



Health Department
Directorate of Service Policy and Planning

Dear Colleague

**DISABILITY DISCRIMINATION COMPLIANCE:
ACCESS TO MAINSTREAM AND SPECIALIST
SERVICES FOR THOSE WITH SENSORY LOSS AND A
MENTAL HEALTH PROBLEM**

Summary

1. Attached to this letter is an expanded addition to the Service Profiles section of the *Framework for Mental Health Services in Scotland*. The template draws from previously published material on the best approaches for improved access to mainstream and specialist services for those who are deaf, deafened, hard of hearing, blind or deafblind and also have a mental health problem.

Background

2. A review of the recent reports and guidance on improved access to services which are relevant to access for those who are deaf, deafened, hard of hearing, blind or deafblind and also have a mental health problem has now been completed. The need for improved access is relevant in terms of compliance with the Disability Discrimination legislation and the *Fair for All* principles extended by *Partnership for Care*.

Outcome

3. The attached template, which offers a planning and audit tool for the design of services, will help inform the approaches adopted by partner agencies in each NHS Board area to respond to the assessed and forecast needs of their area.

4. The guidance focuses on approaches to improved access, communications, training and better understanding of the particular needs and considerations that should be applied to the organisation and delivery of services for those with sensory loss and who also have a mental health problem. The document offers approaches to address and remove any obstacles to barrier free access.

29 June 2005

Addresses

For action

Chief Executives, NHS Boards
Chief Executives, Local Authorities
Directors of Social Work/Chief Social
Work Officers/Housing

For information

Directors of Education
Chief Executive, COSLA
Chief Executive, State Hospitals
Board for Scotland
Chief Executive, NHS National
Services Scotland
Chief Executive, NHS Education for
Scotland
Chief Executive, NHS Health
Scotland
Chief Executive, NHS Quality
Improvement Scotland
Chief Executive, Scottish
Commission for the Regulation of
Care
Director, Mental Welfare
Commission for Scotland
Chief Executive, NHS24
Scottish Partnership Forum
Appropriate voluntary/professional
organisations

Enquiries to:

Phil Harley
Room 3ER
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2426

Fax: 0131-244 2970

Email:

phil.harley@scotland.gsi.gov.uk



Action/next steps

5. Agencies are invited to consider, and where appropriate incorporate the advice offered for local application, delivery of services and support arrangements within their planning processes.
6. As part of ongoing assessment of local and national progress, we will invite NHS Boards to submit a joint local progress report in July 2006. The report should show the combined agency position on progress made and action still required.
7. This HDL is also available at (www.show.scot.nhs.uk). Arrangements will be made to make the HDL and guidance available in different formats on request.

Yours sincerely

IAN GORDON

Director of Service Policy and Planning

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

Scope

This guidance covers arrangements for all those with a sensory loss and a mental health problem which includes those who are deaf, deafened, hard of hearing, blind and deafblind people.

While the guidance focuses on those with a sensory loss and a mental health problem, the guidance offered also applies to arrangements made for those with a sensory loss and dual diagnosis/multiple impairment (eg those with mental ill health and learning disability).

The guidance also applies to all, irrespective of age, ethnic origin, and to all specialist and other needs including older people, children and their parents, pregnant women, offenders and others who may have additional problems associated with the cause of their sensory impairment and need early multi-disciplinary intervention.

Emotional and practical support is needed for families to make fully informed choices. The consideration of the needs of children is particularly relevant in terms of current estimates of prevalence of mental health problems in 40% of deaf children compared to 25% of the wider population (*Mental Health and Deafness: Towards Equity and Access*, National Institute for Mental Health in England, 2005). Attention should continue on necessary links between all agencies and interests including health, social work, education and paediatric audiology.

Legislation

A senior officer of the NHS Board and Local Authority should take the lead in the approaches to be adopted to ensure compliance with the Disability Discrimination legislation and other relevant legislation in relation to the access and care needs of this care group.

The Disability Discrimination legislation protects those with a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities against discrimination. The legislation gives important rights of access to everyday services including reasonable adjustments to the way in which services are delivered. This is consistent with the Scotland Act 1998 and the Scottish Executive Equality Strategy for an inclusive Scotland which centre on preventing isolation and exclusion which can be important inhibitors to mental and physical well being.

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

Policy Context

This guidance is an expanded addition to the *Framework for Mental Health Services in Scotland* and should be read alongside the principles and practice set out in that document.

Partnership for Care (page 20) extended the *Fair for All* principles to ensure that “...services recognise and respond sensitively to the individual needs, background and circumstances of people’s lives...to ensure that whatever the individual circumstances of people’s lives, including age, gender, ethnicity, disability, religion, sexual orientation, mental health, economic or other circumstance, they have access to the right health services for their needs.”

Aims

The key aim of this guidance is to ensure that those with a sensory impairment and a mental health problem gain access to the same range of health, social and other care services as everyone else in Scotland. Effective care must be underpinned by good communication and understanding of the “whole person” needs. There are particular difficulties in any care setting for those who have a dual sensory loss. They have to use a whole range of communication to access information. It is important to recognise the limitations of using appropriate tactics to improved 2-way communication and to be prepared to provide any necessary communication aids and guiding support. Consideration should also apply to differentiate between communication difficulties caused by sensory loss or other contributory factors caused by their mental health condition or problem. To be effective this process needs to be kept under on-going review for deterioration or other changes.

We recognise the existing resource pool for interpreters. A number of initiatives are underway with the Scottish Association of Sign Language Interpreters, Heriot Watt and Edinburgh Universities to produce an increase. Notwithstanding the current difficulties this should not result in the use of unregistered interpreters for any type of health or other care appointment. Account should be taken where interpreters have no previous background in mental health.

Access to services should be organised to provide a spectrum of care and care responses designed around smooth and supported transitions from one stage of care (and agency) to another. This guidance underpins these principles and offers considerations to be taken into account in the organisation of improved access by all to all services.

This guidance sets out approaches to improve access, communications, training and better understanding of the particular needs and considerations that should be applied to the organisation and delivery of services for those with a sensory loss and a mental health problem. Training should include consideration of the impact of all sensory loss on access to information, communication and getting around safely.

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

All protocols and arrangements arising from this guidance should be:

- Based on on-going local needs assessment;
- Prepared and agreed in consultation with all relevant parties;
- Prepared in language and formats that are accessible and recognise the full range of ethnic, cultural and sensory differences;
- Kept under regular and ongoing review to ensure currency, best practice, quality and that individual rights are maintained. A written record of reviews, with alternative formats as required, should be kept; and
- Transition sensitive so that the service or facility, including respite, takes full account of the whole person needs including the impact of sensory loss.

Prevalence

There are currently no reliable statistics on the incidence of mental health associated with sensory loss. While it is generally known that those with sensory loss have the same range of mental health problems as others, using the incidence of mental illness amongst deaf people as an example, it is estimated to be about 4 times greater than in the general population. The incidence of mental illness in deafblind people is considered to be even greater. It is also important to recognise that sensory loss may present special problems in the diagnosis and treatment of mental health problems and because of poor communication mental health problems may go unrecognised. The role of the carer in this regard is covered in this guidance.

All agencies should conduct assessments of local need and review existing service provision, staff training and other access issues, not least, because of their obligations under the Disability Discrimination legislation.

Reference Documents

The following publications and guidance will inform the design of services and access. The documents include further literature and source material.

The Scottish Executive Health Department has commissioned research to identify the availability of community care and mental health services for adults with sensory impairment in Scotland. The research includes a literature review on sensory impairment needs and services, including those relating to mental health, identifying features of good practice from the literature. The report and literature review will be available late 2005.

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

Fair for All

http://www.show.scot.nhs.uk/sehd/mels/HDL2002_51.pdf

Partnership for Care

<http://www.scotland.gov.uk/library5/health/hwpl-00.asp>

Community care services for people with a sensory impairment: An Action Plan

<http://www.scotland.gov.uk/library5/health/ccssim-00.asp>

Sensing Progress: Social Work Services for People with a Sensory Impairment

<http://www.scotland.gov.uk/library/documents-w1/spmai-00.htm>

Framework for Mental Health Services in Scotland

http://www.show.scot.nhs.uk/publications/mental_health_services/index.htm

Mental Health and Deafness: Towards Equity and Access, National Institute for Mental Health in England

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4103995&chk=wTIJBz

Mental Health (Care and Treatment) (Scotland) Act 2003

<http://www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2003/20030013.htm>

National Standards for Mental Health Officer Services

<http://www.scotland.gov.uk/Publications/2005/05/1393048/30511>

Social Focus on Disability Scottish Executive National Statistics Publication

<http://www.scotland.gov.uk/cru/resfinds/sfod04.pdf>

Scottish Executive Equality and Diversity Impact Assessment Toolkit

<http://www.scotland.gov.uk/library5/health/eqdiat-00.asp>

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

Disability Discrimination Act 1995

<http://www.hmso.gov.uk/acts/acts1995/1995050.htm>

Disability Discrimination Act 2005

<http://www.opsi.gov.uk/acts/acts2005/20050013.htm>

Scottish Executive Statistics Release: *Registered Blind and Partially Sighted Persons, Scotland*

<http://www.scotland.gov.uk/stats/bulletins/00374-00.asp>

Investigation of Access to Public Services in Scotland Using British Sign Language

<http://www.scotland.gov.uk/Publications/2005/05/23131410/14116#1>

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

LEVEL	DESCRIPTION OF NEED	WAYS IN WHICH SERVICES MAY RESPOND
<p align="center">Community Health and Well Being in the Neighbourhood or Locality</p>	<p>Raise awareness of particular needs and consider appropriate responses to address those needs to improve quality and outcomes of care consultations and follow up</p> <p>Raise awareness and understanding of particular needs and importance of improved service design and access</p> <p>Provide clear public and service user information (in suitable formats) on local and other services and on help available on request to aid and extend mainstream access</p> <p>Provide accurate information (in suitable formats) and ongoing support for professionals, local and other support networks, advocacy bodies etc</p> <p>Ensure all Health Improvement advice eg smoking cessation, sexual and relationship issues is made available (in suitable formats)</p> <p>Ensure outreach for participation in all health promotion and prevention of ill health initiatives, including Immunisation, well-being (physical and mental) etc are publicised, promoted and otherwise highlighted to and for those with sensory loss and in consideration of their needs</p>	<p>Specific induction and ongoing training for all staff on:</p> <ul style="list-style-type: none"> • Sensory impairment eg awareness, communication, early identification etc; • Appropriate responses to specific needs; • Communication, information strategies etc; • Human aids to communication (interpreters, Guide/communicators, note takers, lipspeakers etc); • Location of specialist services, support and community resources within their area; • Assistive devices, community resources and environmental adaptations; and • The Disability Discrimination Act 1995 and 2005. <p>Training arrangements to be kept under regular review and to be informed by local and national representative bodies (SCoD, RNIB, RNID, Deafblind Scotland, Council for the Advancement of Communication with Deaf People and national and other condition related organisations, eg ASAD; NSF etc).</p> <p>Consider joint agency/team training where appropriate particularly on screening and intervention initiatives drawing on specialist input where required.</p> <p>Agencies should work together with all points of contact including primary, secondary and guidance teachers, school health professionals, social workers, counsellors, local community services, employers, the voluntary and other sectors.</p>

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

		<p>Attention should include appropriate training and awareness raising for partner agencies/staff to support initiatives for early detection in non health care settings.</p> <p>Attention should be given to all access/inclusion issues in the preparation and delivery of all services and ongoing review of:</p> <ul style="list-style-type: none"> • Community Planning Partnerships; • Bereavement/issues around terminal care; • Public Partnership Forum co-ordinated across CHPs; • Advocacy arrangements; • Volunteering; • Well being initiatives; • Mental Health First Aid; • ASIST (Applied Suicide Intervention Skills & Training); • Recovery; • Employment; • Leisure and recreation; • Counselling services; • Support groups eg AA ; Rape Crisis etc; • Health education programmes ie Wellman/Women clinics; • Training; • Community Resources ie Rehabilitation Services; Independent Living Centres etc; • Joint initiatives with other statutory and non statutory agencies; • Volunteering; and • Others
--	--	---

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

	Evaluation of all Services to ensure that they can be contacted by people with a sensory impairment	People with sensory impairments should have equality of access to contacting services (including where appropriate advice on how to contact NHS24). Services should publicise e-mail addresses; SMS and fax numbers and text-telephone numbers on all materials and staff should be trained on how the text-telephone works. For those areas without text-telephone, staff should be trained on the use of textdirect via Tynetalk.
--	---	---

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

	<p>Timely access to mainstream services, scheduled and unscheduled care and support</p>	<p>Take advantage of available technologies for range of settings/contacts:</p> <ul style="list-style-type: none"> • Induction loops; • Personal equipment; • Communication aids; • Specialist aids and adaptations; • Textphones/minicom/textdirect; • Environmental adaptations; • Equipment to assist emergency egress; • Others <p>Examine the viability/adequacy of telemedicine to provide interpretation in remote and rural areas.</p> <p>Protocols, systems and awareness training should be in place to allow staff, crisis response teams or others fulfilling this role to access communication support (interpreters, guide/communicators, other specialist professionals etc) in an emergency (eg emergency admission to hospital) for those with a sensory loss and a mental health problem.</p> <p>Protocols/policies should be developed on contacting crisis response team to cover 24/7.</p> <p>Ensure that all Services have a means by which to advertise NHS24 Text-telephone number.</p> <p>Agencies should combine to facilitate early and appropriate response to screening outcomes to prevent deterioration.</p>
--	---	---

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

	<p>Infrastructure design, delivery and signing</p>	<p>Resources and assessment tools (informed by specialist advice as appropriate) to enable services to conduct accurate assessments, both routinely and in an emergency, and provide effective treatment. This should include:</p> <ul style="list-style-type: none"> • Intake/pre assessment; • Comprehensive pre-evaluation; • Evaluation of technical assistance and consultation; • Care plan; and where appropriate • medication management <p>All referrals, for all reasons within or to other agencies, should detail relevant sensory issues to be taken into account in the development of care packages, where appropriate, or other agency services.</p> <p>Counselling services should be accessible to provide sensitive services and advice to those with a sensory loss, their families and carers.</p> <p>Agencies should respond to the changing needs of older people with particular regard to their developing sensory impairment (particularly dual sensory impairment, and mental health difficulties including dementia). This would include the ability to be flexible and creative in the use of pre-existing assessment tools.</p> <p>The design of all accommodation should be considered in terms of compliance with associated legislation including Disability Discrimination legislation.</p>
--	--	--

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

	<p style="text-align: center;">Record keeping/Access</p>	<p>This can include focus on responding through design to all needs of those with sensory loss including:</p> <ul style="list-style-type: none"> • Induction loops (portable and fixed); • Clear signage; • Alternatives to written material; • Texting (taking account of patient confidentiality); • Access to BSL/English translation software; • Equipment to assist emergency egress; and • Care environments adopting an inclusive design approach <p>Protocols should be agreed to cover the detail held on electronic and other records to ensure that special needs dictated by individuals' sensory loss are addressed and communicated appropriately in compliance with Patient Confidentiality issues, Data Protection and other relevant legislation. Protocols should cover and facilitate:</p> <ul style="list-style-type: none"> • Improved communications (appointment times and duration, prescriptions etc); • Pre-booking and payment of interpreters, Guide/communicators, lipspeakers, note takers etc; • Translation/adaptation of documentation; • Equipment arranged; • Physical access issues are addressed; • Referral and follow up consultation/technical assistance to others; • Informed consent, rights or permission for treatment; • Case management issues and discussions; and • Others
--	--	---

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

	<p>Outreach to those with sensory loss and mental health problem within socially excluded and hard to reach groups/individuals and those with particular needs including offenders, asylum seekers, travellers etc</p> <p>Access to advocacy that facilitates all needs</p> <p>Care Home and Community Services</p> <p>The needs of carers</p>	<p>Develop an agreed protocol to ensure proactive outreach on sensory disability access issues, linking with partner agencies, voluntary sector, local Prisons, Courts, Police and others.</p> <p>Access to independent and other advocacy should be with those organisations which can respond to the range of needs of those with a sensory loss and mental health problem.</p> <p>Care Home and Community Service provision for people with sensory impairment should form part of the current attention to staff training skills, quality and service provision monitored by the Scottish Commission for the Regulation of Care within their overall remit for registration and inspection.</p> <p>NHS Quality Improvement Scotland and Social Work Inspection Agency are currently (2005) developing standards to inform local practice. Local protocols reflecting local needs and service arrangements should reflect Health and Safety Executive advice and advice from the SHAW Trust (www.shaw-trust.org.uk).</p> <p>Agencies should ensure that staff are trained to be aware of the needs of carers.</p> <p>Agencies to develop carer training programmes in partnership with local voluntary sector organisations representing carers to provide early access to training on:</p> <ul style="list-style-type: none"> • Awareness of sensory disabilities/mental health issues; • Communication tools; and • Information strategies and coping mechanisms.
--	--	--

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

	<p style="text-align: center;">Single Shared Assessments</p>	<p>Approaches should consider that it may be the carer who has the sensory impairment and not the client. Information (in suitable formats) should be adapted and delivered to recognise this.</p> <p>Staff to be aware that communication needs and lack of awareness by paid, other carers and professionals can lead to mental ill health remaining undiagnosed and therefore unmanaged.</p> <p>Agencies should ensure that carers are involved as key partners in the provision of care, using and valuing their comprehensive knowledge of the needs of the cared-for person to identify the full range of needs.</p> <p>Carers will have a view on all aspects of care including the care they are able and willing to provide. These views should be sought as part of the needs assessment so that carers are actively and meaningfully involved in care management planning and decision making.</p> <p>All single shared assessments including those for mental health should consider and reflect any sensory issues and needs as part of the whole person approach to planning and care responses. Staff should be offered advice on services which can conduct specialist assessments both routinely and in an emergency.</p> <p>The user's carer needs should be assessed with attention to sensory and condition specific aspects.</p> <p>Agencies should consider their response to the <i>Community care services for people with a sensory impairment: An Action Plan</i> recommendations which are relevant to the wider service consideration.</p>
--	--	--

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

		<p>In preparing responses to need Agencies will wish to consider the following points extracted from a fuller list within the Action Plan:</p> <ul style="list-style-type: none">• Every social work or social care facility should have staff able to meet the basic communication needs of a person with a sensory impairment by April 2006.• Material should be made available in formats appropriate to the individual's needs (including BSL, audio etc).• Mental Health Officers must make use of all appropriate methods of communication including equipment (whether of an interpretive nature or otherwise) in interviewing service users and be skilled in their application.• Consideration be given to the employment of specialist MHO/CPN/MH support staff to work across CHPs or larger groupings.• Multi disciplinary training offered to staff which offers an in-depth understanding of Deaf culture and communication and the impact of hearing loss on mental health.
--	--	--

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES**

ACCESS TO MAINSTREAM AND SPECIALIST SERVICES FOR THOSE WITH SENSORY LOSS AND A MENTAL HEALTH PROBLEM

TIER/LEVEL	DESCRIPTION OF NEED	WAYS IN WHICH SERVICES MAY RESPOND
Area, regional or other area service	Inpatient care specialist outreach	<p>NHS Boards and partners will keep the need for local inpatient services under review. Considerations will include options for local, regional or other out of area provision, including use of the independent sector or other facilities or services including those outwith Scotland.</p> <p>Conduct on-going Needs Assessment: Identify numbers of individuals needing services by:</p> <ul style="list-style-type: none"> • Geographic location; • Location of existing services; • Accessibility of mainstream and other services; and • Type of support/adjustment needed i.e. interpreter, induction loop, deafblind communication support