

AAC 2010 ABSTRACTS

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1. An Introduction to Learning Disability

(Dr Satheesh K Gangadharan, Consultant Psychiatrist & Clinical Director, Leicester Frith Hospital, Leicester, UK)

Current classificatory systems in mental health like the International Classification of Diseases (ICD 10) use the term mental retardation. Concerns over the stigmatising effect of the term led many in the UK and elsewhere in the world to start calling the condition learning disability. Learning disability is a condition that is characterised by delayed developmental milestones, deficits in adaptive functioning and significantly below average intelligence. In people with learning disability, the motor, language and social milestones of development are delayed- ie, they develop either later than the age at which they are meant to develop or they may not develop at all. Adaptive functioning refers to the performance of daily activities required for personal and social self sufficiency (eg: reading, writing, arithmetic, other educational abilities, capacity to handle money, activities of daily living, etc). People with learning disability have difficulties with many of these skills. Intelligence is usually measured by IQ scores. The average IQ is around 100 and those with learning disability may have an IQ less than 70. One of the unfortunate effects of calling mental retardation, learning disability has been to create some confusion between that and 'specific learning disability' or dyslexia. They are very different conditions and dyslexia, also called Specific Learning Disability (SLD) is certainly not the same as Learning Disability. Children and adults with SLD have a specific educational difficulty- usually with reading, writing or arithmetic. They have normal intelligence, but are often wrongly diagnosed as having a learning disability. With remedial teaching they can function normally.

2. Physical & Behavioural Problems in Learning Disability & Autistic Disorders

(Dr Balaraju, Consultant Psychiatrist, Leicester Frith Hospital, Leicester & Dr Satheesh K Gangadharan, Consultant Psychiatrist & Clinical Director, Leicester Frith Hospital, Leicester, UK)

Studies from India and Western countries have suggested increased psychiatric and behavioural morbidity in children and adults with learning disability- 3 to 5 times more prevalent with an overall prevalence of up to 40%). Common co-morbid psychiatric conditions can include ADHD, Autism, Anxiety disorders and Depressive disorders. Behavioural problems can include aggression, restlessness, self injury, pica, wandering, etc. Issues of diagnostic masking, diagnostic overshadowing, communication difficulties, clinician bias and other reasons may often lead to treatable psychiatric conditions being missed in this population. People with learning disabilities also have a large range of physical condition that add to their complexity. These include seizure disorders, cerebral palsy, visual impairment, hearing impairment, congenital heart diseases, orthopaedic problems, recurrent infections, etc. The presentation will explore the common problems and effective treatment approaches to minimise their impact.

3. Vocational Rehabilitation & Education in Learning Disability

(Ms Maggie Petty, Teacher, Life Skills & Education Services, St John's House, Partnerships in Care Learning Disability Services, Diss, Norfolk, UK)

The importance of vocational rehabilitation in the management of people with learning disabilities cannot be overemphasized. Vocational rehabilitation may be defined as a process to overcome the barriers an individual faces as a result of injury, illness or impairment when accessing, remaining in or returning to purposeful activity, work and employment. Work-based learning (WBL) is defined as planned activity that uses the context of work to develop knowledge, skills and understanding useful in work, including learning through the experience of work, learning about work and working practices, and learning the skills for work. Thus while a work placement is the experience of work for a short duration, WBL is a structured learning experience leading to accreditation from a recognised authority. The presentations will explore various ways in which vocational rehabilitation and work based learning programmes for people with learning disabilities can be set up and run. In particular, the concept of learning journals and their relevance in various settings will be discussed.

4. Interventions for people with Learning Disability- What can the community do?

(Dr Regi Tharian Alexander, Consultant Psychiatrist, St John's House, Partnerships in Care LD Services, Diss, Norfolk, UK & Academic Secretary, Faculty of Psychiatry of Learning Disability- Royal College of Psychiatrists)

National figures suggest that the overall prevalence of learning (intellectual) disability in India is around 2.5%, with excess prevalence in men, rural areas, and low-income groups. Figures from the Kerala State Mental Health Authority (post 2001 census) quote a prevalence rate of 1%. Assuming a population of 3 crores, that means that there are around 300,000 people with this condition in the state. In the 0-6 year group specifically, there are between 18,267 and 36,535 affected children. National initiatives over recent years have seen a shift of emphasis from welfare based to rights based approaches in providing services for this group. The presentation will trace the key legislation in this area including the Persons with Disability Act (1995), The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disabilities Act (1999) and The National Policy for Persons with Disabilities (2006). Giving an overview of current services available in the community including Child Guidance Clinics, Family Focused Interventions, Community Based Rehabilitation Programmes, Parent Associations and Human Resource Development Programmes, the presentation will explore with the audience practical ways in which the community can participate in improving services in this area.

5. Communication Strategies in Developmental Disabilities- The Role of SALT

(Ms Louise Talbot, Speech & Language Therapist, Manager, Agnes Unit, Leicestershire Partnership NHS Trust, Leicester, UK)

The communication aspects of developmental disabilities are widely evidenced. For example, the triad of impairments identifies communication difficulties as fundamental to the description of autism. In the UK, Speech and Language Therapy has in the last five years moved away from the traditional approach to intervention in speech and language development to an enabling model that looks at making the communication environment more productive. The presentations will establish a shared understanding of the communication barriers for people with developmental disabilities whilst suggesting strategies for overcoming them by extending the speech therapists role in facilitating different ways of communicating that can not only promote interaction but encourage inclusion and support the management of challenging behaviour

6. An introduction to Autistic Spectrum Disorders

(Dr Sabyasachi Bhaumik, Medical Director, Leicestershire Partnership NHS Trust, Leicester, UK & Immediate past Chair, Faculty of Psychiatry of Learning Disability- Royal College of Psychiatrists)

The lecture will focus on developing an understanding of what is autistic spectrum disorder and its clinical implications. The initial part of the lecture will be devoted to describing the historical perspective of autism and then its conception developed by Kanner to the later stage developments and understanding in relation to Wing's triad. Historical evaluation in relation to Asperger Syndrome and its features will also be described. Different theories of autism and the range of the spectrum disorders that are seen clinically will be discussed including its association with other syndromes and medical conditions. The second part of the lecture will focus on the fundamental management principles and environmental adjustments that are needed for people with autistic spectrum conditions.

7. Learning Disability- Impact on the Family

(Prof Paul Russell, Head of the Department of Intellectual Disability & Child Psychiatry, Christian Medical College, Vellore)

Family as a system is the most normalised setting in any community for individuals with Intellectual Disability (ID), across cultures, especially so in low and middle income countries. As a system, Indian families have their culture-centric perceptions, attitudes, ideologies, beliefs as well as the ability to make use of the extra-familial resources, and these factors influence the impact of ID on these families in a reciprocal manner. These culture specific factors pose challenges to the support these families with special needs require range from physical, emotional, intellectual, social and spiritual. In India, majority of the family context mother is the primary care-giver and she needs to be empowered. In the family intervention model, the mother acts as the co-therapist and the empowerment happens with her learning the process of building the skill needs, handling the challenging behaviours, discussing the cause for the disability, addressing the concurrent physical and psychiatric conditions. The primary care giver is trained in assessing as well as training her child in evidence based protocols. The family in this intervention model is supported through their grief, provided knowledge in an interactive manner that balances their attitude and brings about realistic expectations from the child. This model has the added advantage of having the continuity of care at home. In the subcontinent where there paucity of health care resources and skewed distribution of the meagre resources as well as weak national polices and programs, a family intervention model is imperative when the families are intact and are the source of support.

8. Learning Disability in an Ageing Population

(Dr Ninan Kurian, Consultant Psychiatrist, Bangor General Hospital, North Wales, UK)

The presentation will focus on the ageing of the individual with learning disability as well as the ageing of their carers. People with learning disability, like the rest of us, experience increased longevity. We must see the ageing population if we are going to respond accordingly. Ageing brings with it the illnesses and conditions of older age. The presentation will touch on prevalent chronic conditions of later life and the most feared conditions like dementia. There will be a discussion about the different models of care and issues related to abuse of the elderly.