority (World health organisation, (WHO) & Alzheimer's Disease International, 2012). People with learning disabilities have a far higher prevalence of dementia than the general population, perhaps up to four times higher (Ouldred and Bryant, 2008). Demand for improvement in dementia education and services has escalated in recent months but the pressure similarly

remains on a small number of individuals (HEDN, 2014, personal communication). Commitment to a more strategic approach by all concerned is needed if any progress is to be made.

## Recommendations

This review leads to a number of recommendations across research, education and practice.

### *Research*

- Further investigation and research is needed to inform, support and underpin successful and effective mental health nursing care delivery to this population
- The experiences and self-reported problems and needs of mental health nurses should be determined in regards to their care of this client group.

### *Education*

- Educational providers need develop innovative and sustainable educational initiatives in learning disabilities for non-learning disability field specific pre-qualification nursing students
- Strategies for including people with learning disabilities and their families/carers in education delivery should be developed.
- Education and training for mental health nurses currently in practice should be made available in order to improve nurses' knowledge, skills and attitudes in working with, and caring for this population

### *Practice*

- Nursing frameworks and assessment tools need to be developed and identified appropriate to this

client group and their needs, whilst also supporting the effective delivery of mental health nursing care.

- Practice development projects should evaluate how knowledge and skills are being applied and utilised in practice.

**Conclusion**

This review shows that only a few countries have contributed to the literature on this subject, most from the UK. It appears from this that in the UK, not a great deal has changed since 2001 when the government stated its intention that people with learning disabilities should be able to be included in generic mental health care provision. Mental health nurses are not well equipped to meet the needs of people with a dual diagnosis of learning disability and mental ill health and the search question remains unanswered.

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