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Reasonable adjustments for people with learning disabilities under the care of mental health services: a scoping review.

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Abstract

Background: Reasonable adjustments are the removal of a barrier or the provision of an auxiliary aid to prevent people with any protected characteristic from being disadvantaged. They are required by the Equality Act 2010 and are needed to ensure the accessibility of health care for all patients, including people with learning disabilities. Although several studies have explained why reasonable adjustments may be needed in psychiatric care, there is little guidance on how this should be done, and which reasonable adjustments are most effective. The author's aim was to perform a scoping review of the current research to identify which reasonable adjustments have been implemented and, if possible, which have the most positive outcomes.

Methods: PubMed, PsycINFO, EMBASE, and CINAHL were searched to obtain articles that met the inclusion criteria. The researcher screened the abstracts of the papers selected and extracted the data from each selected paper, supported by the project supervisor. Data was extracted on the methods, location of research, and study results. A six-step thematic analysis was performed.

Results: 17 articles from 2010 to 2024 were included. Thematic analysis carried out on these papers identified four themes: "Easy read," "Psychosocial interventions," "One size does not fit all," and "Gaps in the evidence base." Several promising reasonable adjustments were identified, including providing easy read clinic letters and leaflets, the involvement of caregivers in psychosocial interventions, the use of roleplay as a teaching device, and an increased number of CBT sessions. Several barriers to the implementation of reasonable adjustments have been identified. Often, there is little guidance on how to adapt existing treatments for people with learning disabilities, and many studies highlighted that management was not encouraging reasonable adjustments or supporting the clinicians that were implementing them.

Conclusions: Overall, the most effective reasonable adjustment is likely the inclusion of caregivers in psychosocial interventions. However, there are several limitations to this, such

as the lack of other studies assessing reasonable adjustments individually and only a few studies measuring the effect of reasonable adjustments on clinical outcomes. Some reasonable adjustments have been implemented, and many are being piloted. However, most are only being suggested or are being implemented on an individual level rather than on an organisation level, with adjustments for everyone using the service. For research on this topic to improve, more quantitative studies on the effects of reasonable adjustments are required, and comparative studies between reasonable adjustments will help to determine which is the most effective.

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