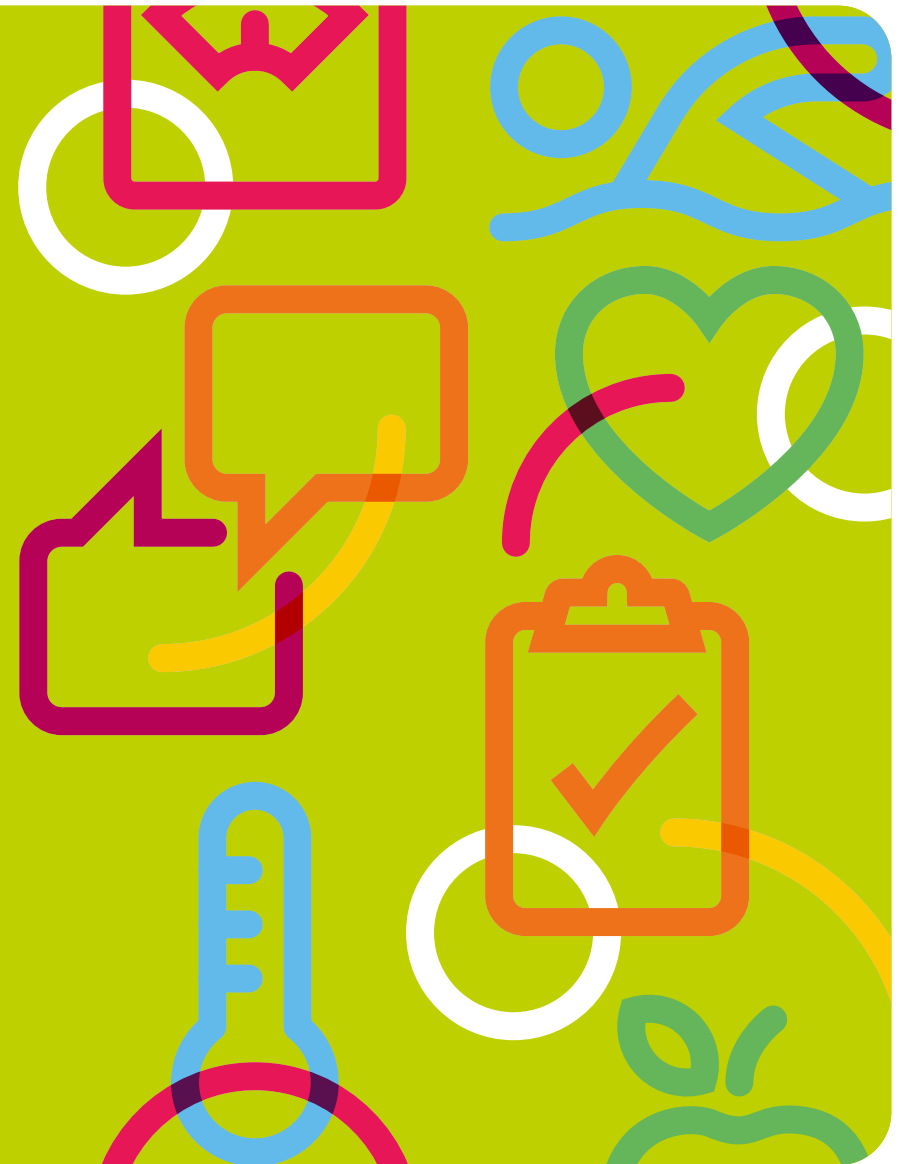


Supporting Health

A Handbook for
Health and Wellbeing





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Introduction

Health and wellbeing means different things to different people, for instance we might consider it being illness free, eating a balanced diet, taking exercise, feeling happy and able to cope with the stresses of everyday life. Promoting positive health and wellbeing is important for all people to enable them to live the healthiest and happiest lives they can.

People with a learning disability have poorer physical and mental health than people without a learning disability and they die significantly earlier than the general population, from preventable causes of death.

Being proactive at promoting good health, recognising and preventing ill health and disease can increase the life chances and quality of life of individuals. But to do this we must support

people to lead the healthiest and most enriching lives they can, ensuring people are able to make informed choices about their health and wellbeing, have access to the services they need and they feel comfortable to take advantage of those services and support.

In order to help colleagues and people we support Turning Point has compiled a handbook for Health and Wellbeing. This book contains a range of essential health and wellbeing information to help colleagues provide proactive, person centred support. It is a resource which will help plan health and wellbeing support, integrate Health Action Plan goals into daily support, ensure essential information is included in hospital passports and provide the knowledge to help us make a positive difference to people's lives.



Section 1

Healthy Living

[Link to Easy Read - Healthy Living](#)



Physical Activity

We can move our bodies every day and be physically active in lots of different ways – it doesn't require a gym membership, joining a class or running a marathon, unless that's what we enjoy doing. Physical activity is good for the body and mind.

People with a learning disability have worse physical and mental health than people without a learning disability. The life expectancy of women with a learning disability is 18 years shorter than for women in the general population. For men with a learning disability it's 14 years shorter than for men in the general population (NHS Digital 2017). People with a learning disability die prematurely.

Physically inactivity is linked to serious health problems such as cancer, obesity and cardiovascular disease and premature death (Martin et al, 2011). Research showed only 9% of people with learning disabilities had levels of physical activity that met the minimum recommended guidelines (Dairo et al, 2016).

"If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat."

UK Chief Medical
Officers 2019





Benefits of Physical Activity

- Increase energy levels
- Improves mood
- Make every day activities easier, strengthening muscles and improving the range of movement
- Helps with weight management
- Improves blood pressure and cholesterol
- Prevent long-term health problems such as heart disease and stroke
- Can alleviate symptoms and help manage many current health conditions, including cancer, autoimmune diseases, allergies, metabolic disease, type 2 diabetes
- Strengthen the immune system, reducing infection, improving recovery and decreasing inflammation
- Help people live a longer, stronger life

It is important people choose a physical activity which is suitable for individuals. If a person has not exercised for a long time or has an existing health condition, it is advisable to seek guidance from a GP or a qualified practitioner, such as a personal trainer or physiotherapist.





Recommendations

To stay fit and healthy the government recommends adults take part in at least 150 minutes of moderate physical activity a week, or around 20 to 30 minutes a day. Strengthening activities are also advised, which will work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms) on at least 2 days a week.



Specific
Measurable
Achievable
Realistic
Time-bound



Hints and Tips

Plan ahead – think about what sort of physical activity are appropriate and interesting. Setting SMART goals will help keep any targets manageable and measurable. Setting goals that are too ambitious can be disappointing for people if they are not achieved.

Keep track – it is important people keep a record of the activities they are undertaking. Making a daily tracker or downloading an app may help with this, as will setting future activity goals.

Do what's appropriate for the individual – it's advisable to start gradually, allowing time to build on a new activity, paying attention to how a person's body is feeling. Doing too much

physical activity can result in injury and can sometimes make people not continue with their plan due to fatigue.

Build healthy habits – When people find a physical activity or movement they enjoy they are more likely to maintain the activity and it becomes part of their routine. Being in the company of others can also help people sustain physical activity and stay on track.

Keep moving – Some movement is better than no movement, getting up, moving and stretching every now and again can really help both the body and mind.



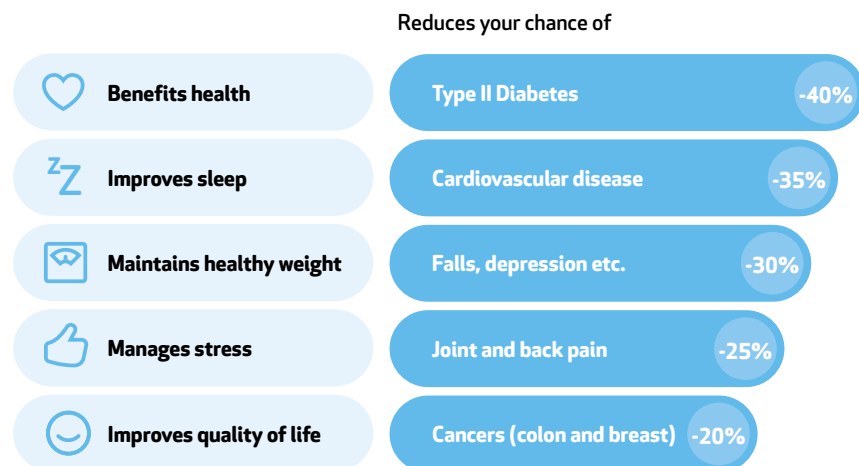
What are the Health Benefits of Physical Activity?

[gov.uk](https://www.gov.uk)





Physical Activity for Adults and Older Adults



Some is good, more is better

Make a start today: it's never too late

Every minute counts

Build strength

on at least 2 days a week



Gym



Yoga



Carry heavy bags

at least
150 minutes
moderate intensity per week



Swim



Brisk walk



Cycle

Be active

or
a combination of both

at least
75 minutes
vigorous intensity per week



Stairs



Run



Sport

Minimise sedentary time

Break up periods of inactivity



Improve balance

For older adults, to reduce the chance or frailty and falls

2 days a week



Dance



Bowls

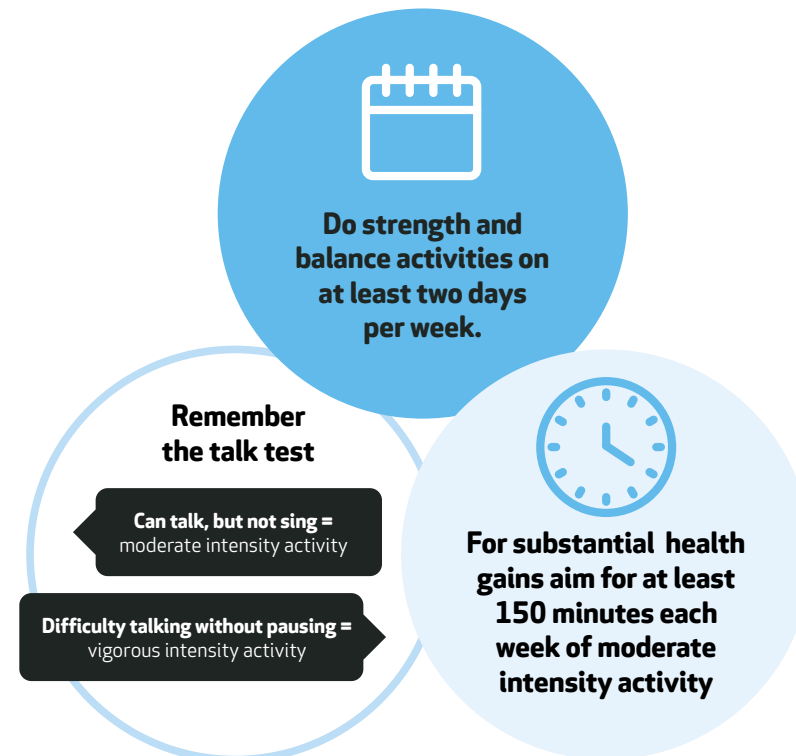
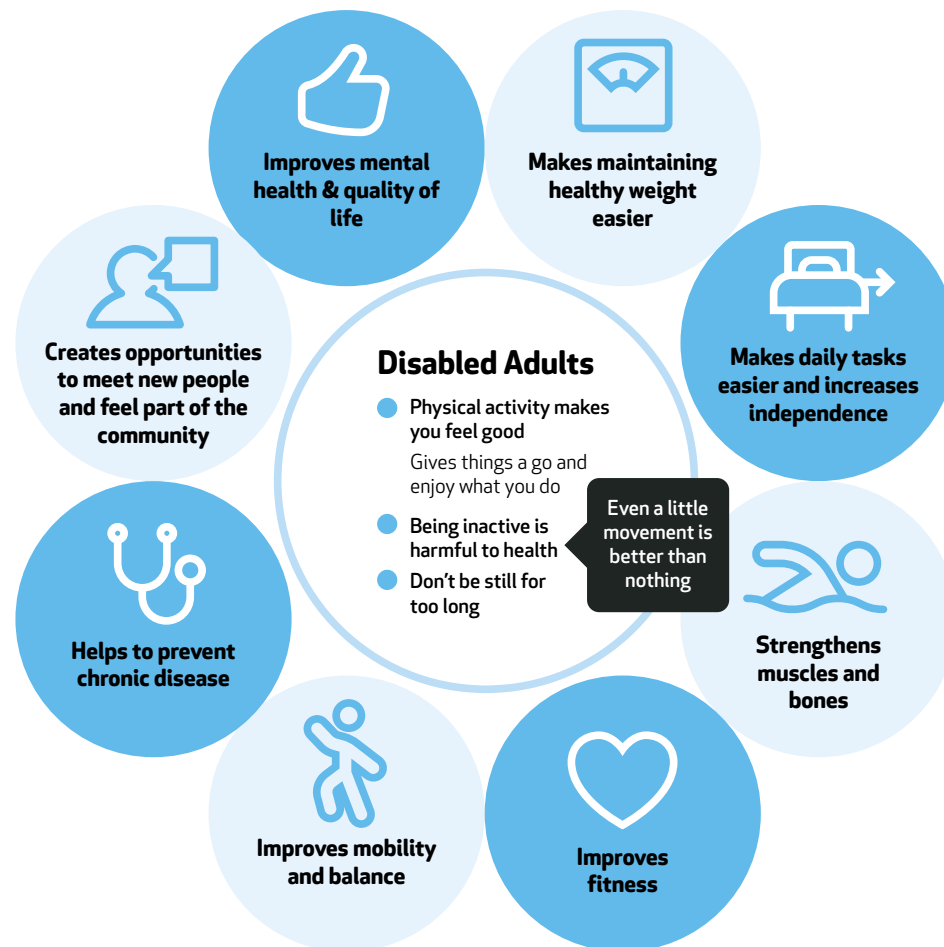


Tai Chi



Physical Activity for Disabled Adults

Make it a daily habit





Want to find out more?



NHS - Exercise



NHS - Get active



e-LfH - Physical activity and health



Mencap - EDLSA



NHS CWP - How can you be healthy?



Immunity: the science of staying well.

Dr Jenna Macciochi (book)



Healthy Eating & Hydration

Eating a healthy, balanced diet and keeping hydrated is essential for good health and wellbeing. What we eat and how much we eat has a huge impact on how well we function and how we feel, both physically and emotionally. When we do not eat the nutrients we need in the proportions we need, we are at risk of developing serious health conditions. People with learning disabilities are more likely to have a poor diet, be underweight or obese than people in the general population. Being underweight, overweight or malnourished increases the risk of serious health problems, and can affect quality of life (LeDer 2019).

Benefits of Healthy Eating

- Builds a healthy immune system
- Reduces the risk of heart disease and high blood pressure
- Maintains healthy teeth and bones and helps slow bone loss associated with ageing
- Improves sleep duration and quality
- High levels of physical activity are linked to lower risks of several types of cancer
- Increases energy, improves concentration and mood
- Helps achieve and maintain a healthy weight
- Improve the look of skin, nails and hair





Water

Water makes up two thirds of our body, so keeping hydrated is important. We can become dehydrated when we don't drink enough fluids or replace fluid we've lost. Dehydration can become a serious problem to our health by causing problems such as; headaches, constipation, urinary tract infection (UTI's), dizziness, confusion, kidney stones and skin problems, including pressure ulcers.

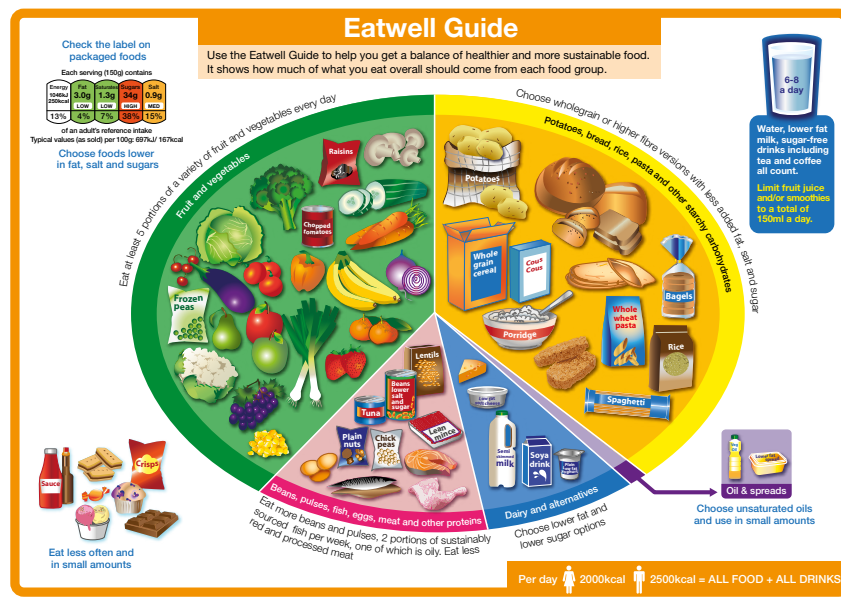
The Eatwell Guide recommends we drink 6-8 glasses of water and other liquids each day which is around 1.2 to 1.5 litres.

Water, low fat milk and sugar-free drinks including tea and coffee all count.



The Eatwell Guide

The Eatwell Guide is a useful resource to help us consider what we should eat and drink to keep our mind and body strong.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

© Crown copyright 2018



Download the guide

Fruit and Vegetables – It is suggested individuals eat at least 5 portions a day of different kinds of fruits and/or vegetables. This could be fresh, tinned, frozen or juiced.

Carbohydrates – such as potatoes, bread, rice or pasta, should make up just over a third of what is eaten. Wholegrain and high fibre are even better if possible.

Fish – It is suggested individuals eat two portions of fish a week. Oily fish is especially good for health, such as salmon or mackerel. Fish is a great source of protein, which is also found in beans, pulses, eggs and meat.

Fats and Sugars - play an essential role in maintaining good energy levels and supporting many bodily functions e.g. immune cell production. However, too

much fat or sugar can increase cholesterol levels, blood pressure, weight and risk of certain health conditions. Unsaturated oils and spreads should be eaten in small amounts. Always check food labels and “hidden” fat and sugar e.g. sugar in drinks, salad dressings

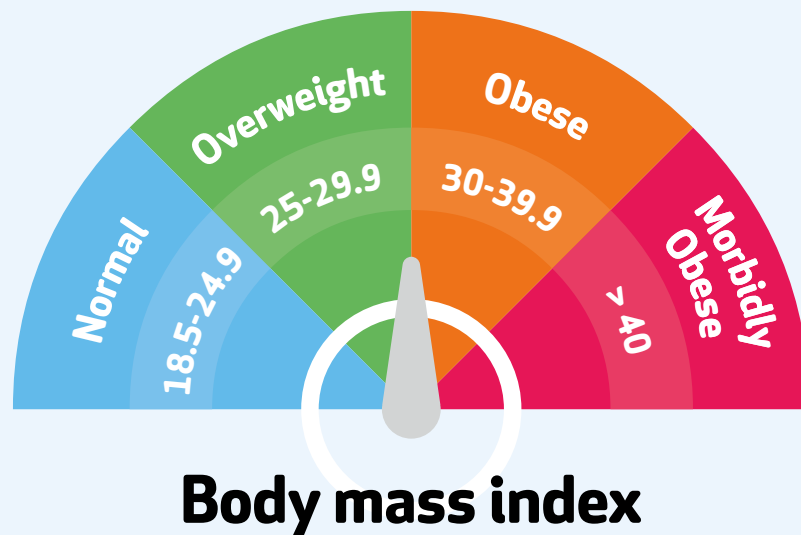
Salt – It is recommended adults have no more than 6g a day. Too much salt can increase blood pressure and is a health risk. About three quarters of the salt we eat is already in our food.

Hydration – Fluids will keep individuals hydrated, especially in warm weather or if exercise has been undertaken. Enough fluid should be consumed during the day so that urine is a pale clear colour.



Recommendations

The most common way to establish if a person's weight is within a healthy range is to measure their body mass index (BMI), which considers the person's weight and height.



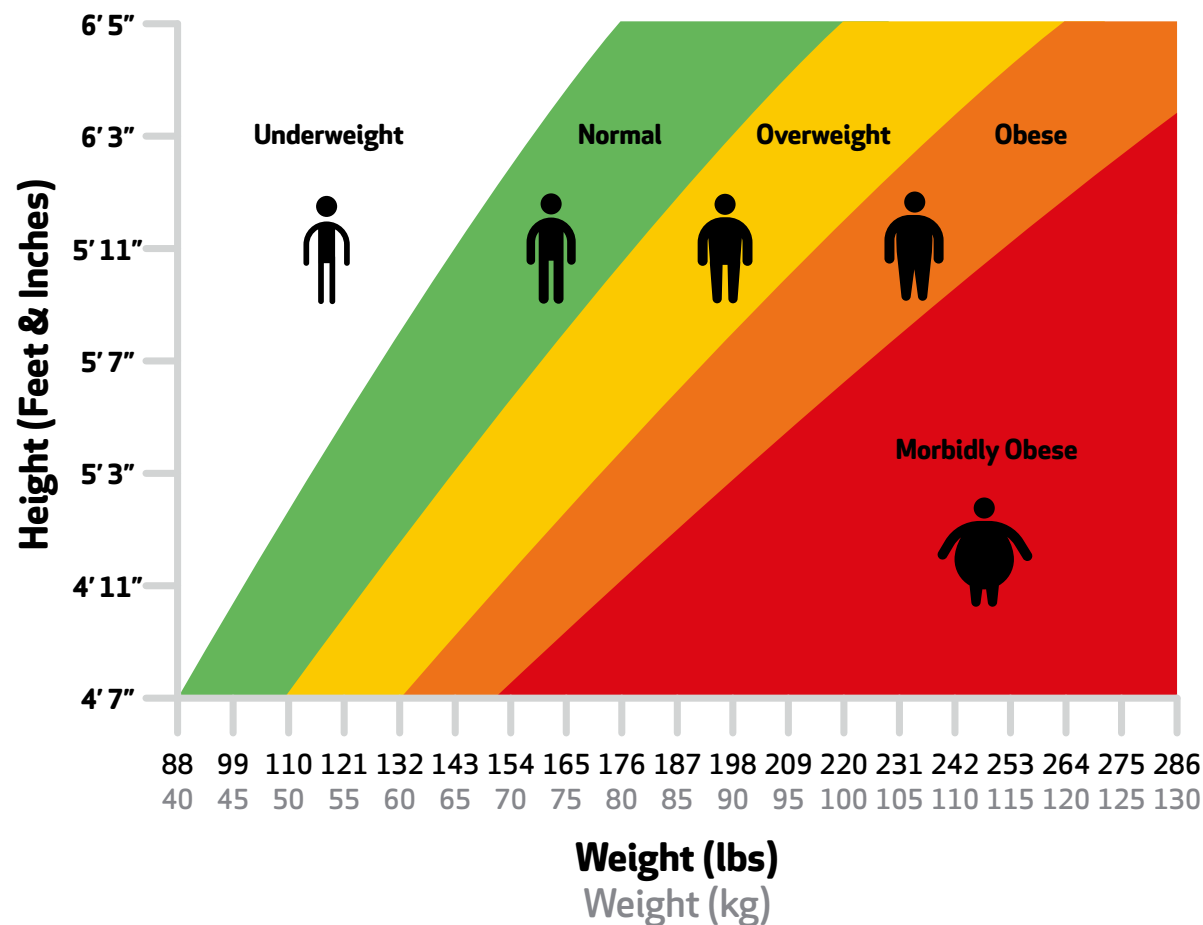
For most adults, a BMI of:

- **18.5 to 24.9** means you're a healthy weight
- **25 to 29.9** means you're overweight
- **30 to 39.9** means you're obese
- **40** or above means you're severely obese

BMI is not used to diagnose obesity because people who are very muscular can have a high BMI without much fat. But for most people, BMI is a useful indication of whether they are a healthy weight.



Body Mass Index



To work out BMI, height and weight can be plotted on the graph or follow the link below and enter height and weight.



[Download the calculator](#)



Hints and Tips

Eat a balanced diet – What we eat affects our weight. Follow the Eatwell Guide for an overview of what and how much to eat of the different food groups. If snacking, snacks should be healthy – low in calories, sugar and fat.

Be active – Keeping our bodies moving benefits our body, mind and weight by using energy. Finding an activity people are interested in - walking, jogging, swimming or sports.

Create healthy habits – Routines and habits which fit into a person's daily lifestyle will help make it more likely to be sustainable, regular times to eat and being active. This helps the body to know when it will receive energy through food and use energy up through being active.

Notice changes in weight – Gaining or losing weight can be a choice but it can also be an indicator of a larger problem or an underlying health condition. If this is the case we must identify the root cause, for example has there been a change in appetite, is it a problem swallowing, is it diet related.

Seek further support – There are many services available locally from the NHS or local authorities which can help people manage their weight. If a weight loss or weight gain cannot be explained advice should be sought from a GP, dietician or speech and language therapist. They can identify and assess any underlying issues affecting weight.





Want to find out more?



NHS - Healthy eating



NHS - Eatwell guide



NHS - Food labels



NHS - Eat better



NHS - Water



NHS - Dehydration



NHS - Loose weight



NHS - Healthy weight



NHS - Weight and learning disability



Tobacco Smoking

It is widely known tobacco smoking and being around tobacco smoke is harmful to health.

Smoking is the largest preventable cause of death, disability and inequality in health in England. Cutting down on the number of cigarettes smoked or quitting altogether can take time and be difficult but many people successfully break their smoking habit every day.



Nearly 20,000 UK heart and circulatory disease deaths are attributed to smoking each year
www.bhf.org



Benefits of Quitting Smoking

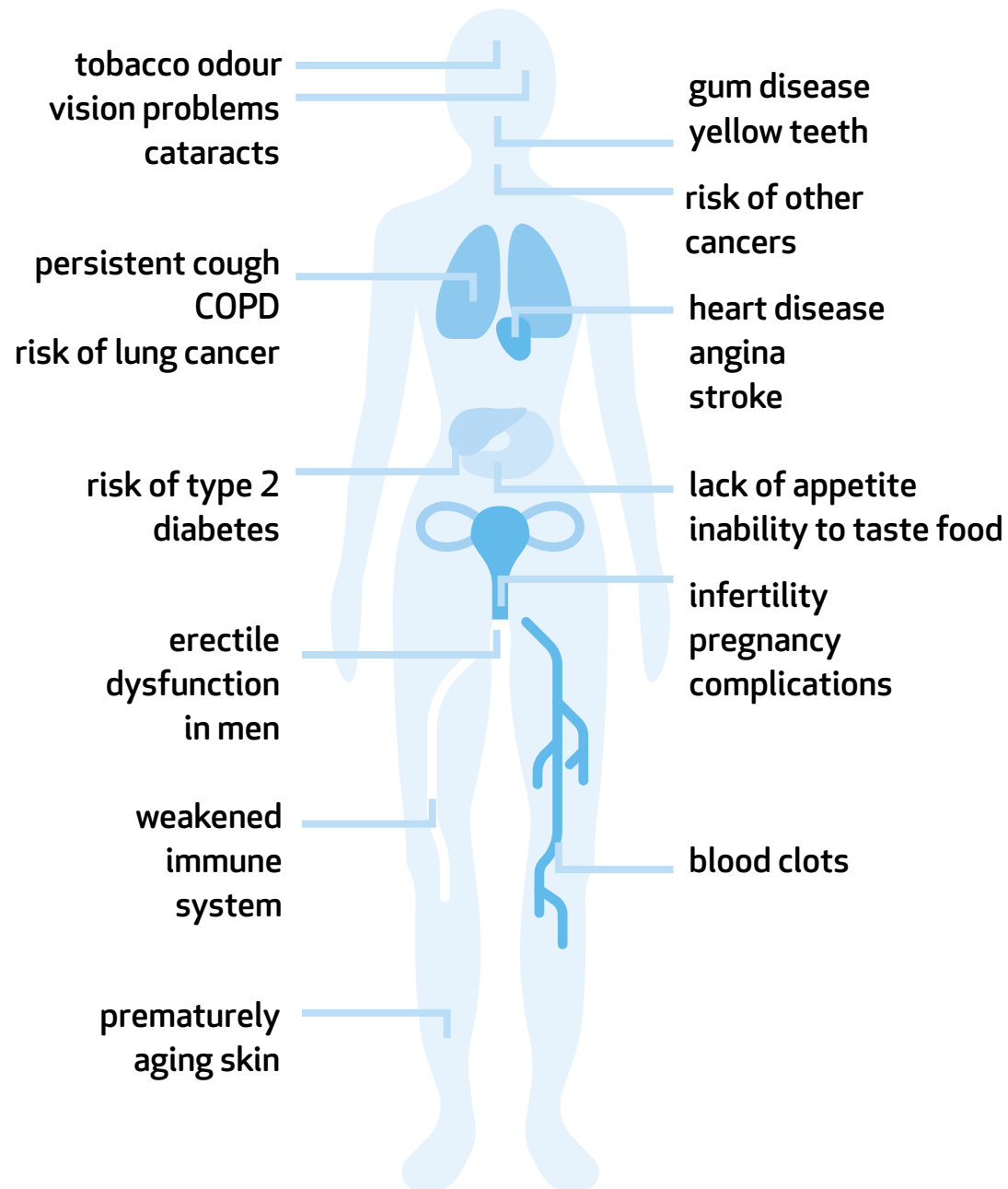
- Breathing becomes easier
- People feel less stressed from not having nicotine
- Improves the staining on the skin and teeth caused by tobacco
- Life expectancy is improved due to the lesser risk of cancers
- People have more energy
- Risks of passive smoking to other people is reduced
- Finances improve as not purchasing cigarettes



British Heart Foundation

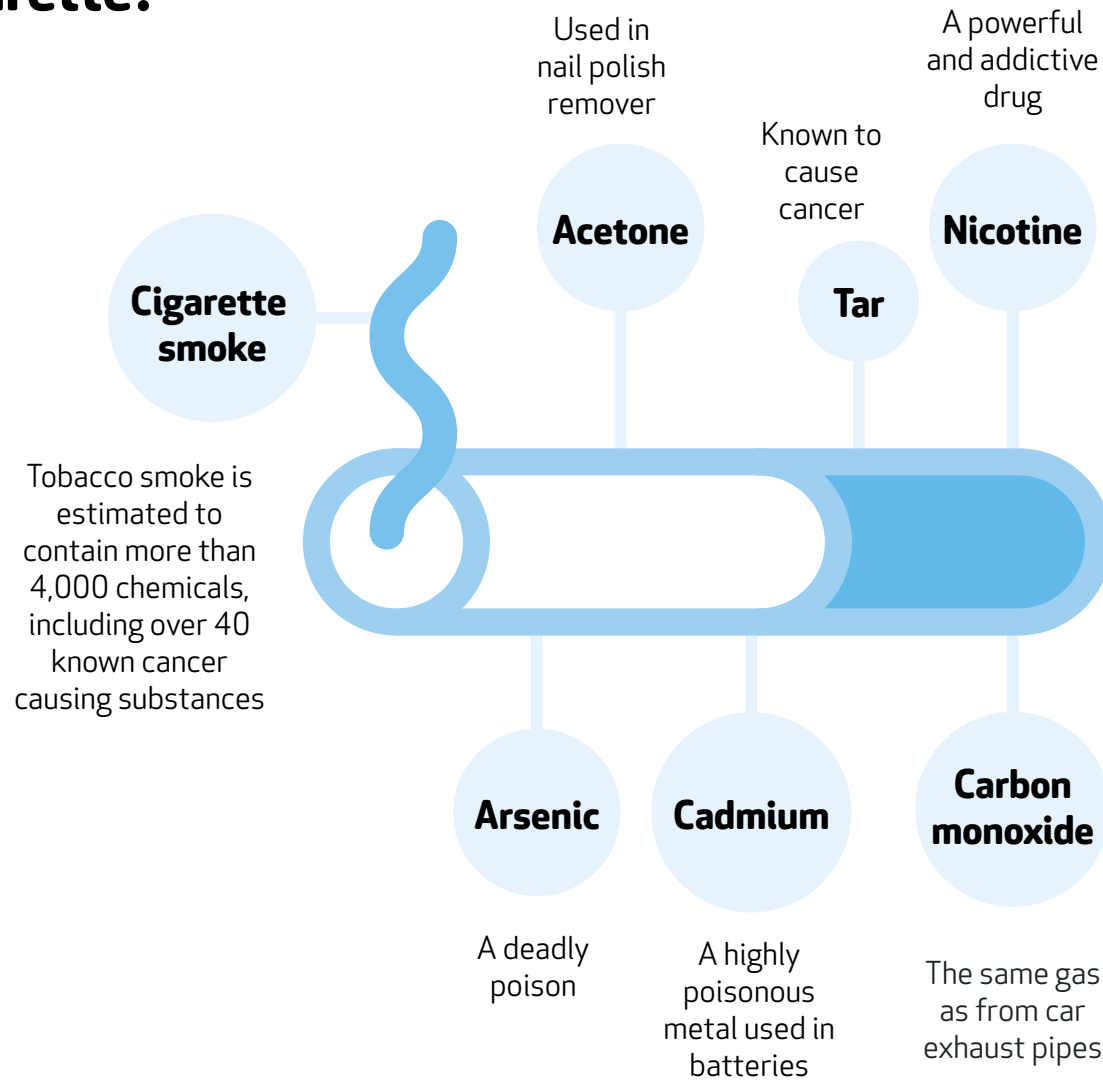


Effects of Smoking on the Body



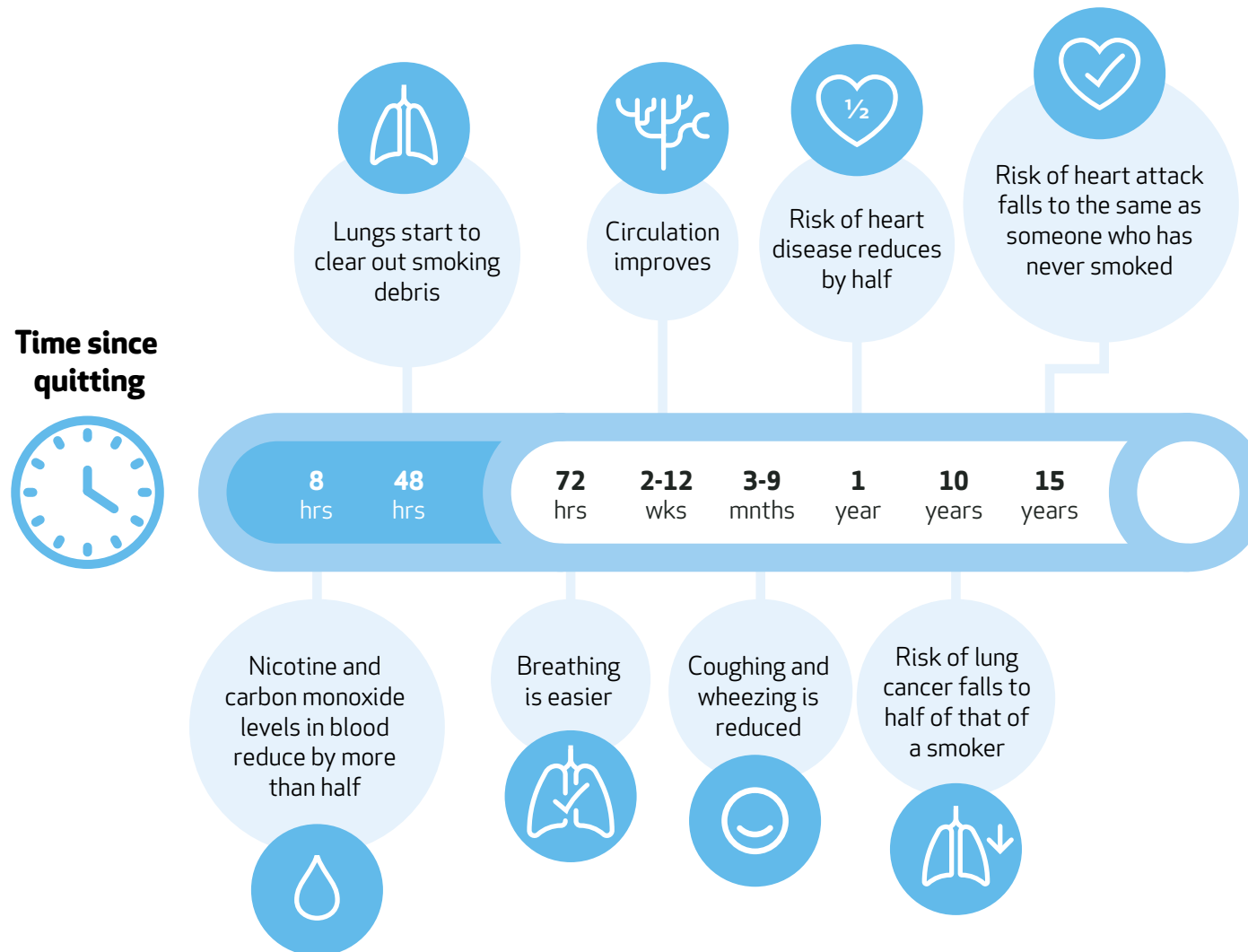


What's in a cigarette?





The Health Benefits of Quitting





Recommendations

The benefits of stopping smoking starts almost immediately on stopping and not just for the smoker but also those around them. Accessing specialist support from local stop smoking services can help people quit successfully and using this service people are 4 times more likely to stop smoking. In addition, GP's and online NHS services can help or using a non-tobacco containing product, like an e-cigarette or nicotine replacement therapy. E-cigarettes or Vapes are far less harmful than cigarettes, they are cheaper and can help people quit smoking for good.



Hints and Tips

Planning - Making a plan can help people beat the cravings. Writing a list of reasons to stop can help people to stick to a plan and the 'not a drag' rule.

Diet - When people stop smoking their taste buds become more sensitive and food can taste better however, cheese, fruit and vegetables can make cigarettes taste awful so eating foods like this can put a person off wanting to smoke.

Being active - Exercise is a healthy way of helping to reduce cravings for a cigarette. Finding a physical activity can help take a person's mind off cigarettes.

Positive thinking - Can help focus a person on their goal and they may be less likely to give in to smoking.

Managing stress - Sometimes the nicotine withdrawal people feel when they try to quit smoking can feel like increased stress.

In fact, scientific studies show people's stress levels are lower after they stop smoking.

Finding support - Accessing stop smoking services has been shown to improve the success rate for people wanting to stop. Support can also come from non-smoking friends who make sure that the temptation to have a cigarette is less likely to occur.





Want to find out more?



NHS - Stop smoking



NHS - E-Cigarettes



NHS - Health risks of smoking



Macmillan - Stop smoking



Sleep

Good sleep helps the body and mind in many ways, including boosting immunity, keeping our brain sharp and our energy levels up.



✓ Benefits of Good Sleep

- Feeling less tired and having more energy
- Increases concentration
- Improves immunity, reducing colds and infections
- Prevents accidents and falls
- Reduces worries about not sleeping well
- Feeling less irritable, stressed or anxious



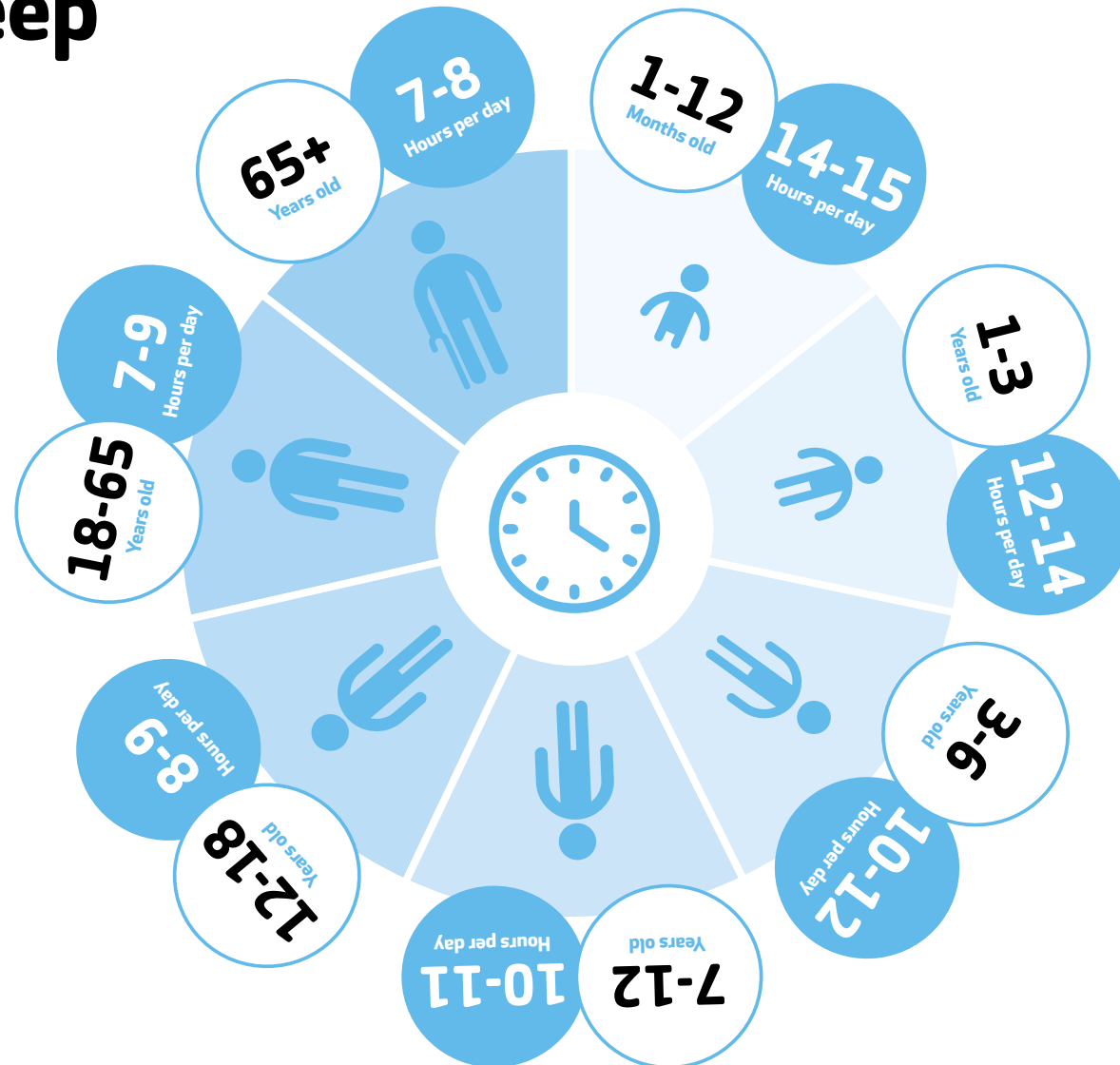
Recommendations

During sleep we go through 'sleep cycles' ranging from lighter to deeper sleep and each one of these cycles lasts for about 90 to 110 minutes. As the night goes on we spend more time in the lighter stages of sleep and we wake up more easily then.

Most people need around 8 hours of good-quality sleep each night but this number can differ between people. Waking up tired and feeling tired throughout the day probably means we need more sleep. Poor sleep can be caused by many things, including health conditions but in many cases it is because of bad sleeping habits.



How Much Sleep do we Need?





Hints and Tips

Create a restful environment - Dark, quiet and cool environments generally make it easier to fall asleep and stay sleeping.

Keep regular sleep hours - Going to bed when feeling tired and getting up at roughly the same time every day helps build routine and helps the body to sleep better.

Get into good habits - Getting in a good sleep routine helps us to shift into “sleep mode”. Start by dimming the lights or practicing relaxing activities 60 – 90 minutes before you plan to sleep. Avoid electronic devices which emit blue light and can affect the quality of your sleep.

Get up if you can't sleep - If you are lying awake unable to sleep, do not force it. Get up and do something relaxing for a bit, and return to bed when you feel sleepier.

Get enough sleep - Although 8 hours is the average number of hours to get a good sleep it's important to know how much sleep is enough for you. For most people less than 6 hours is not enough.

Write down your worries - Sometimes having things on your mind can keep you awake worrying. Writing worries down before bed or making a list of what to do the next day can help put your mind at rest.

Move more, sleep better - Being active can help you sleep better but avoid vigorous activity near bedtime as it can affect your sleep.

Be aware of what food and drink is consumed - Although alcohol may help people to fall asleep initially, it reduces sleep quality and is more likely to result in disturbed sleep or waking early, making people feel tired the next day. Smoking (including using nicotine patches or gum) can affect sleep as nicotine is a stimulant. Eating heavy meals before bedtime can also disturb sleep.

Get help with stress and mood management - Stress and mood difficulties, such as anxiety, low mood or stress at work can interfere with sleep and keep people awake. Talking through a problem, finding local support, discussing the issue with a GP, can help people experiencing stress and mood difficulties.



Want to find out more?



NHS - Lack of sleep



NHS - Every mind matters



NHS - Insomnia



Mental Health - Tips for sleep



How to sleep better



Drugs & Alcohol

All substances fit into one of three groups or categories which are depressants, stimulants and Hallucinogens. Below is some important information to know regarding which of those groups and what substances fit into each of those groups.



Depressants

Depressant substances reduce arousal and stimulation in various areas of the brain. They do not necessarily make a person feel depressed. They affect the central nervous system, slowing down the messages between the brain and the body. Depressants are also occasionally referred to as “downers” as they lower the level of arousal when taken.

Types of depressants:

- Alcohol
- Solvents (glues, paints, nail varnish removers, aerosols etc.)
- Benzodiazepines (i.e. Valium or Rohypnol)
- Pregabalin
- Heroin
- Cannabis



Stimulants

Stimulants are a group of drugs that result in increased activity in the body. Sometimes referred to as “uppers,” and are often used due to their performance-enhancing and euphoric effects. Stimulants speed up mental and physical processes, which can produce desirable effects in the short-term by increasing levels of dopamine in the brain.

Types of stimulants:

- Khat
- Amphetamine (Speed)
- Cocaine/Crack
- Methamphetamine
- Tobacco
- Ecstasy (an hallucinogenic amphetamine)
- Amyl nitrite (Poppers)
- Caffeine

Hallucinogens

Hallucinogens are a class of drugs that cause profound distortions in a person's perceptions of reality, otherwise known as hallucinations. While under the influence of hallucinogens, user's might see images, hear sounds or feel sensations that seem to be real but they aren't.

Hallucinogens can be man-made, or they can come from plants or mushrooms or extracts from plants and mushrooms. Generally, they are divided into two types: classic hallucinogens (LSD) or dissociative drugs (PCP). Either type of hallucinogen can cause users to have rapid, intense emotional swings.

Types of hallucinogens:

- LSD
- Magic mushrooms
- Ecstasy
- Ketamine
- PCP
- DMT (also known as Dimitri or Ayahuasca)



Want to find out more?



Talk to Frank



Alcohol change



NHS - Drug addiction



Drug wise



Substance misuse & learning disabilities



Section 2

Mental Health & Wellbeing

[Link to Easy Read - Mental Health & Wellbeing](#)



Introduction

Mental health and wellbeing is not static, it can change as can circumstances in a person's life. Just like physical health, we need to take care of it. Mental health can range from good to poor and good mental health can help us to think positively about life. When a person is experiencing poor mental health they may find it difficult to cope with their thoughts or behaviour, they no longer enjoy things they used to, they may feel sad or angry or feel things are out of their control.



According to MIND, good mental health is when:

'You care about yourself and you care for yourself. You love yourself, not hate yourself. You look after your physical health – eat well, sleep well, exercise and enjoy yourself'.

'You see yourself as being a valuable person in your own right. You don't have to earn the right to exist. You exist, so you have the right to exist'.

'You judge yourself on reasonable standards. You don't set yourself impossible goals, such as 'I have to be perfect in everything I do', and then punish yourself when you don't reach those goals'.





Looking after Mental Health

- It is important to take care of general health needs, for example taking care of physical health and wellbeing.
- By practising self-care, recognising what does and doesn't make a person feel good.
- Finding ways to feel good about themselves.
- Seeking support when it is needed can help prevent some mental health problems from developing or getting any worse and can help in the management of conditions.

Research suggests mental health problems may be higher in people with a learning disability and some studies suggest the rate of mental health problems in people with a learning disability is double that of the general population (Cooper, 2007; Emerson & Hatton, 2007; NICE, 2016).

Most people at some time during their life face negative life events. People with a learning disability may be particularly vulnerable to negative life events and may not have the mechanisms for coping with them. Over a person's life course the accumulation of negative life events can result in higher levels of stress, increasing the risk of mental health problems developing



(Bond et al., 2019). This can result in changes in behaviour such as distress, irritability and agitation (NICE, 2016).

People with Down Syndrome are at particularly high risk of developing dementia, with an age of onset 30-40 years younger than the general population (Holland et al., 1998). The rates for schizophrenia in people with learning disabilities are approximately three times greater than for the general population (3% vs 1%) (Doody et al., 1998). The reported rates for anxiety and depression amongst people with learning disabilities vary widely, but it is generally reported to be at least as prevalent as the general population (Stavrakaki, 1999), and higher amongst people with Down's syndrome (Collacott et al., 1998). Challenging behaviours such as aggression, destruction, self-injury and others are shown by 10%-15% of people with learning disabilities, with age-specific prevalence peaking between ages 20 and 49 (Emerson et al., 2001) (Research Evidence on the Health of People with Learning Disabilities).





Why mental health problems are not always recognised in individuals with a learning disability

There may be a gap between mental health services and learning disability services. It has been suggested the assessments to detect mental health problems in people with a learning disability are not always well developed, which may result in mis-diagnosis.

It has been suggested when symptoms are presented by someone with a learning disability they are attributed to their learning disability, rather than the actual problem, which may be a mental health issue. This then has consequences for the quality of treatment and support a person receives.

It is important when supporting people to 'know' the person. So we can differentiate between what would be their 'normal' behaviour and that which is not. This then enables the most appropriate support and treatment be provided.





Thoughts and Feelings

Thoughts and feelings can be hard to make sense of sometimes and people can have new feelings they cannot understand or make sense of:

- Just not feeling like their usual self
- Feeling something isn't right
- Finding it hard to enjoy things as normal, such as spending time with friends or doing a favourite hobby
- Feeling angry or sad
- Wanting to be alone
- Having strange thoughts

There are lots of things that can affect the way a person feels like:

- Problems at home or in relationships
- Life changes
- Confusion about who you are or what you believe in
- Feeling pressured
- Feeling lonely or like nobody understands
- Being bullied or abused
- Worrying about what's happening in the world, like things you hear about in the news



Stress

There is no medical definition of stress and there is disagreement as to whether stress is the cause of problems or the result of them. This can make it difficult for you to work out what causes your feelings of stress, or how to deal with them. People who feel stressed may feel overwhelmed or unable to cope as a result of pressures which they may feel are unmanageable.

What are the signs of stress?

- **Emotional changes** - anxiety, fear, anger, sadness, or frustration, for some people, stressful life events can contribute to symptoms of depression
- **Work-related stress** - can have negative impacts on mental health
- **Behavioural changes** - behaving differently, becoming withdrawn, indecisive or inflexible, sleep disturbances, irritability, tearfulness. Some people may resort to smoking, consuming more alcohol, or taking drugs. Stress can make you feel angrier or more aggressive than normal and affect the way we interact with our close family and friends
- **Bodily changes** - some people may experience headaches, nausea and indigestion. Other symptoms may include perspiring more, palpitations or suffering from various aches and pains

If a person experiences stress repeatedly over a prolonged period of time sleep and memory may be affected, eating habits may change and people may feel less likely to exercise. Some research has also linked long-term stress to gastrointestinal conditions like Irritable Bowel Syndrome (IBS), or stomach ulcers as well as conditions like cardiovascular disease.

Who does stress affect?

Most people experience some degree of stress at some point in their lives and different aspects of life can cause stress for different people. People experiencing debt, financial insecurity, discrimination and people with pre-existing or ongoing health problems may be more likely to experience stress.





Anxiety

What are the signs of anxiety?

- Feeling uneasy, worried or fearful ranging mild to severe
- Finding it hard to control worries
- Feelings of anxiety can be more constant and affect daily life
- Racing thoughts
- Uncontrollable over-thinking
- Difficulties concentrating
- Feelings of dread, panic or 'impending doom'
- Feeling irritable
- Heightened alertness
- Problems with sleep
- Changes in appetite

If a person experiences anxiety over a prolonged period of time a person may suffer from:

- Heart problems and increased risk of heart disease
- Lowered immune system
- Gastrointestinal disorders including irritable bowel syndrome
- Memory problems
- Migraines

Who does anxiety affect?

Generalised Anxiety Disorder is a common condition and it is suggested to affect up to 5% of the UK population. Slightly more women are affected than men and affects people from the ages of 35 to 59 more commonly.





Panic Attacks

Panic attacks are described as a type of fear response. They are an exaggeration of how the body responds to danger, stress or excitement. When a person is having a panic attack they may feel afraid they are :

- Losing control
- Going to faint
- Have a heart attack
- Going to die

What are the signs of a panic attack?

During a panic attack, a person may experience physical symptoms which can build up very quickly, including:

- Racing heartbeat
- Feeling faint, dizzy or light-headed
- Feeling very hot or very cold
- Sweating, trembling or shaking
- Nausea (feeling sick)
- Pains in the chest or abdomen
- Struggling to breathe
- Legs feeling shaky or are turning to jelly
- A person may feel disconnected from their mind, body or surroundings





Depression

Depression is described as feeling in a low mood that lasts for a long time and affects daily life.

A person is able to leading their normal life but depression makes it harder to do and seem less worthwhile. There are different types of depression and the symptoms range from mild to severe and at its most severe, depression can be life-threatening as it can make people feel suicidal.



When people experience depression they may:

- Avoid social events and activities they usually enjoyed
- Engage self-harm or suicidal behaviour
- Have difficulty speaking, thinking clearly or making decisions
- Have difficulty remembering or concentrating on things
- Use more tobacco, alcohol or other drugs than usual
- Have difficulty sleeping, or sleeping too much
- Feel tired all the time
- Have no appetite and lose weight, or eat too much and gain weight
- Have physical aches and pains with no obvious physical cause
- Moving very slowly, or being restless and agitated.
- Feel down, upset or tearful
- Restless, agitated or irritable
- No self-confidence or self-esteem
- Feel suicidal

Sometimes people may develop severe depression and also experience some psychotic symptoms including delusions, paranoia and hallucinations, such as hearing voices.



Positive and Negative Symptoms

Positive and negative symptoms are terms used to describe two symptoms relating to schizophrenia which change how people may think and behaves. The condition may develop slowly with first signs being hard to identify as they often develop during the teenage years. People can experience episodes of schizophrenia, when their symptoms are particularly severe, followed by periods where they experience few or no symptoms. This is known as acute schizophrenia.

- **Positive symptoms** include hallucinations, delusions and repetitive movements that are hard to control. Hallucinations include a person hearing, smelling, tasting or feeling things that do not exist outside of a person's mind. The most common hallucination is hearing voices
- **Negative symptoms** include the inability to show emotions, apathy, difficulties talking, and withdrawing from social situations and relationships

There is also a third group of symptoms, usually called:

- **Cognitive symptoms**, this includes anything related to thinking, such as disorganized thoughts, memory problems, and difficulties with focus and attention

Schizophrenia is often described as a type of psychosis. A first acute episode of psychosis can result in drastic changes in a person's behaviour, a person can become upset, anxious, confused, angry or suspicious of those around them. They may not think they need help and it can be hard to persuade the person to seek professional help.

People with paranoia may experience the following or a combination of:

- Feeling upset, anxious, angry, and confused
- Being suspicious of those around them
- Believing they are being persecuted
- Fearing that someone is following, chasing, poisoning, or otherwise plotting against them
- Feeling as if someone else is controlling their thoughts and actions
- Feeling as if their thoughts are disappearing or being taken away from them
- Suicidal thoughts and behaviour



Symptoms of Schizophrenia

Positive



Delusions



Hallucinations



Disorganised speech

Negative



Flattened effect



Reduced speech



Lack of initiative



Self-injurious Behaviour

Self-injurious behaviour is when a person carries out a behaviour which causes physical harm to themselves. Some examples of self-injurious behaviour shown by people with severe learning disabilities can include:

- Eye poking
- Self-biting
- Head banging
- Skin picking
- Scratching
- Vomiting

A person may be at an increased risk of self-injurious behaviour if they have:

- Severe or profound learning disabilities
- Sensory impairments
- Poor expressive language skills
- Poor mobility
- Autism

Poor mobility, poor expressive communication, interaction skills and language, sensory deficits and neurological damage may also result in people carrying out self-injurious behaviour. However, many people with learning disabilities may have such characteristics but will not display self-injurious behaviour (www.aboutlearningdisabilities.co.uk) (www.challengingbehaviour.org.uk).

Self-injurious behaviour may or may not always be intentional and it may arise when an individual is attempting to obtain attention/a goal, avoid certain social situations or due to poor physical or emotional health. Certain environments and illness may cause the behaviours to worsen. Self-injury can communicate different messages in different situations.

When a person is showing self-injurious behaviour, the Challenging Behaviour Organisation suggests that we:

- Consider pain as a cause
- Teach communication skills using appropriate methods for the person
- Ensure that the person is safe, but try not to react to the self-injury as though it were a 'message'
- Seek advice from a psychologist or behavioural specialist



Self-harm and Suicide

Self-harm is when someone intentionally damages or injures their body.

A person may do this because they are:

- In emotional distress
- Trying to feel in control
- Punishing themselves
- Relieving unbearable tension
- Crying for help
- Having intrusive thoughts
- Experiencing pressures at school or work
- Being bullied
- Having money worries
- Experiencing sexual, physical or emotional abuse
- Experiencing bereavement
- Experiencing homophobia, biphobia and transphobia (see LGBTIQ+ mental health)
- Having a relationship breakdown
- Loss of a job
- Have a health problem

Self-harm may be linked to previous bad experiences, bad experiences that are happening now, but the reason may be unknown.

Research has identified a clear link between suicide or suicidal thoughts and people who have previously self-harmed. Although people who self-harm may not want to end their life, self-harm may be thought of as a way of staying alive by responding to or coping with severe emotional distress. Whatever the reason it is important to find the right support or treatment to help deal with the underlying cause in a less harmful way.



How to Help Someone

- Try encourage the person to seek professional help and speak to their GP or free listening/support service about self-harm
- Talk to them about how they would like to be supported
- Let them know you want to help
- Tell them about their positive qualities
- Try understand their emotions and experiences
- Any amount of self-harm may be a sign a person is feeling extremely distressed
- Let them be in control of their decisions, but get them medical attention if needed

In addition to a GP and a community mental health team (CMHT), there are a number of organisations which can offer help, advice and support.



Mind – call 0300 123 3393 or text 86463
(9am to 6pm on weekdays)



Harmless – email info@harmless.org.uk



Self-injury Support (for women and girls)



CALM (for men)



Young Minds Parents Helpline

– call 0808 802 5544 (9.30am to 4pm on weekdays)

According to the Samaritans, suicide rates have increased amongst middle-aged men

There were 5,691 suicides in England and Wales in 2019

Suicide rates among the under 25's have increased in recent years, particularly 10 to 24-year-old females



Suicide prevention starts with recognising the warning signs and taking them seriously. Suicide prevention should start long before people end up in crisis. This can minimise the distress people feel before they get into crisis. Prevention needs to happen across society, making sure help is available and accessible.

If someone feels like they want to die, it's extremely important they tell someone and seek help.

They could:

- Talk to family or friends who may be able to offer support and help keep the person safe
- Call a GP – asking for an emergency appointment
- Call 111 out of hours
- Contact their mental health crisis team
- Call 999 if they have harmed themselves

**In the UK, 1 in 5
think about suicide
in their lifetime**

**1 in 15 attempt
suicide in their
lifetime**

There are also free help and text lines to contact for support:



Samaritans – for everyone

Call 116 123

Email jo@samaritans.org



Papyrus – for people under 35

Call 0800 068 41 41 – 9am to midnight every day

Text 07860 039967

Email pat@papyrus-uk.org



SOS Suicide of Silence – for everyone

Call 0300 1020 505

8am to midnight every day

Email support@sossilenceofsuicide.org



Campaign Against Living Miserably (CALM)

Call 0800 58 58 58 – 5pm to midnight every day

Visit the webchat page



Shout Crisis Text Line

SHOUT 85258



Suicide prevention advice

WAIT



The Mental Health Foundation suggests the 'WAIT' advice is how you can try to help someone who might be having suicidal thoughts.

If you would like more information please visit:

www.mentalhealth.org.uk/publications/suicide-prevention-wait

W Watch out

Watch out for signs of distress and changes in behaviour. Is the person withdrawing socially, is excessively quiet, has uncharacteristic outbursts and irritability. Has the person been talking about death or wanting to die.

A Ask

Ask 'are you having suicidal thoughts?' talking about the suicidal thoughts and feelings doesn't give a person suicidal ideas, talking about how someone might be feeling in an open way can help save their life.

I It will pass

It will pass – assure the person that with help, their suicidal feelings will pass with time.

T Talk to others

Talk to others – encourage the person to seek help from a GP or a health professional.



Want to find out more?



Mind - How to manage stress



Mental health - Stress



NHS - Mental health



Anxiety and self help - Groups



Supportline - Anxiety



NHS - Depression



Supportline - Depression



Hearing voices - Schizophrenia



NHS - Suicidal thoughts



Mental health - Suicide



Learning disabilities and injurious behaviour



NHS - Mental health leaflet



NHS - Anxiety workbook



NHS - Schizophrenia and learning disabilities



NHS - Self harm and learning disabilities



Medication and Side Effects

For some people medication is used as a short term solution to help them in an immediate situation. But for some people, medication use is ongoing and long-term. This treatment enables some people to live with severe and enduring mental health problems. The medication can help prevent people experiencing relapses and re-admissions to hospital. Psychiatric medication describes the medication which is prescribed to treat different types of mental health problem.

There are 4 main types of psychiatric medication:

- Antidepressants
- Antipsychotics
- Sleeping pills and minor tranquillisers
- Lithium and mood stabilisers

People with a learning disability, autism or both have been found to be given psychotropic medication more than any other people. Psychotropic medicines affect how the brain works and include medicines for psychosis, depression, anxiety, sleep problems and epilepsy (can be from the list of types of medication above).





They are also given to people with a learning disability because their behaviour is seen as challenging. Public Health England says that every day about 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines, when they do not have the health conditions the medicines are for (www.gov.uk).

Psychotropic medicines can cause problems if taken for the wrong reason, taken for too long or the dose is high. This can cause side effects like:

- Putting on weight
- Feeling tired or 'drugged up'
- Serious problems with physical health

STOMP

STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project and STOMP aims to helping people to be healthy and enjoy a good quality of life.

In addition to the benefits, psychiatric medication can cause both short and long term side effects. Mild side effects might stop happening when a person's body has got used to the medication or when the way the medication is taken is adjusted - such as taking it with food, or at a different time of day. Severe side effects may mean the person must stop taking the medication and seek medical help. People taking medication should have a regular medication review either with a GP or psychiatrist, to monitor whether the medication is helping and whether it is causing any side effects.



Want to find out more?



Mind - Mental health



Mind - Drugs and Treatments



Rethink - Antipsychotics



NHS - STOMP



Challenging Behaviour



Through the Maze - STOMP



People should not stop taking the medicine or change it without medical advice – this could be dangerous.

To make sure the medicine is correct for a person, it may be necessary to speak with the person who prescribes the medication and ask for a medication review.



Social Isolation

Social isolation is a state of being cut off from normal social networks. Isolation can involve staying at home for lengthy periods of time, having no access to services or community involvement, and little or no communication with friends, family, and acquaintances. A person may feel loneliness or rejection by others, feel unsafe, not able to concentrate and make decisions, feel anxious about talking to others, feel worthless or not sure if they can continue living.

Many things can prevent people from leaving their house and having contact with other members of society, such as:

- Long-term illness
- Disabilities
- Transport issues
- Unemployment and economic struggles
- Becoming a carer for a loved one
- Domestic violence

Some people may be physically able to go out and meet other people but are inhibited from doing so due to a mental health issue including:



Any of these factors can be barriers to forming and maintaining social networks and lead to loneliness and isolation. Stressful life events such as loss of a loved one can cause stress triggers, which affects an individual's ability to relate to others and cause anxiety. The most common way in which people we support react to these situation is through social isolation.



Social Isolation

Behaviour to look for:

-  **Feelings of depression and anxiety**
-  **Aggressive behaviour**
-  **Passive attitude**
-  **Poor sleep quality**
-  **Cognitive decline**
-  **Altered memory**
-  **Poor self-care or self-neglect**
-  **Making excuses for staying at home**



5 Ways to Wellbeing

Introducing the 5 Ways to Wellbeing to the people we support is a good way to encourage those who are isolated and those at risk of becoming isolated.



Connect

Developing healthy social relationships can increase feelings of happiness, security, belonging and self-worth. Creating bonds with family and friends can make people feel more secure. Research shows having significant people in our lives increases our psychological wellbeing. It also gives people a chance to receive emotional support from others. Wellbeing can be passed on through relationships and spending time with positive people can improve psychological wellbeing.



Be Active

Many people who are socially isolated become used to their own surroundings and may argue there is no reason for them to leave their home. Beginning with practical tasks can help a person feel useful and begin to create some routine in their lives, a way to limit anxiety and reduce low mood. Physical activity is also a great way to boost physical and mental health.



Take Notice

Taking time to look at what is going on around us can help a person feel more grounded and connected to their surroundings. This may be a time to support the people we work with to think more positively. Using the mindfulness techniques noted in this book may be helpful in engaging those that are socially isolated.



4



Keep Learning

This is important for both the people we support and support staff. As staff working with people it is beneficial to learn more about them to understand how best to support them. Taking the time to learn about a person's circumstances and history can help you to understand their coping mechanisms. Awareness of a person's tendency to socially isolate during difficult periods can help staff support them and prevent it from having a negative effect on their wellbeing. Additionally, engaging the people we support in learning and developing can provide a sense of purpose, as well as directly impacting their wellbeing. Focusing learning on developing new ways to cope can provide both a sense of purpose and increase people's resilience.

5



Give

Sharing positive experiences gives the people we support a chance to help and support others, which can be personally rewarding. Helping others naturally increases happiness levels and creates lasting, meaningful relationships. Try and support individuals to look into volunteering opportunities in areas that interest them such as garden centres,

If you have concerns about a person's safety or health, including mental health, follow the policies and procedures in place. It may be necessary to contact a person's GP or a mental health professional.



Accessing the Community

Being part of the community is a right of all people.

Social interaction is proven to reduce the likelihood of a person experiencing poor mental health. Being part of the community is a great way to establish regular contact with others, linking directly to the 5 Ways to Wellbeing Targets.

Being part of a community can mean joining organised groups, spending time with a collection of friends or attending a gathering of people who share the same values. Community used to refer to the local area and those living in it, but with the increasing use of technology communities can be found further away or online. Being a part of a community can bring a sense of purpose and give people a feeling of belonging and for those with learning disabilities this is vital aspect of supporting wellbeing.

Other benefits of community involvement include the building of friendships, increased awareness of resources and shared learning. Many people with Learning Disabilities, who live in residential or shared settings, may feel a sense of belonging from this. However, it should not be assumed that a person feels a sense of belonging, whether they are part of a group or live with others.

Opportunities for socialisation can be limited by personal circumstances, such as anxiety or a lack of understanding of social cues, requiring support to access the community. This should be done in relation to the person's wishes and interests.





How to Support People to Access the Community

Do your research: A good point of reference for beginning a conversation with the people we support, about accessing the community can come from the information detailed in their support plan. Knowing about a person and their personal beliefs and general interests, can help you understand their perspective on communities. It may be important to note any past engagements and support needs that may need to be considered.

For example: A new person arrives at the residential setting and is listed as being Jewish. When living with family they attended Synagogue weekly. This should be acknowledged by staff and discussed with the person to establish if this is something they wish to continue doing.

Engage: To understand the needs of the people we support, we must listen. After finding out about a person we may think we have a good understanding of what a person might enjoy. This is a great start, but it is important to actively communicate with the person to ensure your understanding is correct. People may change their minds about activities, they may have found new interests or want to try something new. This is a review that should be held regularly for these reasons.

For example: A new person arrives at the residential setting and is listed as being Jewish. When living with family they attended Synagogue weekly. This should be acknowledged by staff and discussed with the person to establish if this is something they wish to continue doing.





Ways to Open Communication:

Use picture prompts - Using systems that are already in place is important for continuity in a person's support. Using communication prompts to offer a range of activities and community engagement options is key, as it allows individuals freedom in the choices they make. Without communication equipment the individual's ability to express interest is restricted.

Demonstrate - A forward approach and try different activities at home such as baking, sports or crafts, finding out what a person enjoys is a great start. You can support people with independent research of local communities, and follow up by visiting places and groups of interests.

Encourage - For many, meeting new people and taking part in new opportunities can be a reason for excitement. For others this is a cause for anxiety and panic. It is important that the encouragement we give the people we support, is within reasonable expectations. Having done your research and knowing the best way to support the individual is vital.

To make a task seem manageable it may be appropriate to break things down. Remember one person may need a task breaking down to a two-step process; others may need a task broken down to six steps, over a longer period of time. It is important to look for signs of distress or changes in behaviour in the people we support, especially in new environments. Recognising the need to take a break is an equally important part of encouragement.





Make Adjustments Not Excuses

The people we support are all individual and so are their interests. One person may be interested in crochet, another interested in sky diving. As support staff it is important to help the people we support overcome barriers and achieve their goals.

Some adjustments may be something you already consider and have become part of support routines. For instance looking for disabled access and parking, or bringing specialist equipment for the people you support, such as beakers and cushion supports. However, some community engagements may require more planning and adjustment in order they are appropriate for the person being supported. It is important to support the people we support in their goals and wishes, it is not reasonable to rule out community engagements because of the need for adjustments.



For example: A person wishes to attend a new social group across town but is unable to drive. Furthermore the individual's main goal is to be more independent. A viable way this can be achieved could be through supporting the person in Travel Training, so they are able to use public transport. Staffing schedules may need to be changed to accommodate this.

Keeping Safe at Home

The home is the most common location for an accident to happen. Every year across the UK, there are approximately 6,000 deaths as a result of home accidents. Falls are the most common accidents and can cause serious injury at any time of life, but the risk increases with age.

More accidents happen in the lounge/ living room than anywhere else in the home. There are many different ways we can help prevent accidents in the home and making the people we support aware of how they can look after themselves at home is a great way to promote independence.

In a support role there are many organisational policies and procedures to be followed. However, there are some simple adjustments you can make and allow people to become involved in their own support.



Personal Safety At Home

In case of emergency Keep a list of emergency phone numbers for the person you support near the telephone. You could also store important names and numbers on the phone, so they don't need to dial the numbers. This way they can call for help when needed.

- **Answering the door** - If someone comes to the door it is best practice to encourage the person you are supporting to look to see who is at the front door, using the window or spy-hole. This is the first step to identifying if it is safe to let the person inside. If they do not recognise the person at the door encourage them to ask for ID cards.
- **Safe place** - Encourage the person being supported to partake in choosing somewhere safe to keep door and window keys. Remember these should be accessible and easy to find quickly in an emergency.
- **Work together** - Create a checklist of things to check before leaving the house or going to bed, for instance locking doors, leaving a light on and shutting windows. Encouraging people to take part in keeping themselves safe promotes a sense of purpose and independence.



Whether or not they recognise the person at the door, we must remind residents not to give their name and phone number when they answer the phone or mention they are alone. This should be something we encourage the people we support to do, even those with 24 hour support.



Making Home A Safe Place

A person should feel safe in their home, but many people with Learning Disabilities are not involved with making their home a safe place. A simple thing such as knowing where things are in their own home, ensures a person feels involved in their own safety. Carrying out a safety tour of the home with the person who lives there helps them take ownership of their home.

Creating a check list of things around the home regularly encourages hazard awareness with the people we support.

Look for:

- Worn or damaged wiring
- Overloaded sockets. Remind them to use a strip extension lead, instead of lots of adaptors
- Messy cables. Promote using a cable tidy, which keeps all loose cables together so that they will not cause a trip hazard
- Plugs left on unnecessarily. Consider buying appliances that switch off automatically





Staying Safe in the Community

Safety in the community is important for all, but for people with learning disabilities, it is a topic that may need to be supported more thoroughly. Whether or not a person has constant support, it is best practice to ensure the people we support have the skills to keep themselves safe while out and about.

Preparation - Most of us have a routine before leaving the house, remembering keys, shutting windows and putting our phone in our pocket. Helping the people we support to create a routine, can be a good way to ensure they follow key steps before leaving their home. This may include letting someone know you are going out. This routine could be in the form of a checklist or visual prompts. Make sure the person is involved with each step and understands why it is being done.

Plan your journey - Before going out make sure the person you are supporting knows where they are going, how you will be getting there and the purpose of the journey. Encourage them to take part in deciding modes of travel, routes and location.

Tell someone where you are going - Ask the individual to identify a safe person to tell their whereabouts to. Explain how this is important if they were to get lost, or not return when planned.



Top Tips

- Pack a bag with everything you may need. It may be worth having a separate list to identify what the person needs to take. This will be different for each person but remember to include emergency contact numbers, a way to get in touch with someone, and any medication they need.
- For people who need visual prompts to know what is happening, having a specific bag for going out into the community can act as a prompt. This can also be prepacked or contain the packing list.



Road safety - With the amount of traffic on the roads ever increasing, it is vital to promote road safety skills. This can be done continuously whilst out and about, prompting the people we support to acknowledge traffic lights or road crossings and offering tips throughout a journey. However, for some of the people we support it may be more appropriate to engage them with the topic prior to community outings. If there are concerns about a person's safety it may be appropriate to complete a risk assessment after an observed walk in the local area. Remember road safety includes effective use of pavement space, spatial awareness as well as effective road crossing.

Strangers - Being a part of a community can mean proximity or engagement with people we don't know. This can cause differing feelings in people, some find this an exciting opportunity to meet new people and even make friends. Others may feel reserved or concerned. Regardless of a person's initial feelings, it is important to make the people we support aware of appropriate behaviour and the dangers relating to being around people we do not know.

Asking for help - In the community the people we support may encounter problems such as becoming lost, misplacing belongings, harassment or encountering people we feel unsafe around. As mentioned it is important to provide emergency contact numbers for the people we support and ideally a method of communication. Awareness of 'Safe strangers' will also prove

useful in these incidents. Making the people we support aware of who is safe, such as, police officers and nurses, means they will feel more comfortable in asking for help.

A great initiative to make the people we support aware of is the Safe Places Scheme. This is a nationwide network of places registered as a location for vulnerable people to go to in the community if they feel unsafe, scared or at risk. To find out more about the scheme and location in your area visit:

www.safeplaces.org.uk





Mindfulness

Everyone has the ability to be mindful through being fully present in the moment, without judgement, or fear, from their own intrusive thoughts. It is the ability to be at peace with what is going on around us, through understanding thoughts and opinions, and giving them acceptance. This leads us to feel an overall sense of calm and tranquillity, where our mind is not overly active or overwhelmed.



Mindfulness focusses on three key characteristics:

1. Attention to what is occurring in the present moment. Allowing yourself to observe any thoughts, feelings, and sensations as they arrive, such as tastes, sounds, or smells.
2. The intention to cultivate awareness, and continue returning to this, no matter what thoughts may come our way. This means being able to take notice of our intrusive thoughts, mindfully taking note, but not allowing them to break our attention and awareness.
3. An attitude that is non-judgemental, curious, and kind. Through being kind to ourselves, and those around us, we are able to unlock new ways of thinking and being. Taking moments simply for what they are, rather than what we believe they should be.



How does Mindfulness Help?

A recent study by Griffith et al (2020) looked at the ways that mindfulness can benefit the lives of those with learning disabilities. The people we support are statistically more likely to suffer from mental health conditions, such as anxiety and depression and have less support available to them than the general population. It is important to realise how we can help those we support in a way that benefits them and is not intrusive to their current lifestyle and routines.

Feeling Good

Mindfulness helps in the treatment of anxiety disorders, depression, low mood, stress, aggression, and self-injury in people with learning disabilities, when used alongside more typical talking therapies.

Community Life

Practicing Mindfulness regularly helps slow down racing thoughts, meaning those we support are more able to participate in day-to-day activities and conversations, without feeling the anxiety of what is next to come in the day. As Mindfulness allows us to know ourselves better, this means the people we support may be able to develop more meaningful connections with others.

Physical Health

Mindfulness has been found to benefit people with Prader-Willi Syndrome, when used alongside a healthy diet and exercise routine. This is because we can help the change the idea or thought of food from 'something yummy' to being a resource of energy. Asking 'Am I hungry?' vs 'Have I got energy?'

When experiencing different sensations with a focus on being Mindful, this can help us to enjoy what we are doing. Making sure we taste our food and eat slowly to feel the textures, or taking note of our breathing when exercising to help with endurance. Mindfulness is used by pro-athletes all over the world to help with races.





Relationships

Healthy and Unhealthy Relationships

A healthy relationship makes us feel happy and excited to see the other person. This will include a mutual respect towards each other and a genuine care for one another. This helps promote feelings of positive wellbeing, and self-esteem. However, an unhealthy relationship may make us feel controlled, angry or upset by another person when we see them. The relationship is not mutually beneficial and benefits almost always go to the other party. This can result in low moods, feelings of worthlessness, struggles with finances and abuse.

Before a person we support encounters an unhealthy relationship, it should be our goal to give them the resources to help them recognize when a relationship is not healthy. This includes supporting them with online safety, safe strangers, sexual relationships, consent and coercion.

If you suspect that a person you support is in an unhealthy relationship, follow policy and report this to your manager. Do not try and resolve the issue alone by confronting the individual or introduce restrictions yourself.





There are 4 main types of relationships that an individual may encounter in their lives:

1. Friendships

These are relationships that offer mutual respect, support, and shared interests.

2. Professional Relationships

These are our colleagues, and the people we support. As well as doctors, nurses etc.

3. Family

The people related to us, like Mums, Dads, Brothers, Sisters etc.

4. Intimate

Boyfriends, girlfriends, sexual partners etc.



What is a Healthy Relationship?

For a relationship to be considered healthy, it should have the following qualities:

- Mutual respect
- Trust
- Honesty
- The ability to compromise
- Good communication
- Positive behaviour
- Problem solving
- A level of understanding
- Open discussion around sex (for intimate relationships)



What is an Unhealthy Relationship?

Unhealthy relationships can come from any kind of relationship and unhealthy traits show themselves in many different ways. Sometimes, this may even be considered a crime.

Signs of an unhealthy relationship include:

- Control
- Hostility
- Dishonesty
- Disrespect
- Dependence
- Intimidation
- Physical violence
- Sexual violence



It is important to build positive working relationships with the people you support, so they are able to approach you if they feel they are in an unhealthy relationship. But there are also signs you should be aware of :



A person we support becoming withdrawn from care and social activities they previously enjoyed.



Taking part in new activities, or changing themselves, to try and 'fit in'. This can even go as far as drug or alcohol misuse.



Suddenly not having any money, and no valuables and can't explain it.



Clock watching, so they aren't late, and don't reply to messages too late.



Unexplained wounds or bruises.



Flinching or becoming nervous during personal care.



Want to find out more?



Five ways to wellbeing



Safe places



Turning Point - Warwickshire



Mencap - Learning disability



Bangor University - Mindfulness



mindful.org



Warwickshire - Safeguarding



Domestic abuse



Samaritans - Suicidal thoughts



mind.org - Loneliness



Institute of Health Equality



Section 3

Sexual Health & Wellbeing

[Link to Easy Read - Sexual Health & Wellbeing](#)



Sexual Health and Wellbeing

It is important to have the most up to date information regarding sexual health and wellbeing to better support people. This is often an area of health assumed not to be important or relevant.

Sex and Relationships Education in Schools and Colleges can be limited and parents may willingly/unwillingly unable to provide information on sexual health and wellbeing.

This can result in people with a learning disability without access to this information which might result in the display of a behaviour which is deemed unacceptable or failing to have access altogether.

STI screening

Sexually transmitted infections are passed on during unprotected sex, foreplay or sharing sex toys. It's important anyone engaging in any form of sexual activity has testing regularly. People may need support to book an appointment and attend a sexual health clinic. As with other health appointments, explaining what might happen at the clinic may reduce stress.

The majority of the clinics run services specific to people with a learning disability, having appointment slots which are longer and the staff is specifically trained to work with LD clients.

Screening can be carried out to look for:

Chlamydia and Gonorrhoea: this will require a vaginal swab for female and urine sample for male.

Syphilis: this will require a blood sample from the arm.

HIV: this could either be a finger prick or blood sample.

This is called routine screening, there are other tests depending on the individual needs and circumstance.





Want to find out more?



NHS - Sexual Health



NHS - Find a Sexual Health Clinic



Sexual Health - Learning disabilities



Consent

Consent in sexual health is defined as the “capacity and freedom to agree to any sexual activity”. Consent can be withdrawn for a sexual activity and agreed for another. It can also be withdrawn at any time during the sexual activity and can be on condition, e.g. consent to sex only if a condom is used. The legal age to consent to sex in the UK is 16.

Capacity in the context of Learning Disability is normally referred to the “Mental Capacity Act”. Capacity is assumed unless there are reasons to believe there is a lack of it. Many people with a learning disability are assessed under the MCA in order to establish whether they have capacity or not. However the assessment carried out does not contain a sexual consent section and so whilst other areas of someone’s ability are assessed, this is not the case for sexual consent.

When considering whether impairment or disturbance in the functioning of the mind or brain, a person is unable to understand, retain, or use information to decide whether to engage in sexual relations, the information relevant to the decision may include the following:

1

The sexual nature and character of the act of sexual intercourse, including the mechanics of the act

2

The fact that the other person must have the capacity to consent to the sexual activity and must in fact consent before and throughout the sexual activity

3

The fact that [the person] can say yes or no to having sexual relations and is able to decide whether to give or withhold consent

4

That a reasonably foreseeable consequence of sexual intercourse between a man and woman is that the woman will become pregnant

5

That there are health risks involved, particularly the acquisition of sexually transmitted and transmissible infections, and that the risk of sexually transmitted infection can be reduced by the taking of precautions such as the use of a condom.



Gender and Sexual Orientation

The World Health Organisation describes gender as the socially constructed characteristic of being a man or a woman. This has to do with behaviours, roles and norms associated with that and the relationships between them.

Sexual orientation is instead defined as the emotional, romantic and/or sexual attraction to someone.

Western society has an improved understanding around diversity and inclusion which are now sensibly encouraged and promoted. The stigma affecting people with gender variance or with a sexual orientation that differs from the heteronormative one is still causing them to face multiple disadvantages and barriers with everyday life. For people with a learning disability, these barriers are even greater given their sexual needs are often denied. This denial is often caused by lack of knowledge and understanding, personal, cultural and religious belief or more deeply rooted, the assumption that a person with learning disability is not a sexual being and does not have relationship needs.

If put in perspective, having a gender variance or if their sexual orientation differs from the heteronormative one, this

complicates things further. People with learning disabilities are often assumed to be heterosexual within their own family or by support services.

The ability to express sexual preference or gender identity becomes difficult when there are language barriers, a lack of knowledge about sex and when relationship education is missing. Furthermore, lack of LGBTQ+ venues suitable for people with a learning disability, who may have sensory and mobility issues, prevent them to meet peers and have a safe space to nurture their relationship. Most people then resort to online dating which can become very unsafe and increase vulnerability, making people with a learning disability an easy target for grooming and exploitation.

To acknowledge diversity and encourage independence, people with a learning disability need a safe space to discuss gender and identity matters, facilitate sexual identity expression and provide the possibility to explore feelings and emotions.



// Gender and sex are related to but different from gender identity. Gender identity refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth" (WHO).



Sexual Pleasure

Sexual pleasure is an important part of a person's wellbeing and can contribute to it. When sexual health is discussed it is normally associated with negative outcomes like sexually transmitted infections or unwanted pregnancy, sexual pleasure is often not mentioned. Professionals and practitioners have different understandings of the concept, and many reduce it to the physical sensations around sexual arousal or orgasm. However, sexual pleasure also has psychological, interpersonal and social components that are related to sexual wellbeing and sexual rights.

For people with learning disabilities, sexual pleasure and sexual expression is often discouraged as it may present with behaviours that are associated with embarrassment, inappropriateness and sometimes lead to legal consequence for the person displaying this behaviours.

Together with this aspect of "socially acceptable display" there are other components related to the parents and carers perception of someone's sexual expression, which is often driven by a "child-like" attitude that leads to a sense of protection. The risk with perpetrating such a neglectful view of sexual pleasure for people with learning disabilities is that the behaviour or the person are victimised and there is the need to "correct".



To promote this important part of someone's well-being, it is firstly important to acknowledge sexual pleasure in all its functions. It promotes physical and mental health, social and emotional wellbeing, satisfies needs of closeness and affirms the right to a relationship (whether it's with someone else or with their own body).

When working with people with learning disabilities, a positive response will be to acknowledge them as expressions of a need and providing a person with the knowledge and the language (when possible) to express their needs.

In some cases a professional intervention may be needed in order to address the expression of those needs, should this happen in public for example, or involve family members. However this should be aimed at reducing their vulnerability and increasing their knowledge instead of victimising the person.

There are very few services providing tailored intervention to support people with learning disabilities around sexual wellbeing and professionals/carers. However the right to a relationship and sexual expression is slowly finding a way to affirm itself and some organisations are also offering dating services for people with learning disabilities, so that they have a safe space where their rights are encouraged and their lives can become more fulfilling.



sash



Want to find out more?



SASH - London



Choice Support



Happily Dating



Reproductive Health

Reproductive health includes contraception choices, pregnancy and abortion care, parenting, sterilization, vasectomy, cervical and breast screenings, menopause, assisted reproductive technology and menstrual management. As is the case for other specific aspects relating to sexual wellbeing and learning disabilities, this may also be an area which is neglected and the disability is all that is seen.

Frequently, what can happen regarding reproductive choices is family members and sometimes service providers, make decisions even though the person living with the learning disability has the capacity to consent.

This is particularly true with abortion and pregnancy, contraception choices and sterilization (Engender, 2016). Often sterilization is chosen as a method to manage menstrual cycle (Tilley et al. 2012) and abortion is chosen because lack of parenting skills are assumed (Engender, 2016).

When it's time to decide what type of contraception is more suitable, women and girls with learning disabilities are more likely to be prescribed long acting reversible contraception than their peers as it's deemed more practical by the service provider. This

“practicality” in fact, takes away the freedom of choice that is one of the fundamental human rights.

In order to make informed choices, people with a learning disability have to be provided with the right support, information in a format tailored to their needs, privacy and autonomy to make that choice.

As a health and social care professional the support that can be provided to people with a learning disability when accessing reproductive health, must be aimed at advocating for their rights to freedom of choice and autonomy, but also empowering them and ultimately fully supporting that choice.



Section 4

Physical Health

[Link to Easy Read - Physical Health](#)



Eyes

According to the RNIB only 27% of adults in the UK have had their two yearly eye check. Unidentified sight problems lead to a reduced quality of life, preventable sight loss and increased dependence (www.rnib.org.uk). Not only are people with learning disabilities more likely to have serious sight problems but they are less likely to be able to access eye care services than the general population. People with learning disabilities are 10 times more likely to have serious sight problems than the general population, they may not know they have a sight problem or be able to tell anyone (www.gov.uk).



What to look for:

Eyes appear red, blood shot or look sore, white of the eye appears yellow, frequent eye infections, sticky eyes with discharge, watery /dry eyes, frequent cysts or styes on the eyelids, eyes constantly flickering or move up and down, eyes which look milky, eyes appearing to bulge, ingrowing eyelashes, partially closed/drooping eyelids, eye turning in or out, squinting, frequent touching of the eyes, rubbing or poking, gazing into the light, avoiding bright light, unusual head positioning, unusual head movements e.g. frequent shaking, covering one eye, constant blinking, observing changes in people's behaviour or actions.





Want to find out more?

 [NHS - Conjunctivitis](#)

 [NHS - Stye](#)

 [Moorfields - Eye conditions](#)

 [RNIB](#)

 [People First](#)



Oral Health & Hygiene

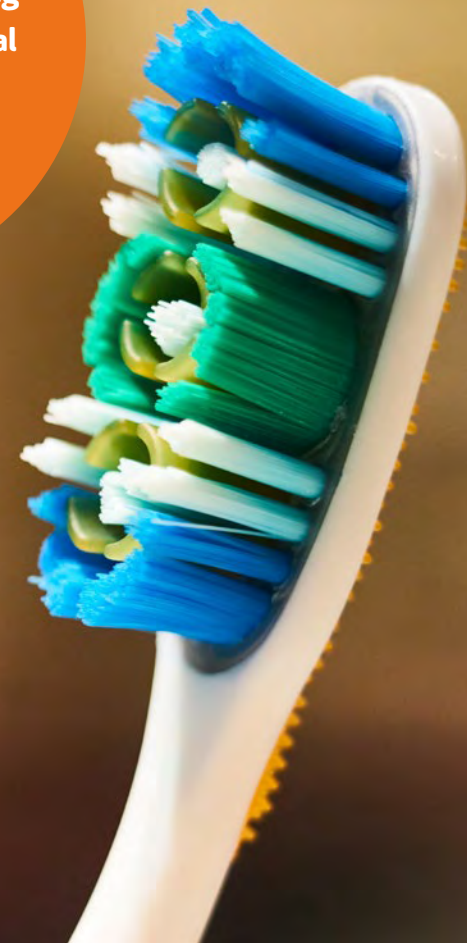
Oral (mouth) hygiene is important for health and well-being. The mouth is essential for eating, drinking, taste, breathing, verbal and non-verbal communication. A healthy mouth includes the tongue, teeth, palate and cheeks.

Whether using a manual or electric toothbrush, the toothbrush or toothbrush head needs replacing at least every 3 months. This is to prevent bacteria building up on the bristles and worn or frayed bristles damaging the gums, causing inflammation and introducing infection. It will also help prevent the build up of plaque on the teeth. Dentures need brushing and soaking every day in order to maintain a healthy mouth.

National and international research consistently shows that individuals with learning disabilities have:

- Higher levels of gum (periodontal) disease
- Greater inflammation of the gums (Gingivitis)
- Increased rates of toothlessness
- Higher plaque levels
- Greater unmet oral health needs
- Poorer access to dental services (www.gov.uk)

Individuals with a learning disability have poorer oral health than the general population





When Brushing Teeth

- Hold the toothbrush at a 45 degree angle towards the gum line
- Use a pea-sized amount of toothpaste
- Use a gentle circular motion
- Repeat on the inside surfaces
- Use a light back and forth motion on the chewing surfaces
- Spit out the toothpaste after brushing
- Do not rinse straight after brushing



When Cleaning Dentures

- Remove dentures. Use a soft-bristled toothbrush on natural teeth and gauze or a soft toothbrush to clean the tongue, cheeks and roof of the mouth
- Remove and gently clean dentures daily. Soak and brush them with a soft-bristled brush and non-abrasive denture cleanser to remove food, plaque and other deposits.
- Soak dentures overnight. Most types of dentures need to stay moist to keep their shape. Place the dentures in water or a mild denture-soaking solution overnight
- Rinse dentures thoroughly before putting them back in your mouth, especially if using a denture-soaking solution. These solutions can contain harmful chemicals that cause vomiting, pain or burns if swallowed



Common Oral Infections

Oral (mouth) hygiene is important for health and well-being. The mouth is essential for eating, drinking, taste, breathing, verbal and non-verbal communication. A healthy mouth includes the tongue, teeth, palate and cheeks.

Whether using a manual or electric toothbrush, the toothbrush or toothbrush head needs replacing at least every 3 months. This is to prevent bacteria building up on the bristles and worn or frayed bristles damaging the gums, causing inflammation and introducing infection. It will also help prevent the build up of plaque on the teeth. Dentures need brushing and soaking every day in order to maintain a healthy mouth.



What to look for:

Toothache, poor appetite, pain while eating and drinking, bleeding gums, staining/discolouration, bad breath, sensitivity to hot, cold, sweet drinks and food. When teeth have become rotten, they are usually discoloured and may become loose.

When somebody does not have enough saliva to keep their mouth wet, this is called a dry mouth. This makes it hard to eat, swallow, taste and even speak. This can cause tooth decay and mouth infections. This can be a side effect of medication, it can also be when people breathe through their mouths rather than their noses.



Be observant for the following conditions which can affect oral health:



Gum Disease



Mouth Ulcer



Tooth Decay



Cold Sore



Oral Thrush



Want to find out more?



gov.uk - Oral health and learning disabilities



NHS - Healthy teeth and gums



NHS - Dentures



Colgate - Common oral infections



Dentalhealth.org



NHS - Look after your teeth



Ears

Approximately one in three people with a learning disability may have a sensory impairment and around 40% of people with a learning disability experience moderate to severe hearing loss (www.learningdisabilities.org.uk). This may exacerbate the effects of a person's learning disability, as it sometimes goes unrecognised or undiagnosed and behaviour can be attributed to a learning disability instead of a hearing issue. As with the general population hearing loss can develop in people with a learning disability as they age.



Ear Wax

Ear wax is normal and is produced to protect the ear canal. Earwax usually falls out by itself but a build-up can cause discomfort.



What to look for:

- Earache
- Difficulty hearing
- Itchiness
- Dizziness
- An ear infection
- Discharge
- Sounds such as high-pitched tones coming from inside the ear.

A pharmacist can give advice and suggest treatments such as drops to dissolve the earwax, which should fall out on its own or dissolve after about a week. If this does not clear up a doctor should be consulted.



Ear Infections

Ear infections can cause temporary hearing loss and can be painful. The pain can vary between sharp, dull or burning, be constant or come and go. Ear infections are common and it is not always necessary to see a GP as they often get better within a few days.

What to look for:

Signs of pain or earache, redness to outer ear or swelling to the side of the face, a discharge which may be blood stained or smelly, deafness, dizziness, loss of balance, noises (tinnitus), vomiting and diarrhoea, individuals may hit or pull their ear, people may have loss of appetite or vomiting, trouble sleeping due to the pain, popping, ringing or tenderness, discharge from the ear. The GP needs to be contacted if a person has a very high temperature, the earache lasts more than 3 days, there is swelling around the ear, fluid coming from the ear, hearing loss or a change in hearing, vomiting, a severe sore throat or dizziness or a person has regular infections or a long-term medical condition – such as diabetes or a heart, lung, kidney or neurological disease, or a weakened immune system.

Hearing Loss

Hearing loss is a reduced ability to hear and can develop gradually. The volume on the TV may need to be louder or it is difficult to hear people talking especially in busy places. An early diagnosis is vital as hearing loss can have a significant impact on a person's quality of life.

What to look for:

Not understanding what somebody has said, not responding when spoken to, not responding to the doorbell or telephone, having music or the TV turned up high, constant rubbing the ear, appearing irritable, tired or stressed, 'jumping' when suddenly aware that somebody is near. If a person is demonstrating any of these signs, consult the GP in order that the cause may be established and treatment provided.



Want to find out more?



NHS - Earwax build-up



NHS - Ear infections



British Deaf Association



Having a hearing test - Leaflet



Epilepsy

Epilepsy is a condition which affects the brain and nervous system. Seizures start in the brain and are caused by many different things including a person's genetics, a structural change in the brain or from other underlying conditions.

Approximately 1 in 5 people with epilepsy have a learning disability (www.epilepsysociety.org.uk). Epileptic seizures occur when there is a sudden burst of intense electrical activity in the brain, this is in addition to the electrical activity which normally takes place. This disrupts the way the brain works and there may be a disturbance of consciousness, behaviour, emotion, motor function or sensation.

There are different types of seizure and it may be more difficult to recognise in a person with a learning disability, depending on the nature of the learning disability. Therefore seizures may go unrecognised and people may have difficulty explaining their symptoms or how they feel. It is important to be observant of individuals behaviour to identify whether they could be attributed to seizures, it is important to seek advice if unsure.

The type of seizures a person may experience depends on where they start in the brain (onset), whether or not a person's awareness is affected and whether or not seizures involve other symptoms. Seizures can cause the body to jerk and shake (a "fit") or they can cause problems like loss of awareness or unusual sensations. They typically pass in a few seconds or minutes but can occur when awake or asleep.





Types of Seizures

Simple Partial (focal) Seizures or 'auras'

There may be a feeling in the stomach, unusual smells or tastes, tingling in the arms and legs, an intense feeling of fear or joy, stiffness or twitching in part of the body, such as an arm or hand. A person will remain awake and aware while this happens. These seizures are sometimes known as "warnings" or "auras" because they can be a sign that another type of seizure is about to happen.

Complex Partial (focal) Seizures

A person will lose sense of awareness and make random body movements including rubbing hands, making random noises, moving arms around, fiddling with objects, chewing or swallowing. The person will be unable to respond to anyone else during the seizure and will not have any memory of it.

Tonic-clonic Seizures

Most people think of this as a typical epileptic fit: loss of consciousness, body goes stiff, and person may fall. A person's limbs may move about, a person may lose control of their bladder or bowel. Sometimes a person might bite their tongue or the inside of the cheek, and may experience difficulty breathing. The seizure normally stops after a few minutes, but some last longer. A person may experience a headache or difficulty remembering what happened and feel tired or confused.



Absence Seizure

A person may: stare blankly into space look like they're "daydreaming", flutter eyes, make slight jerking movements of their body or limbs. The seizures usually only last up to 15 seconds and a person may not remember them. They can happen several times a day.

Myoclonic Seizures

Some or all of the body suddenly twitches or jerks, usually only lasting a fraction of a second, but several can sometimes occur in a short space of time. A person normally remains awake during them. Clonic seizures cause the body to shake and jerk but there is no stiffness at the start. They may last a few minutes and a loss of consciousness may be experienced. Tonic seizures cause all the muscles to suddenly become stiff. This might result in falls. Atonic seizures cause all muscles to suddenly relax, so falls may occur.

Status Epilepticus

Any seizure that lasts a long time, or a series of seizures where the person does not regain consciousness in between the seizures. Call an ambulance, particularly if: The seizure is continuing 5 minutes after the emergency medication has been administered, the person has a history of frequent episodes of serial seizures or has convulsive status epilepticus, this is the first episode requiring emergency treatment or there are concerns or difficulties monitoring the person's airway, breathing, circulation or other vital signs.

THIS IS A MEDICAL EMERGENCY



Seizure Triggers

Many people may experience seizures which seem to happen randomly, however, they can also have a trigger, such as:



It is important to keep a record when seizures occur and what happened before the seizure, as this can help identify and avoid possible triggers in the future.

Epilepsy Treatment

Epilepsy treatment can help people have fewer seizures, or stop having seizures completely. Treatments can include: medicines called anti-epileptic drugs (AED's), surgery or a special diet (ketogenic diet) which can help control seizures.





Want to find out more?



Epilepsy Society



Epilepsy Action



About Epilepsy: The Basics



Epilepsy and learning disabilities



Chest Infections and Pneumonia

Chest Infection

A chest infection is an infection of the lungs or large airways in the lungs. Chest infections can be mild but can also be severe and life threatening. Chest infections can develop following a cold or flu and are common in the winter months (www.nhs.uk).



Seek medical advice if:

The person is feeling very unwell, their symptoms get worse, they are coughing blood or they produce blood stained mucus, the cough has lasted more than 3 weeks, they are over 65, they are pregnant, have a weakened immune system, have diabetes, are receiving chemotherapy or have a long-term health condition, such as a heart, lung or kidney condition.

The main symptoms of a chest infection are:

- Chesty cough – could include coughing up green or yellow mucus
- Wheezing and shortness of breath
- Chest pain or discomfort
- High temperature
- Headache
- Aching muscles
- Tiredness

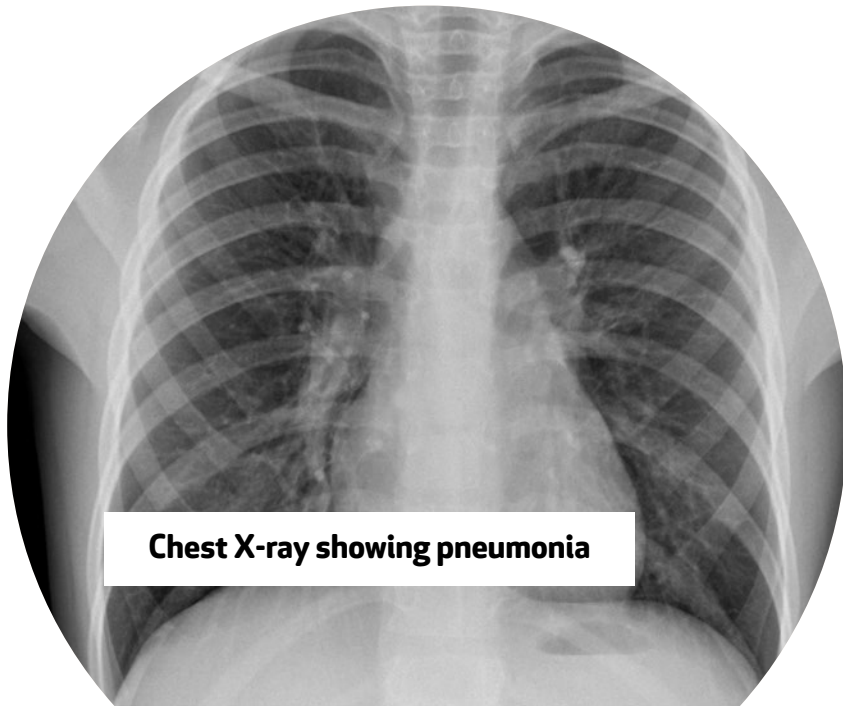
Treatment for a chest infection

This will depend on the cause of the chest infection. It will either be caused by a virus which usually clears up by itself after a few weeks and antibiotics will not help or by bacteria (like pneumonia). A GP may prescribe antibiotics to treat bacterial chest infections.



Pneumonia

Pneumonia is swelling of the tissue in one or both lungs commonly caused by bacteria. Those at risk are babies, young children, elderly people, smokers, those with a weakened immune system and other health conditions. People with a learning disability who have modified diets or have difficulty swallowing are at high risk of recurrent chest infections and pneumonia. An inquiry into the early deaths of people with learning disabilities identified aspiration pneumonia as a significant cause of such deaths (www.england.nhs.uk). This is a result of inhaling food/liquids, poor positioning, physical disabilities and immobility.



Chest X-ray showing pneumonia

The main symptoms of a chest infection are:

- Chesty cough – could include coughing up green or yellow mucus
- Wheezing and shortness of breath
- Chest pain or discomfort
- High temperature
- Headache
- Aching muscles
- Tiredness

Treatment for pneumonia

Mild pneumonia can usually be treated at home with rest, antibiotics (if caused by a bacterial infection) and by drinking plenty of fluids. More severe cases may need hospital treatment.



Want to find out more?

 [NHS - Chest infections](#)

 [BLF - Pneumonia](#)

 [NIH - Pneumonia](#)

 [NHS - England](#)



Asthma

Asthma is a condition affecting the airways, the small tubes which carry air in and out of the lungs. It is caused by inflammation of the airways which irritates the muscles around the airway causing them to narrow and restricts airflow (www.asthma.org.uk).

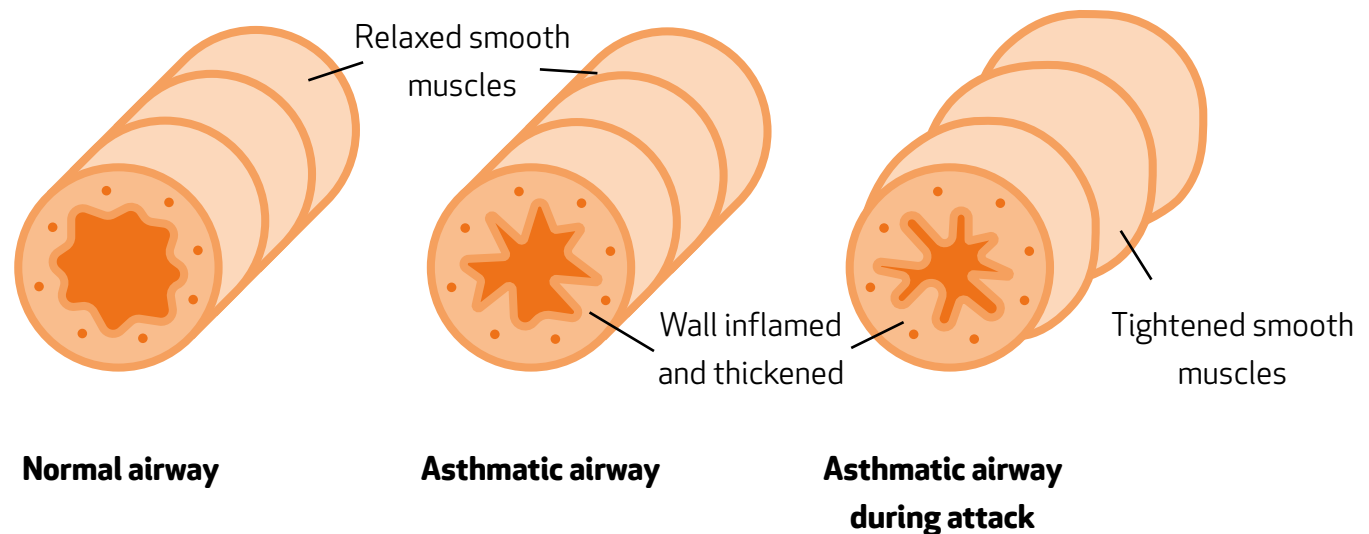
Asthma can be made worse by:

- Infection
- Smoking
- Cigarette fumes
- Chemicals
- Pollens
- Mould
- Exercise
- Some types of bedding/pillows
- Emotional upset
- Allergies to animals
- House dust mites
- Some types of food

What to look for:

- Frequent cough, especially at night or first thing in the morning
- Chest tightening making it difficult to breathe in
- Losing breath easily or shortness of breath
- Feeling very tired or weak when exercising
- Wheezing or coughing after exercise

People with asthma may have long periods without any symptoms, interrupted by a sudden increase of symptoms - asthma attacks. Some may only have asthma during exercise or it may be triggered by temperature change or a viral infection.





Most people with asthma are treated with inhalers, which are devices that hold the medication a person breathes in. This allows the medication to go directly into the airways. The two types of inhalers are known as relievers and preventer's.

A reliever inhaler (blue) is used to ease symptoms. These inhalers widen the airways. They can be used several times a day. However, if a person needs to use a reliever more than three times per week, they may need a preventer inhaler too.

A preventer inhaler (brown) is taken every day to prevent symptoms from developing. They contain steroids which work by reducing the inflammation in the airways.

In addition to the reliever and preventer inhalers there are different types of inhaler GP's can prescribe, for instance, combination inhalers (purple, red or white in colour), long lasting inhalers (can be pink in colour). A GP will prescribe the most appropriate inhaler for each person. There are also other treatments for asthma which GP's may prescribe depending on a person's symptoms and asthma severity. Steroid tablets, antibiotics and an increase in usual inhalers may be suggested.

People who have asthma should have an asthma plan in place and attend an annual review with an asthma nurse. They should also have an annual flu vaccination each year.





Spacer devices are used to deliver medication for people who may struggle with coordinating breathing in and using the inhaler at the same time. The space between the inhaler and the mouth holds the medicine when the inhaler is pressed. A valve at the mouth end ensures that the drug is kept within the spacer until the person breathes in. When the person breathes out, the valve closes.

A facemask can be fitted on to some types of spacers, instead of a mouthpiece.

If a person is not diagnosed with asthma but has one or more of the signs/ symptoms, seek advice from the GP.



Asthma attacks can be fatal

Signs of an asthma attack include:

- Symptoms are getting worse (cough, breathlessness, wheezing or tight chest)
- Too breathless to speak, eat or sleep
- Breathing is getting faster and it feels like you cannot catch your breath
- Peak flow score is lower than normal

Symptoms will not necessarily occur suddenly, they can come on slowly over a few hours or days. If a person is unable to talk in full sentences, feels tight chested, and develops a blue tinge to the lips, **call 999**.



Want to find out more?



[Asthma.org.uk](https://www.asthma.org.uk)



[NHS - Asthma](#)



[British Lung Foundation](#)



[Asthma UK research centre](#)



Chronic Obstructive Pulmonary Disease (COPD)

COPD is a term used to describe people with long term bronchitis, emphysema or both. With COPD, the airflow to the lungs is reduced and the lining of the airways to become inflamed and damaged, making breathing difficult. Air supply to the body is reduced and people can feel tired and exhausted.

(www.blf.org.uk)

With COPD, symptoms such as breathlessness and cough producing mucus can affect people's ability to carry out activities of daily living and people can become isolated and withdrawn. It tends to affect middle aged or older adults.

COPD can be linked with:

- History of smoking
- Cough
- Breathlessness
- Cough producing yellow or green mucus
- Frequent chest infections
- Weight loss
- Tiredness





What to look for:

- Increasing breathlessness
- Persistent chesty cough with phlegm that does not go away
- Frequent chest infections
- Persistent wheezing

In advanced COPD symptoms may include:

- Weight loss
- Tiredness
- Swollen ankles from a build-up of fluid (oedema)
- Chest pain and coughing up blood – although these are usually signs of another condition, such as a chest infection or possibly lung cancer

Treatment

Inhalers (relievers/preventers) and medication are prescribed to treat COPD and some people might also be issued with a “rescue pack” of specific medication to deal with flare ups. Home oxygen is prescribed for those with severe symptoms or end-stage COPD.

People with COPD should have an annual COPD review with specialist respiratory nurses. They should receive a flu jab annually and a pneumonia vaccination, in addition to being encouraged to adopt a healthy lifestyle with no smoking and regular exercise.





Want to find out more?



NHS - COPD



British Lung Foundation



NHS - Causes & symptoms



Heart Disease

Heart disease describes a range of conditions which can affect how a person's heart works. An Inquiry into the premature deaths of people with learning disabilities found that heart and circulatory disorders were the most common underlying cause of death of people with learning disabilities, accounting for 22% of deaths (www.bristol.ac.uk).

Heart Attack

The most common heart attack symptom in men and women is chest pain or discomfort. However, only half of women who have heart attacks have chest pain and they are more likely than men to report back or neck pain, indigestion, heartburn, nausea (feeling sick), vomiting, extreme tiredness, or problems breathing.

Heart attacks can also cause upper body discomfort in one or both arms, the back, neck, jaw, or upper part of the stomach. Other heart attack symptoms are light-headedness and dizziness, which occur more often in women than men. Men are more likely than women to break out in a cold sweat and to report pain in the left arm during a heart attack.

Heart failure

Heart failure is when a person's heart cannot pump enough blood to meet the body's needs and a person's heart can't cope with the demands of everyday activities. Heart failure causes shortness of breath and fatigue that tends to increase with physical exertion. It can also cause swelling in the feet, ankles, legs, abdomen and veins in the neck. The main treatments include a healthy lifestyle, medication, devices implanted into a person's chest to control heart rhythm and surgery. Often a combination of treatments will be needed.



A heart attack is a serious medical emergency.

The supply of blood to the heart is suddenly blocked, usually by a blood clot, which results in a lack of blood reaching the heart. This can seriously damage the heart muscle and can be life threatening.

Call 999 and ask for an ambulance if you suspect a heart attack.



Arrhythmia

An arrhythmia is a problem with the rate or rhythm of the heartbeat. During an arrhythmia, the heart can beat too fast, too slow, with an irregular rhythm, or with palpitations, which is a fluttering or thumping feeling or skipped beats in the chest. Symptoms of arrhythmia can include palpitations, feeling dizzy, fainting and shortness of breath. Treatment for arrhythmia includes medication to stop or prevent an arrhythmia or to control the rate of an arrhythmia. Cardioversion is a treatment which shocks the heart back into a normal rhythm whilst a person is anaesthetised or sedated.

Angina

Angina is a pain that comes from the heart. It is usually caused by a narrowing of the coronary arteries, which causes a reduction in blood supply to parts of the muscle. Symptoms can include a pain in the chest, arms, jaw or neck or a stomach ache. There can also be discomfort or tightness across the front of the chest, often felt on exertion.

People with angina have a higher than average risk of having a heart attack. Medication can help control symptoms, some people may need a coronary angioplasty or heart bypass surgery and a healthy lifestyle can help manage symptoms. Medications to help prevent angina episodes include nitrates, fast-acting or long-acting angina treatment may be prescribed.





Want to find out more?



Bristol.ac - Learning disabilities report



NHS - Heart attack



British Heart Foundation



BHF - Conditions



Dysphagia

Dysphagia is a health condition whereby people experience difficulty swallowing and this causes problems eating or drinking safely. This can result in choking, pneumonia, chest infections, dehydration, malnutrition and weight loss (www.nidirect.gov.uk). It can also make taking medication more difficult. People with swallowing difficulties can experience hospital admissions and in some cases, it can result in death.

Swallowing difficulties have been found to be more common in people with learning disabilities and are often under recognised and unnoticed.

Silent aspiration, in particular, is common among people with a learning disability. Some symptoms of dysphagia can include coughing whilst eating, pain when eating, a feeling that food is getting stuck on swallowing, heartburn, drooling of saliva, a wheezing chest sound or there may be no symptoms at all. However, if a person displays any of the above or is losing weight, reluctant to eat/drink or shows any changes in their behaviour and advice sought as soon as possible.

Some people with dysphagia have problems swallowing certain foods and liquids, while others cannot swallow at all.



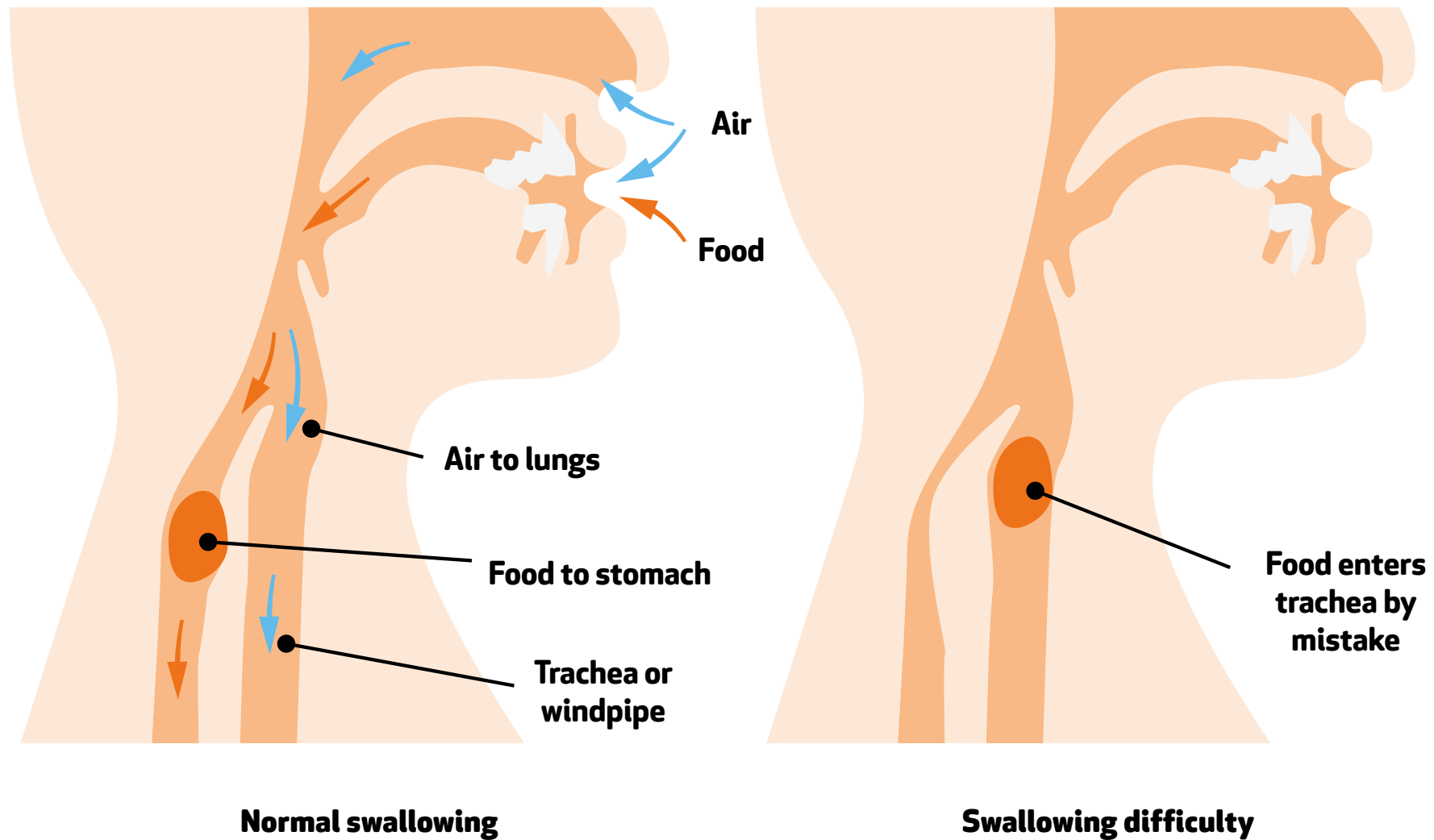
What to look for:

- Coughing and choking during meals
- Difficulty with mealtimes and refusing food
- Gagging with certain food consistencies
- Gurgling noises in the throat or the voice
- The inability to cope with lumps
- Wheezing episodes following fluids
- Repeated chest infections
- Bringing food and fluids back up, sometimes through the nose
- A sensation that food is stuck in the throat or chest

If a diagnosis of dysphagia is made then a modified diet and fluids will need to be planned by specialists. Examples of modified diets are 'fork mashed' and 'easy chew' which are a soft diet and a puréed diet, examples of modified fluids are syrup, custard and semi-solid consistency. Thickener will be prescribed so that the required consistency can be given. It is important to constantly monitor the persons weight and raise any concerns. If the person cannot manage a puréed diet and semi-solid fluids then a reassessment is needed as a peg feed or nasal gastric tube may be required.



Dysphagia Diagram





Want to find out more?



NHS - Dysphagia



SCOPE - Dysphagia



Patient - Dysphagia



NHS - Dysphagia leaflet



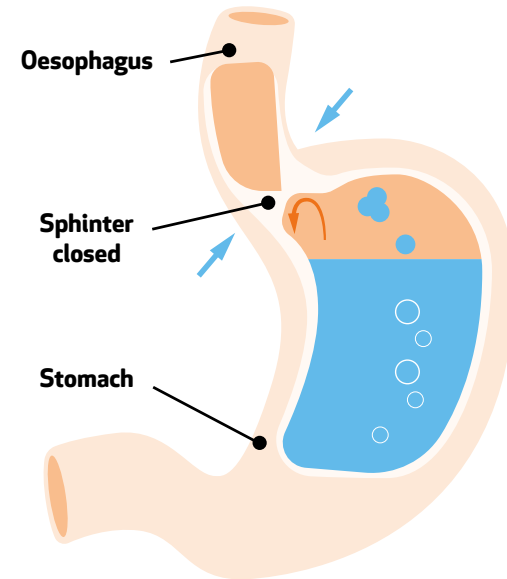
Gastro-Oesophageal Reflux Disease (GORD)

GORD is sometimes described as heartburn or indigestion, a burning sensation in the chest, just behind the breastbone. GORD is a very common digestive condition.

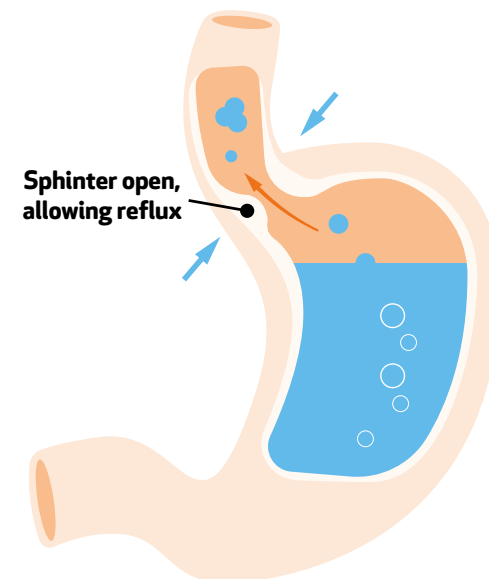
It is estimated 48% of people with a learning disability will have GORD (www.knowledge.scot.nhs.uk). This is significantly higher than the general population. As this condition is frequently overlooked, particularly in those unable to communicate their pain easily, the number of people experiencing GORD could be much higher.

Most cases of GORD are caused by a problem with the lower sphincter muscle. This is a valve that opens to let food down into the stomach and then closes to prevent acid leaking back up into the oesophagus (swallowing tube which runs from the throat to the stomach), in cases of GORD this muscle becomes weakened.

Healthy



GORD





What to look for:

- Heartburn – burning chest pain or discomfort that occurs after eating
- An unpleasant sour taste in the mouth, caused by stomach acid coming back up into the mouth
- Dysphagia – pain and difficulty swallowing
- Burping

Less common symptoms include:

- Feeling sick
- Persistent cough, often worse at night
- Chest pain
- Wheezing
- Tooth decay
- Laryngitis (inflammation of the larynx), which causes throat pain and hoarseness

Also if someone has asthma and GORD, asthma symptoms may worsen as a result of stomach acid irritating the airway.

Treatment for GORD

A GP may prescribe a medicine which reduces the amount of acid the stomach makes. Sometimes further tests may be carried needed and in some cases surgery may be required.



Want to find out more?



NHS - Heart burn and acid reflux



NICE - GORD



GORD in adults



Urinary Tract Infection (UTI)

A UTI affects the urinary tract, including the bladder (cystitis), urethra (urethritis) or kidneys (kidney infection). UTI's may be treated with antibiotics. They can be painful and uncomfortable, but they usually pass within a few days or can be treated with antibiotics.

UTI's are more common in women and approximately half of all women in the UK will have a UTI at least once in their life, and 1 in 2,000 men will develop one each year

(www.forumhealthcentre.nhs.uk). UTI's can cause severe confusion which develops quickly especially in older people, these symptoms can mirror dementia-like symptoms.



**Symptoms of a UTI may include:**

- Pain or a burning sensation when passing urine
- Passing urine more often than usual during the night
- Cloudy looking urine
- Needing to urinate urgently
- Frequent urination
- Blood in the urine
- Abdomen pain or pain in your back just under the ribs
- A high temperature, or feeling hot and shivery
- A very low temperature below 36C

**Other symptoms may include:**

- Nausea
- Vomiting
- Diarrhoea
- Pain in side, back or groin, often worse when urinating

**Symptoms of a UTI may also include:**

- Changes in behaviour, such as acting confused or agitated
- Wetting themselves (incontinence)
- New shivering or shaking (rigours)



Things to do to try avoid a UTI

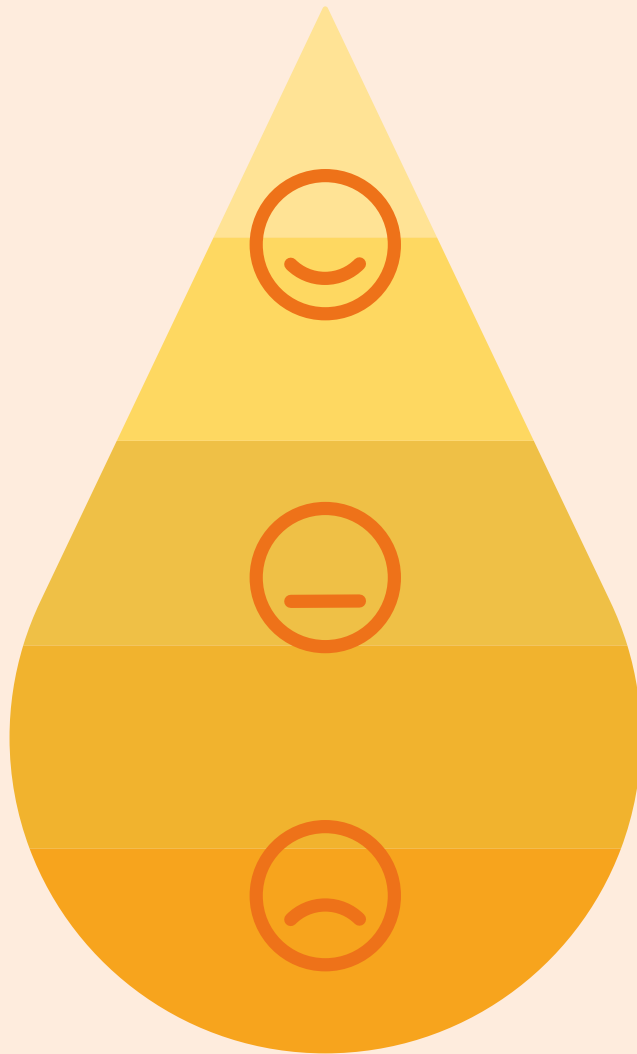
- Wiping from front to back when going to the toilet
- Maintaining hygiene by washing daily using unperfumed soap
- Trying to empty the bladder fully when urinating
- Wearing cotton underwear
- Drinking plenty of fluids – aim for six to eight glasses of water a day
- Treat constipation
- Emptying the bladder after sex



Things to avoid

- Holding on when feeling the urge to pass urine
- Using perfumed soaps or talcum powder
- Wearing tight trousers or synthetic underwear

If you observe changes to the behaviour of the person you are supporting, it is important to establish whether this is due to pain or a UTI. People prone to UTI's should have this written in a support plan – including signs and symptoms, system for monitoring, what to do to diagnose and how to treat.



UTI's

Urinary Tract infections are usually nothing to worry about, however, if it is left untreated it can develop into something more serious and sepsis (life threatening).

To prevent a UTI it is important to drink enough fluids and the colour of urine will indicate whether enough fluids have been consumed. The darker the urine the more fluids are required.



Want to find out more?



NHS - UTI's



NIH - Bladder infections



NHS - Kidney infection



People First - UTI's



Constipation and Diarrhoea

People's normal bowel habits vary and some people may go to the toilet more than once a day, whereas others may go every three to four days. Constipation can kill and it is a condition which can affect up to half of all people with learning disability. It is estimated approximately 10% of the general population suffer from constipation compared to 20 -50% of people with learning disabilities are affected (www.bristol.ac.uk).

Constipation

What to look for:

- Not opening the bowels at least 3 times during the last week
- The faeces is large and dry, hard or lumpy
- Whilst opening the bowels an individual strains or has pain
- Stomach ache, bloated or sickness

Causes of Constipation:

- Being upset can make the activity in the bowel slow down or speed up
- Ignoring the natural urge to open bowels can cause long term changes in how muscles work
- Not eating enough fruit, vegetables and cereals (fibre)
- A change in routine/lifestyle
- Having limited privacy when using the toilet, or being rushed
- Immobility or lack of exercise
- Not drinking enough fluids
- Some medications can cause constipation
- Some health conditions

If constipation is left untreated it can cause faecal impaction, which is potentially fatal. It is where dried, hard stools collect in the rectum and anus. Once there is faecal impaction, it is very unlikely that a person will be able to get rid of the stools naturally. Faecal impaction worsens constipation because it makes it harder for stools and waste products to pass out of the anus, as it becomes obstructed.



Preventing Constipation

- Eating more fibre will keep bowel movements regular because it helps food pass through the digestive system more easily. Fibre is found in fruit, vegetables, wholegrain rice, wholewheat pasta, wholemeal bread, seeds, nuts, oats. It is important to increase fibre gradually as a sudden increase may cause bloating, wind and stomach cramps
- Make sure enough fluids are being consumed to avoid dehydration (at least two litres/daily) and steadily increase fluid intake when exercising or when it is hot. Caffeine, alcohol and fizzy drinks in excess can have a dehydrating effect
- Promote regular toilet habits where individuals never ignore the urge to go to the toilet. Ensure individuals have enough time and privacy to pass stools comfortably
- Keeping mobile and active will greatly reduce the risk of getting constipation

Diarrhoea

Diarrhoea is passing looser or more frequent stools than is normal for somebody. It affects most people from time to time and is usually nothing to worry about.

Causes of Diarrhoea:

- Can be a bowel infection or gastroenteritis caused by a virus – such as norovirus or rotavirus, bacteria or a parasite
- Sometimes it might be the result of anxiety or drinking too much coffee or alcohol
- Diarrhoea can also be a side effect of certain types of medication

Preventing Diarrhoea:

- Wash hands thoroughly after going to the toilet and before eating or preparing food
- Clean the toilet, including the handle and the seat, with disinfectant after each bout of diarrhoea
- Avoid sharing towels, flannels, cutlery or utensils with other people
- Stay at home until at least 48 hours after the last episode of diarrhoea



Stool Chart

Depending on the bowel habits of each individual a normal stool should be a type 3 or 4.



Bristol Stool Chart

Since it can be hard to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed. This helps assess how long the stool has spent in the bowel.

Type 1 has spent the longest time in the bowel and type 7 the least time. A normal stool should be a type 3 or 4, and depending on the normal bowel habits of the individual, should be passed once every one to three days.

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces, entirely liquid

Image reproduced by kind permission of Dr K Heaton, Reader in Medicine, University of Bristol.

www.bladderandbowelfoundation.org

Email: help@bladderandbowelfoundation.org | Telephone: 01926 357220

Registered office address: Pegasus House, Solihull Business Park, Solihull, West Midlands, United Kingdom, B90 4GT. Company number: 10377236. Registered in the UK

Download the guide



Want to find out more?



People First - Health conditions



Bladder & Bowel - Diarrhoea



NHS - Constipation



NHS - Conditions



Constipation and Impaction



Bladder and Bowel UK



NHS - Constipation and learning disabilities



Guts UK - Diarrhoea



Feet

Disorders of the foot affect people with learning disabilities, more so than the general population and people with learning disabilities experience a lack of sufficient access to podiatry services (www.researchgate.net). Foot problems can be associated with specific syndromes but they can also develop generally and good foot care is essential.

Paying attention to foot health has important benefits to not only health but social functioning and independence. This requires regular checks to take place observing for issues such as fungal infections, athlete's foot or painful conditions such as bunions. But making sure toe nail trimming takes place to prevent toe nails causing injury to the neighbouring toes and foot.

- If the individual has diabetes, foot care is even more important and the individual should visit a chiropodist regularly.
- If somebody is immobile and not weight bearing, it is still as important to check the health of their feet.
- If supporting individuals with the hygiene of their feet it is really important to ensure the area between the toes is washed and dried thoroughly, as these are areas in which infections can develop.





Athlete's Foot

An itchy red rash in the spaces between toes. The skin may become scaly, flaky and dry. This can be treated with anti fungal medication, in tablet, cream, spray, liquid or powder form. If untreated it can spread to the toe nails.



Verruca

These are warts that develop on the soles of feet. They appear as small rough lumps and can be very painful. They are very infectious, but can take weeks or months to appear.



Ingrown toenail

This develops when the sides of the toenail grow into the surrounding skin. The nail pierces the skin which then becomes red, swollen and tender. The big toe is the most likely to be affected. This can be caused by incorrectly cut toenails, tight fitting shoes, socks or tights, nail infections, natural shape of the nail, injury, excessive sweating or poor foot hygiene.



Bunions

This is a bony deformity of the joint at the base of the big toe. It is evident from the big toe leaning in the direction of the other toes. It is not known what causes bunions, but it can be linked to family history, and badly fitting shoes makes it worse. A referral to the GP is necessary if it seems to be a problem or is causing pain.



Want to find out more?



Diabetes - How to look after your feet



BUPA - Bunions



NHS - Athletes foot



Patient.info - Foot care



NHS - Warts and Verrucas



NHS - Ingrown toenails



NHS - Bunions



Diabetes

Diabetes is a condition where the amount of glucose (sugar) in the blood is not correctly regulated because the Pancreas (a gland linked to digestion) does not produce enough insulin, which is a hormone. Insulin enables the glucose to be used as a body fuel, so it can carry out bodily functions.

There are over two and a half million people in the UK with diabetes and by 2025 it is estimated that this number will rise to over four million. A learning disability is around 40% more common in people with diabetes. Research shows people with a learning disability have a higher risk of developing Type 2 diabetes (www.diabetes.org.uk).

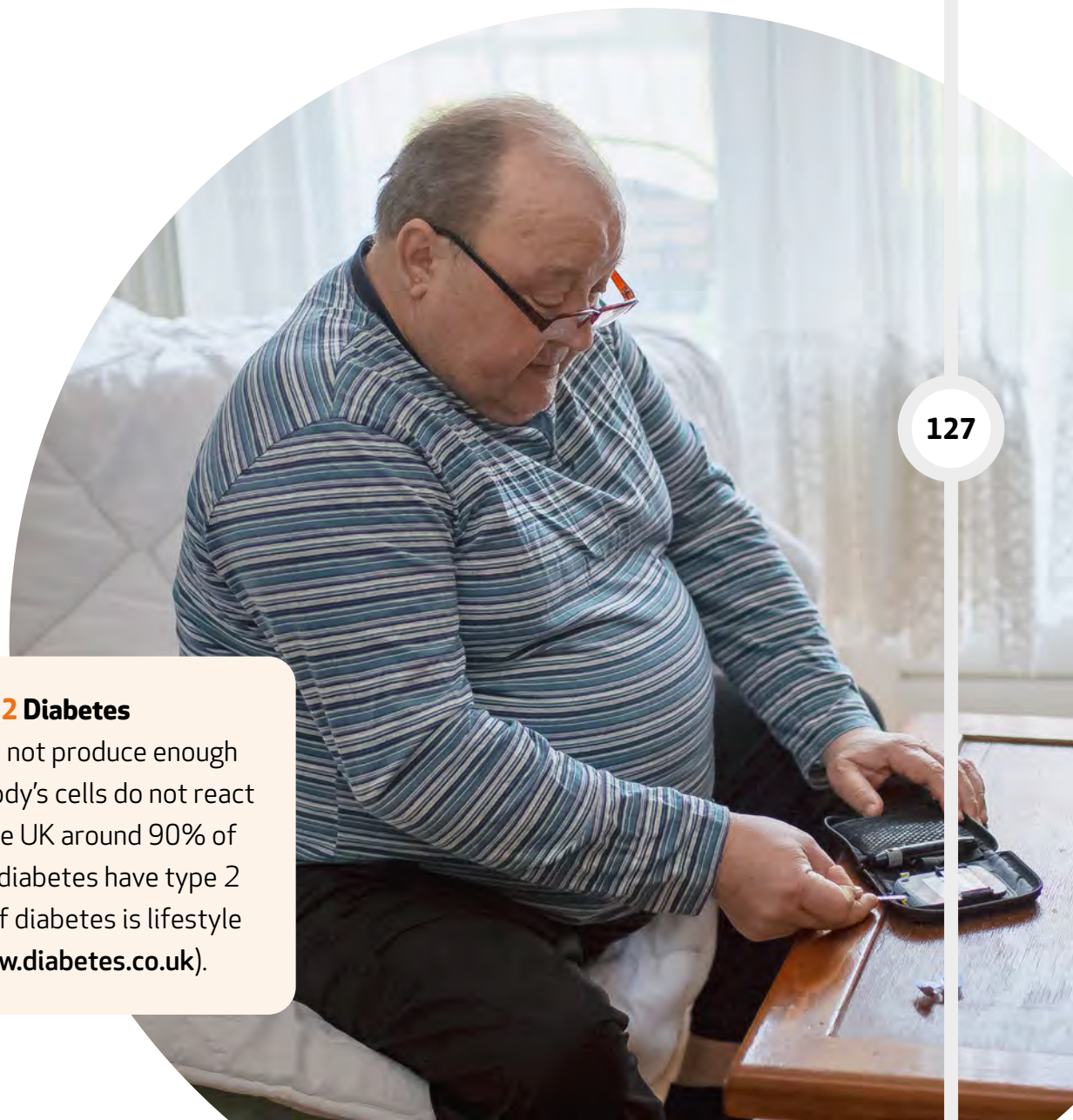
There are two types of diabetes:

Type 1 Diabetes

The body's immune system attacks and destroys the cells that produce insulin. This type of diabetes is not lifestyle related.

Type 2 Diabetes

The body does not produce enough insulin, or the body's cells do not react to insulin. In the UK around 90% of all adults with diabetes have type 2 and this type of diabetes is lifestyle related (www.diabetes.co.uk).





What to look for:

Type 1 Diabetes - the signs and symptoms come on quite quickly and the person can rapidly become ill.

These symptoms include:

- Excessive thirst
- Weight loss (significant)
- Passing urine more frequently
- Thrush
- Eye problems
- Vomiting, confusion and generally unwell

Type 1 Diabetes:
Insulin is used to treat diabetes. This is by injection or by using a pump and is free on prescription.

Type 2 Diabetes - is much more gradual and is often detected as part of routine screening.

These symptoms can include:

- Increased thirst
- Passing urine more frequently
- Thrush
- Blurred vision
- Sores to the feet
- Unusual feelings in lower limbs, particularly the toes

Type 2 Diabetes:
Individuals may take tablets and sometimes insulin, which are free on prescription. However, treating diabetes by eating well and being more active is also important.



Hypoglycaemia (Hypo) Low Blood Sugar

Type 1 diabetics and some type 2 diabetics (depending on medication) may experience low blood sugars. This is where the blood sugar falls below four (normal levels are between four and 10).

A hypo can be caused by:

- Too much insulin/medication
- Missed meals or snacks
- More than usual amount of exercise
- Alcohol

The signs and symptoms include dizziness, seeing flashing lights, confusion and clumsiness.

Those at risk of hypo's should always carry some quick acting sugar with them and some identification with them.

Hyperglycaemia (Hyper) High Blood Sugar

This occurs when the sugar levels in the blood are too high and can be a result of:

- Being unwell
- Infection
- Eating too much
- Not taking medication correctly, or not at all
- Poor control (Long Term)

Individuals with diabetes should have checks and tests every year, this is called an annual review, carried out at their GP's. There are 15 different checks and services - 15 Diabetic Healthcare Essentials. This can help reduce the risk of serious diabetes complications.



Want to find out more?



NHS - Diabetes



Diabetes.org.uk



NIH - Diabetes



WHO - Diabetes



Diabetes and learning disabilities



Tissue Viability

Tissue viability is ensuring that damage to the skin does not occur. Damage to the skin is known as a pressure ulcer, pressure sore or bed sore.

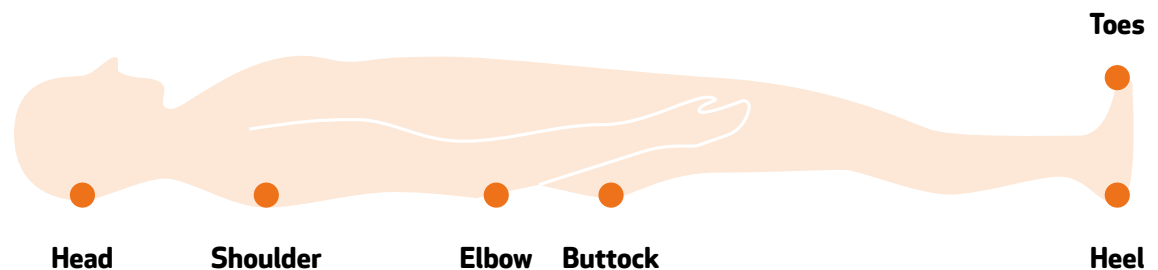
This is an area of flesh or tissue that is squeezed between a hard surface and a bony part of the body. As the flesh is squeezed, the blood cannot reach the tissues and this causes a pressure injury (not broken, but painful and red). They often develop gradually but can form in a few hours. Eventually the tissues will die and turn black.

People are more at risk of pressure ulcers if they have:

- Reduced mobility or immobility
- Sensory impairment
- Acute illness
- Low level of consciousness
- A history of skin damage
- Malnutrition
- Additional health issues such as diabetes or obesity or if they are older

People who are unable to get out of bed are at risk of developing pressure ulcers on their:

- Shoulders or shoulder blades
- Elbows
- Back of the head
- Rims of the ears
- Ankles, heels or toes
- Spine
- Tail bone (the small bone at the bottom of your spine)





Pressure Ulcer Grading Chart



Download the guide

Pressure ulcer grading chart

NHS Midlands and East

Adapted from EPUAP/NPUAP 2009

Superficial



EPUAP - Category/Grade 1

- Non-blanchable erythema of intact skin: persistent redness in light pigmented skin.
- Discolouration of the skin: observe for a change of colour as compared to surrounding skin. In darker skin, the ulcer may be blue or purple.
- Warmth, oedema, induration or hardness as compared to adjacent tissue may also be used as indicators, particularly on individuals with darker skin.
- May include sensation (pain, itching).




EPUAP System - Category/Grade 2

- Partial thickness skin loss involving epidermis, dermis or both.
- Presents clinically as an abrasion or clear blister.
- Ulcer is superficial without bruising*
- Check for moisture lesion.

*Bruising appearance and blood filled blister would indicate deep tissue injury.

Deep




EPUAP - Category/Grade 3

- Full thickness skin loss. Subcutaneous fat may be visible but bone, tendon and muscle are not exposed.
- May include undermining and tunneling.
- The depth varies by anatomical location (bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and grade 3 ulcers can be shallow.
- In contrast area of significant adiposity can develop extremely deep grade 3 pressure ulcers.
- Bone/tendon is not visible or directly palpable.

Plus: Unclassified PU - now Grade 3

- Full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, grey, green, brown, black, eschar) in the wound bed. Until enough slough is removed to expose the base of the wound, the true depth cannot be determined; but it will be either grade 3 or 4.
- Stable eschar (dry, adherent, intact without erythema or fluctuance) on the heels serves as 'the body natural (biological) cover' and should not be removed.
- Should be documented as grade 3 until proven otherwise.




EPUAP - Category/Grade 4

- Full thickness tissue loss with exposed bone (or directly palpable), tendon.
- Often include undermining and tunneling.
- The depth varies by anatomical location (bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and grade 4 ulcers can be shallow.
- Grade 4 ulcers can extend into the muscle and/or supporting structures (eg fascia, tendon or joint capsule).




Moisture Lesions

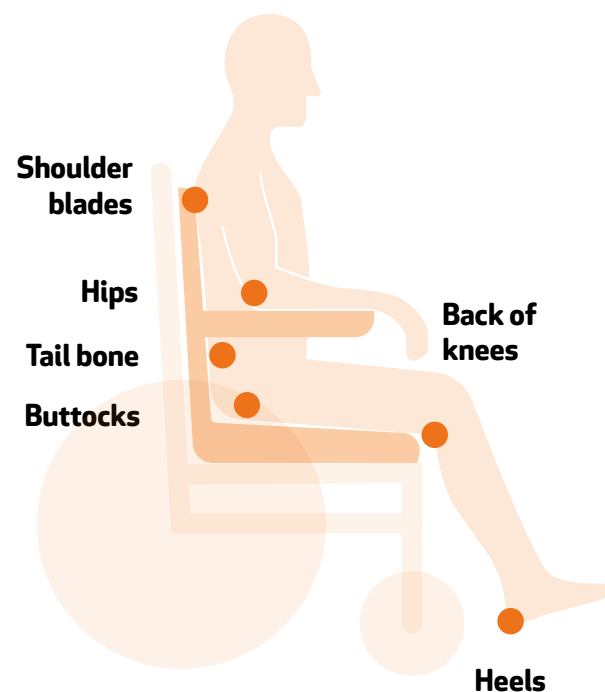
- Redness or partial thickness skin loss involving the epidermis, dermis or both caused by excessive moisture to the skin from urine, faeces or sweat.
- These lesions are not usually associated with a bony prominence.
- They can however be seen alongside a pressure ulcer of any grade.

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Wheelchair users, or those who sit in a chair for most of the day, are at risk of developing pressure ulcers on:

- Shoulder blades
- Back of the hip bone
- Buttocks
- Tail bone
- Back of the arms and legs
- Heels



Pressure ulcers are graded 1-4 the higher the number, the more severe is the injury to the skin and underlying tissue. There is a high risk with a grade 4 of developing a life threatening infection.

Preventing Pressure Sores

- Regularly changing position – for people we support if a person is unable to change position by themselves we must do this to prevent Pressure ulcers developing
- Checking skin every day for early signs and symptoms of pressure ulcers
- Having a healthy, balanced diet that contains enough protein and a good variety of vitamins and minerals
- Stopping smoking – as this causes damage caused to blood circulation
- Equipment – selecting appropriate equipment, such as mattresses and cushions, these should be sourced through the district nurse or OT
- Nutrition – Eating a healthy, balanced diet that contains an adequate amount of protein and a good variety of vitamins and minerals can help prevent skin damage and speed up the healing process
- Completing and following a risk assessment
- Regular reviews of the risk assessment

Treatment of Pressure Sores

Repositioning, specialist mattresses and cushions, dressings, creams and ointment, antibiotics, debridement, surgery, healthy nutrition.



Want to find out more?



NHS - Pressure sores



Tissue Viability Society



NICE - Evidence research



Wounds UK



Coronavirus (COVID-19)

Coronavirus is an infectious disease caused by the corona virus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. You are more likely to get seriously ill from coronavirus, if you over 60 years and from a Black, Asian or minority ethnic background. Pregnant women have been included in the list of people at moderate risk (clinically vulnerable) as a precaution. Sometimes pregnant women can be more at risk from viruses like flu although it is not clear if this is the case with coronavirus. As it's a new virus, it's safer to include pregnant women in the moderate-risk group. This is because pregnant women can sometimes be more at risk from viruses like flu.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently, not touching your face and wear a face mask.

If you or anyone you live with experience any symptoms you should stay at home and not have visitors until you get your Covid test result – only leave your home to have a test. Anyone in your support bubble should also stay at home if you have been in close contact with them since your symptoms started or during the 48 hours before they started.





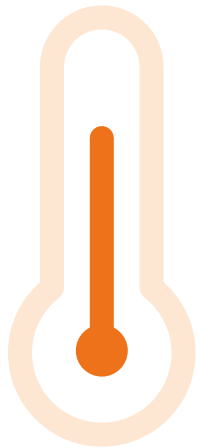
Symptoms of Coronavirus

The main symptoms of coronavirus are:

- **A high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **A new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

- **A loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

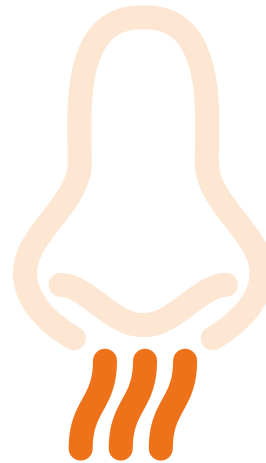
Most people with coronavirus have at least one of these symptoms.



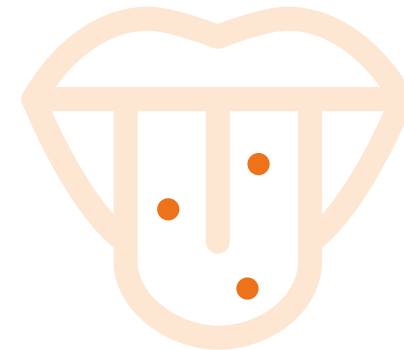
**High
temperature**



**New
persistent
cough**



**Loss of
smell**



**Loss of
taste**



Coronavirus Vaccine

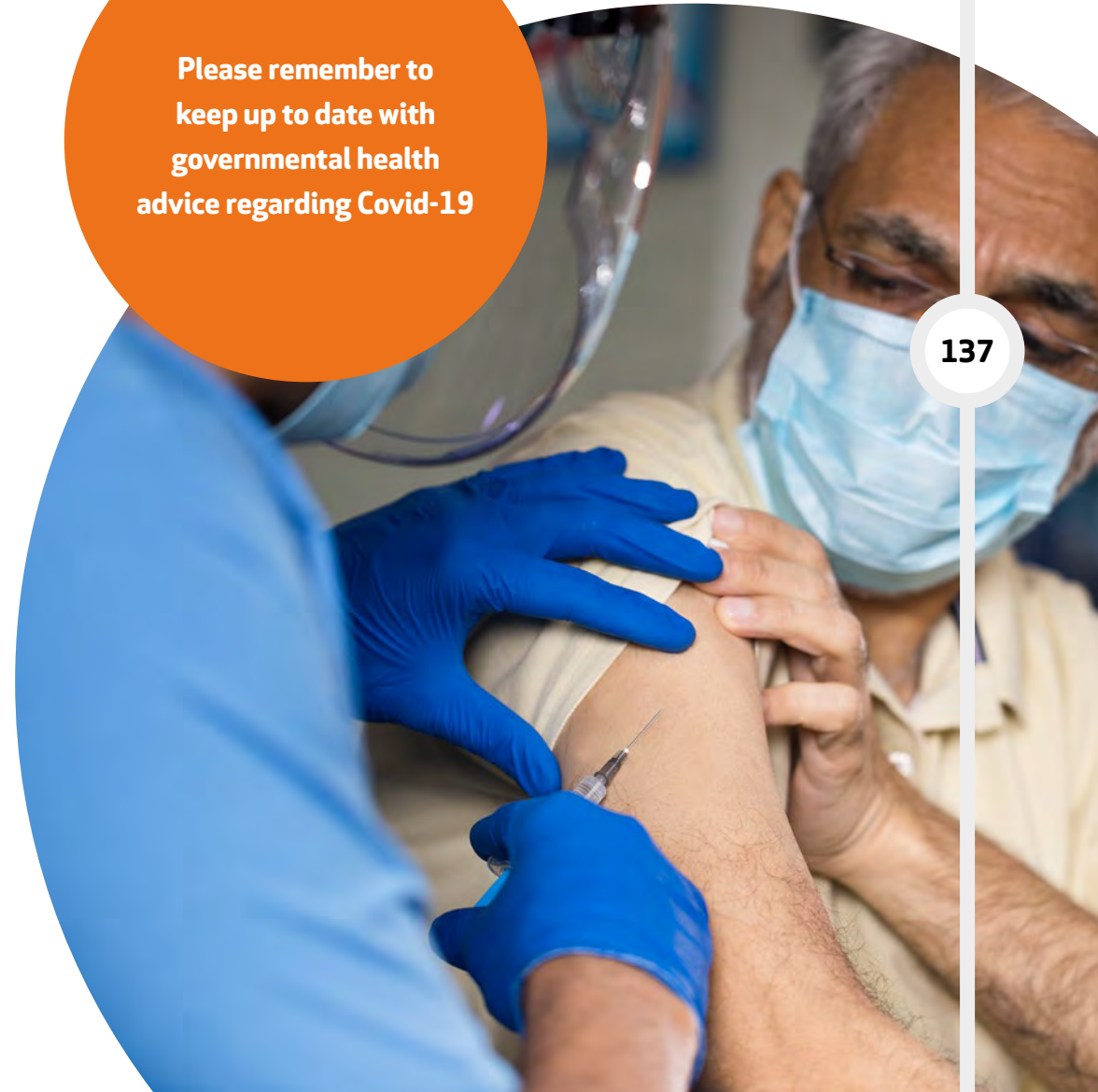
Currently all adults over 18 years can receive the COVID-19 vaccination.

To keep up to date with COVID-19 guidance please visit the following websites:

 [NHS - Coronavirus](#)

 [gov.uk - Coronavirus](#)

Please remember to
keep up to date with
governmental health
advice regarding Covid-19





Section 5

Routine Checks & Observations

[Link to Easy Read - Routine Checks & Observations](#)



Routine Health Monitoring

Temperature

Body temperature varies between individuals but generally normal body temperature is approximately 37C. A temperature of 37.8C or higher will cause a fever, a person will feel when warm, cold or shivery.

A fever can be due to:

- Flu
- Tonsillitis
- Kidney or urinary tract infections (UTI's)
- Other bodily infections

Taking a Temperature

Body temperature is commonly measured on the skin (peripheral) rather than measuring the core (inner) body temperature, which involves invasive procedures. The skin temperature reading can give a lower temperature reading than the core body temperature.

There are different types of thermometers available to take temperature but the most commonly used are digital.





This thermometer is placed in the mouth or in the armpit to measure temperature.



This thermometer is placed just inside the ear to measure temperature.



This thermometer is non-contact and uses infrared technology to detect heat and measure temperature.

If you do not have a thermometer you can still tell if an individual has a high temperature, if their chest or back feels hotter than usual or they are experiencing shivering or chills, this can indicate a high temperature.

- It's a good idea to have essential monitoring equipment in your service/home: a thermometer, a blood pressure monitor and a SATS monitor, to measure temperature, blood pressure and oxygen levels.
- You can measure an individual's normal temperature, blood pressure and oxygen levels – their baseline measurements, when they are fit and healthy.
- If you suspect an individual is unwell take the measurements and pass this information to the healthcare provider should you need to seek assistance for a person.



Weight

Obesity is a complex health issue affecting quality of life for both children and adults. Individuals may be overweight or obese due to poor diet/lifestyle choices or health conditions which may affect their weight. Weight loss as a symptom is any loss of weight that you cannot explain, was not planned or worked for through increased diet control and exercise.

Causes of weight gain:	Causes of weight loss:
<ul style="list-style-type: none">● Poor diet● Lack of exercise● Side effects of medications● Thyroid problem● Kidney or heart failure● An increase in muscle through exercising● Hormonal● Genetic● Pregnancy● Menopause	<ul style="list-style-type: none">● Poor diet / malnutrition● Thyroid problem● Depression● Painful mouth sores● Poor dental care● Heart disease● Chronic diarrhoea or other digestive disorders● Loss of appetite● Eating disorders such as anorexia nervosa or bulimia● Poor swallowing / dysphagia● Incorrect environment around meal times



Weighing an Individual

Everyone's ideal weight varies and depends on their height, age and any health issues they may have. It is important to have an accurate measurement of an individual's weight as it can provide valuable information on their nutritional state. It can indicate if an individual is gaining or losing weight and an accurate weight is needed to ensure individuals receive the correct dose of medication.

Sometimes individuals may not want to be weighed and in this instance observation is needed, for example is their appetite changing which may be leading to weight loss or gain, or there is a change to how their clothing fits.

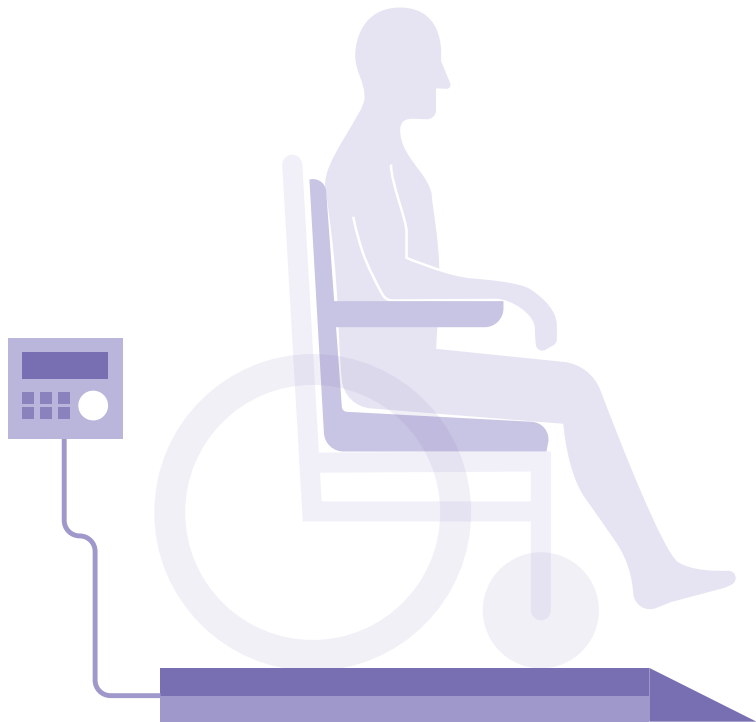
Ideally the same weighing scales should be used each time an individual is weighed. Try to weigh an individual at the same time of day and always either with or without their shoes on.





Weighing an individual in a wheelchair:

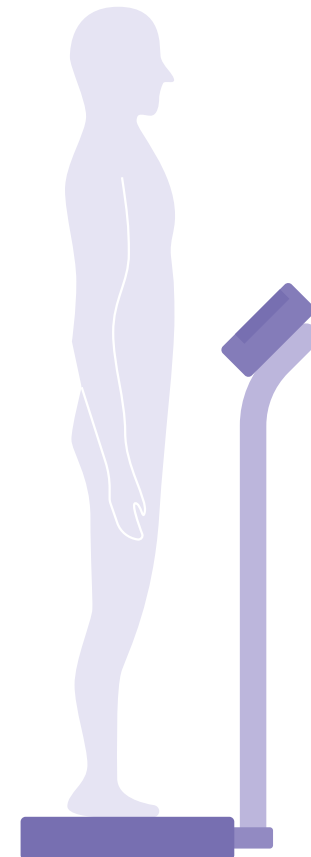
Use specialist wheelchair scales, weigh the wheelchair empty then weigh the individual sitting in the wheelchair. In order to establish an individual's weight, subtract the empty chair measurement from the measurement of the individual and the wheelchair.



Weighing an individual on a free standing scale:

Individuals may be weighed daily, weekly or monthly, according to their specific needs. After weighing the weight must be recorded in the appropriate records.

Ask the individual to stand independently on the scales without holding onto anything, as this will affect the reading





Urine Sample

Urine carries the waste from the blood which is then excreted when we urinate, a urine test can help diagnose a huge variety of underlying health conditions. These range from a minor urine infection, to diabetes or a tumour.

If bringing a urine sample to the doctors it is advisable to bring the sample in a sterile container obtained from the doctors or the hospital. If this is not available collect the sample in a clean sealable container. It is best to check if the local hospital accepts samples in containers other than sterile urine containers as most now refuse to accept them due to contamination of the specimen.

If collecting a sample from an individual who is incontinent and wears incontinence pads, a urine collection pack can be used to draw a sample of urine from the pad, obtained from the local continence service or doctors surgery.

If collecting a urine sample it must not have been in contact with faeces and the specimen must be handed to the doctors or hospital straight away. If this is not possible the specimen can only be kept in a fridge for 24 hours and then handed in to the doctors or hospital.





Administering an Asthma Spacer Device

Spacers may be prescribed by a doctor when a person may not be able to get a good seal around a normal inhaler with their lips or they have difficulty co-ordinating their breathing. Using a spacer ensures more medication reaches the lungs.

- Hold the inhaler upright and shake the inhaler well
- Put the inhaler into the end of the spacer, with the indent for the nose pointing upwards
- Put the mouthpiece between the teeth and lips, making a seal so no medicine can escape
- Sit or stand up straight and slightly tilt the chin up as it helps the medicine reach the lungs
- Press the canister to put one puff of the medicine into the spacer
- Breathe in and out slowly and steadily five times through the mouthpiece
- Remove the mask from face

Cleaning the Spacer - Wash the plastic spacer according to manufacturer's instructions. This is usually before first use, and then once a month after that using washing up liquid and water. Let it air dry without rinsing or wiping.





Section 6

Vital Signs & monitoring Equipment

[Link to Easy Read - Vital Signs & monitoring Equipment](#)



Vital Signs In Adults

The vital signs regularly monitored by health professionals include the following:

- Body temperature
- Pulse rate
- Respiration rate (rate of breathing)

It is important to know what a person's vital signs are when they are feeling well and healthy, sometimes referred to as baseline measurements. This is useful to compare with, if we suspect a person is unwell. It is information we can tell the GP or any health professional we may be communicating with and should we need to dial the emergency services we can inform them of the vital signs.

Vital signs in an adult	Measurement
Temperature	38 degrees or more is considered to be a high temperature
Pulse Rate	Most adults have a resting heart rate between 60 and 100bpm (beats per minute)
Respiration Rate	The normal respiration rate in adults is between 12- 20 bpm (breaths per minute)
The 'norm' for each person may vary from the above if there are underlying health conditions.	



Equipment to Monitor Vital Signs

Temperature – For an accurate measurement use a thermometer, it is a good idea to have more than one thermometer available should one not work correctly. Remembering to replacing batteries is also needed.

Pulse – Wrist: place the index (first finger) and middle fingers on their wrist, at the base of the thumb. Count how many beats you feel in a minute, or count them over 30 seconds and multiply the number by two to work how many beats a minute.

Neck - Place your index and middle fingers on the side of their neck, just beside the windpipe. Count how many beats felt in a minute, or count them over 30 seconds and multiply the number by two to work how many beats a minute.

Respirations – Are measured by watching how many times the chest rises and falls within a minute.



Pulse Oximeters also measure a person's pulse rate and their oxygen saturation levels (how much oxygen is circulating in the blood)



Section 7

Essential Health Checks

[Link to Easy Read - Essential Health Checks](#)



Essential Health Checks



Annual Health Check

Anyone aged 14 years or over who is on their GP's learning disability register can have a free annual health check once a year. This can help prevent a person developing serious health conditions. GP's can also find out about a person's health, how they are feeling, any support they receive or any medicines they take. The GP can change any medications or refer a person to other services/treatment.



Annual Diabetes Check

Anyone with diabetes should undergo a diabetes care review at least once annually. This will allow doctors to monitor a person's health and assess their long term blood glucose control, cholesterol levels and blood pressure.



Diabetic Eye Screening

All people with diabetes are offered an annual diabetic eye test to check for early signs of eye damage linked to diabetes.



Cervical Screening

Cervical screening is offered to women aged 25 to 64 to check the health of cells in the cervix. It is offered every 3 years up to the age of 50 and every 5 years from the age of 50 to 64 years.



Breast Screening

Breast screening is offered to women aged 50 to 70 years to detect early signs of breast cancer. Women over 70 can self-refer.



Bowel Cancer Screening

Everyone aged 60 to 74 is offered a bowel cancer screening home test kit every 2 years. Those aged over 75 years can ask for a kit every 2 years by phoning the free bowel cancer screening helpline on 0800 707 60 60.



Abdominal Aortic Aneurysm Screening (AAA)

AAA screening is offered to men in their 65th year to detect abdominal aortic aneurysms (a dangerous swelling in the aorta artery). Men over 65 can self-refer.



NHS Health Check

This is a health check for adults in England aged 40 to 74 years. It is a way of detecting early signs of disease such as stroke, kidney disease, heart disease, type 2 diabetes or dementia.



Dementia Screening

The risk of developing dementia is increased for people who have a learning disability, particularly those with Down's Syndrome. An early diagnosis of dementia can help a person to stay well for longer and have the best quality of life as possible. The screening process will be initiated by the individual's General Practitioner (GP). It is important to discuss any concerns regarding dementia with the GP as soon as they arise.

Ageing is a risk factor in developing these conditions and early detection is important.



Section 8

Important Health & Wellbeing Documents

[Link to Easy Read - Important Health & Wellbeing Documents](#)



Health & Wellbeing Documents

Health Action Plan

Following a person's annual health check, GP's are required to produce a health action plan. This identifies a person's health needs, what will happen about them (including what the person needs to do), who will help and when it will be reviewed. Advanced care plans are included in the person's health action plan. The HAP may include health promotion activities, monitoring, referrals, recommendations and any relevant self-management. The person is given a copy.

Hospital Passport

Provides information about a person including personal details, their medication, any health conditions. The passport also includes information about how a person communicates, their likes and dislikes, any communication aids, and details explaining how a person expresses their feelings, such as happiness, sadness, pain and discomfort.

Advanced Care Plan

This is a document which includes a person's wishes and preferences regarding the care they would prefer to receive.

Advanced Decision/Advanced Decision to Refuse Treatment/Living Will

is a written statement containing the treatment a person does not wish to receive in the future, in a specific situation.

Advanced Statement

This enables a person to record their wishes, feelings, beliefs and values in case they become unwell and need care or medical treatment.

Do Not Resuscitate

A Do Not Attempt Resuscitation form is a document issued and signed by a doctor. This informs the medical team caring for a person not to attempt resuscitation. The form is designed to be easily recognised and verifiable to health professionals.

Lasting Power of Attorney for Health and Welfare

Allows a nominated person to have the legal power to make decisions on the behalf of another person in case they become unable to make decisions for themselves.



Acknowledgment

This handbook was inspired by a Learning Disability Health Toolkit developed in 2016 by Turning Point's learning disability nurses. This updated handbook has been developed collaboratively with colleagues from across Turning Point, bringing together our expertise in the areas of drugs, alcohol, mental health, sexual health, healthy lifestyles and learning disability to develop a tool which can support people across our learning disability services.

We would like to thank everyone involved for their time and effort in developing this useful resource.

