



## Health inequalities: Mental health problems

### Introduction

Mental health problems include common mental disorders (depression and anxiety disorders), psychoses (schizophrenia and bipolar disorder), dementias, eating disorders, alcohol and substance misuse, attachment disorders, and sexually inappropriate behaviour, and also other neuro-developmental conditions<sup>1</sup>.

### Prevalence and risk factors

Rates of mental health problems are higher among people with learning disabilities than among other people. Data from Scotland's 2011 Census (equivalent census data are not available for England) indicate that mental health conditions were reported for 21.7% of people with learning disabilities compared to 4.3% of other people<sup>2</sup>. Population-based estimates suggest that in the UK 40% (28% if problem behaviours are excluded) of adults with learning disabilities experience mental health problems at any point in time<sup>3</sup>. An estimated 36% (24% if problem behaviours are excluded) of children and young people with learning disabilities experience mental health problems at any point in time<sup>3</sup>. These rates are much higher than for people who do not have learning disabilities. Data from GP records for 47% of patients in England in 2017/18 indicate that the number of patients overall with a recorded learning disability who had a GP diagnosis of severe mental illness was 8.3%, compared to 0.9% of other people (standardised prevalence ratio (SPR) 8.1)<sup>4</sup>. However, there was little difference for depression diagnoses, with an active diagnosis of depression being evident for 13.3% of people with a recorded learning disability, compared to 12.0% of other people (SPR 1.0)<sup>4</sup>.

The life circumstances of people with learning disabilities may increase their risk of developing mental health problems or experiencing mental distress<sup>5</sup>. Factors that have been identified as protective in adults without learning disabilities, such as employment opportunities, meaningful day activities and socially supportive networks, may be less likely to be present for people with learning disabilities<sup>5</sup>. The prevalence of mental health problems can also be influenced by the underlying cause of the person's learning disabilities if it has a distinctive 'behavioural phenotype', for example there are high rates of dementia in people with Down syndrome and affective psychosis in people with Prader–Willi syndrome<sup>1</sup>. For people with learning disabilities, being female is associated with mental health problems in general, and

possibly depression<sup>1</sup>. Being male is associated with higher rates of inappropriate sexual behaviours and forensic mental health problems<sup>1</sup>.

### Impact on people with learning disabilities

People with severe mental illness in the general population often experience a poor quality of life, characterised by feelings of distress, lack of control, choice and autonomy, low self-esteem and confidence, a sense of not being part of society, diminished activity, and a sense of hopelessness and demoralisation<sup>6</sup>. As with the general population, mental health problems can lead to suicide in people with learning disabilities, with suicide in this population being linked to mental health problems<sup>7</sup>. People with learning disabilities may also have additional difficulty accessing appropriate treatment. Despite their high prevalence, mental health problems are under-recognised in people with learning disabilities<sup>8</sup>. As such, they can remain untreated<sup>3</sup>. Diagnostic overshadowing (inadvertently attributing a person's additional mental health or physical health problems to their learning disabilities) can lead to a lack of suitable and required care and support<sup>1</sup>. This can result in prolonged distress for the person with learning disabilities<sup>1</sup>. A lack of services for those presenting with learning disabilities and more complex mental health problems in some areas has led to significant out-of-area populations<sup>9</sup>, with the presence of mental health problems being associated with out-of-area placements for people with learning disabilities<sup>10</sup>.

### Healthcare and treatment

There is no compelling evidence supporting interventions aimed at improving mental health problems in people with mild to moderate learning disabilities, although cognitive-behavioural therapy (CBT) seems to be a promising intervention for the treatment of depression<sup>11</sup>. There is also a lack of research on effective treatments for mental health problems experienced by children and adults with severe and profound learning disabilities<sup>5</sup>. Whilst talking therapies such as CBT are considered first line treatments of choice for many types of mental health problems, given their limitations in communication skills and understanding, people with severe and profound learning disabilities cannot be assumed to find talking therapies as accessible as other people do<sup>5</sup>. Rates of prescription of psychotropic medications such as anti-psychotics and anti-depressants for people with learning disabilities exceed rates of diagnosis of corresponding mental health problems, with potential serious long-term side effects<sup>12</sup>, such that there is a national programme to reduce the prescription of these medications<sup>13</sup>.

The National Institute for Health and Care Excellence (NICE) have produced a guideline which covers preventing, assessing and managing mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice). The guideline aims to improve

assessment and support for mental health conditions, and help people with learning disabilities and their families and carers to be involved in their care<sup>3</sup>. In addition, a report about the reasonable adjustments that should be made to mental health services to enable people with autism and people with learning disabilities to have equal access and effective treatment is available<sup>14</sup>.

## Social determinants

Social and environmental factors are likely to influence and mediate the development of mental health problems in people with learning disabilities<sup>1</sup>. Exposure to social disadvantages such as lone parent family, income poverty, and households with no paid employment have been shown to be associated with mental health problems in children and young people with learning disabilities<sup>15 16</sup>. People with mild learning disabilities are at significantly greater risk than their peers of being exposed to common social determinants of poorer mental health including childhood poverty, violence, unemployment and other social forms of social exclusion<sup>17 18 19 20 21 22 23</sup>. The quality of social care support received and access to appropriate healthcare is likely to impact on the prevention and identification of mental health problems in people with learning disabilities. Recommendations for the organisation and delivery of care and support are included in the NICE (2016) guideline on preventing, assessing and managing mental health problems in people with learning disabilities.

## Resources

NICE (2016) [Mental health problems in people with learning disabilities: prevention, assessment and management](#) Guideline 54

National Development Team for Inclusion (2012) [Reasonably Adjusted? Mental Health Services and Support for People with Autism and People with Learning Disabilities](#)

## References

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<sup>12</sup> Public Health England (2019) [Psychotropic drugs and people with learning disabilities or autism](#)

<sup>13</sup> NHS England [Stopping Over-Medication of people with a learning disability, autism or both \(STOMP\)](#)

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