From the Editor

Welcome to the second SIGPIDD newsletter.

With the College Congress in May right around the corner it’s exciting to see that SIGPIDD committee members are taking an active role in showcasing ID psychiatry to a large number of colleagues who may feel under-skilled in this field. I suspect that many Fellows would like to provide more of a clinical service to people with ID but are perhaps unclear where to start.

Such academic activity will be reflected in this and future newsletters under the banner of ‘Items of Academic Interest’. Unfortunately for copyright reasons, abstracts will not be reproducible verbatim. However, titles of articles, workshops, symposia and other talks can be included if members so wish.

This issue will also include a Branch Report from Queensland, a fascinating interview with Professor Greg O’Brien and a conference report from Dr Jayasheerie Nadarajah.

I look forward to meeting other members at the Congress.

Dr Carlos d’Abrera
From the Chair

In 2013 the Special Interest Group in the Psychiatry of Intellectual and Developmental Disabilities again features prominently at the RANZCP College Congress. Our invited speaker is Emeritus Professor Bruce Tonge. At the symposium on Mental Health and Intellectual Disability, Professor Tonge will present the adult outcomes from the Australian Child to Adult Developmental Study conducted over 2 decades in partnership with Professor Stewart Einfeld. This will be followed by a panel discussion. D'Abrera, Cathy Franklin, Greg O'Brien and Julian Trollor are conducting a pre-congress on Psychiatric Illness and Behavioural Disorders in Adults with Autism: Essential Management Skills for the Psychiatrist. Other symposia and concurrent sessions are listed under “items of Academic Interest”. We are planning to hold the Annual General Meeting Wednesday lunchtime and I encourage you attend. Having a strong, vibrant and engaged membership is important in the ongoing development of the special interest group into a section and promoting improved mental health and life outcomes for people with intellectual and developmental disabilities.

We have established a tradition of inviting a dinner guest speaker to the annual SIG dinner. This year we have the honour of hosting Professor the Baroness Sheila Hollins and her husband Martin. Baroness Hollins is well known to many of you as a pioneer in Learning Disability Mental Health. She is past president of the Royal College of Psychiatrists and is the current President of the British Medical Association.

A National Roundtable on the Mental Health of People with Intellectual Disability, funded by DoHA, will be held in Canberra on the 22 May 2013, hosted by the NSW Council of Intellectual Disability, the Australian Association of Developmental Disability Medicine, the Chair in Intellectual Disability Mental Health at UNSW and the Queensland Centre on Intellectual and Developmental Disability. The roundtable will be attended by the heads of mental health in DoHA, and state health agencies, the Presidents of the RANZCP RACGP and RANZCP and the Chair of the Special Interest Group. DoHA has also funded the development of guidelines for mental health services in the provision of mental health care to people with intellectual disabilities and a stakeholder focus group will be held the day before the roundtable.

I and all the committee, look forward to meeting up with you at the Congress.

Jenny Torr
ASID Research to Practice Conference 2012 in Wellington

I attended the ASID Research to Practice conference 2012 in Wellington, New Zealand 7th - 9th November. The pre-conference workshop was on “A Programme of Sexual Offenders and Abusers with ID/DD: Development and Implementation” by Prof. Bill Lindsey of Bangor University. The workshop included role play which was helpful.

There were several parallel sessions addressing health, bioethics, values, cross-cultural and forensic aspects. It was hard to decide which one to attend! Wednesday evening finished off with a Hypothetical Panel discussion - “2032: what will life be like for people with intellectual disability?” – very skillfully chaired by Mark Henaghan, Dean, Faculty of Law, University of Otago. The panellists were fantastic and addressed issues relating to the past, present and future.

Thursday was another hectic day with full interesting programs and two parallel workshops; one on self advocacy whilst the other showcased Stepping Stones – A group therapy programme for the treatment of emotion regulation in people with an ID. A fascinating session on Friday was a symposium on how to integrate iPads into everyday practice; outcomes included 1) how to determine what is a useful application 2) using iPads as a resource management tool- improving efficacy and immediacy 3) use of a Positive Behaviour Support Application as a planning tool to improve staff engagement.

Keynote speaker topics included ethics and ID, forensic services, cultural imperatives, understanding the complexity of communications in people with ID, and Virtual Worlds- all were well attended and informative.

The conference closed with Poroporoaki (farewell) to prepare the participants for the transition back to the outside world and safeguard return to whanau (family) and homes. Overall, the conference was informative and there were lots of practical skills to take home and implement. The conference gave ample opportunity to meet people from various organisations and learn from each other to enhance the quality of life of people with intellectual and developmental disabilities.

Dr Jayasheerie Nadarajah WA
Upcoming Conferences

RANZCP 2013 Congress
Date: 26 to 30 May 2013
Venue: Sydney Convention Centre, Sydney

8th INTERNATIONAL PRADER-WILLI SYNDROME ORGANISATION SCIENTIFIC CONFERENCE
18 - 21 July 2013
Fitzwilliam College, Cambridge
[http://www.ipwso.org/conferences/](http://www.ipwso.org/conferences/)

ASIA-PACIFIC 3rd REGIONAL CONFERENCE
August 22-August 24, 2013
Tokyo, JP
The Japanese Association for the Study of Developmental Disabilities (JASDD) will host the IASSIDD 3rd Asia-Pacific Regional Conference, Tokyo, from Thursday 22nd through Saturday 24th August, 2013.
This conference is offered in conjunction with the 48th Annual Meeting of the JASDD from Saturday, 24th through Sunday, 25th of August, 2013.

9th EUROPEAN CONGRESS
New horizons for Mental Health in Intellectual and Developmental Disabilities
12 - 14 September 2013
Portugal
[http://www.mhid.org/congressen.htm](http://www.mhid.org/congressen.htm)

ROYAL COLLEGE OF PSYCHIATRISTS FACULTY OF INTELLECTUAL DISABILITY
ANNUAL RESIDENTIAL MEETING
26 - 27 September 2013
Glasgow

ROYAL COLLEGE OF PSYCHIATRISTS FACULTY OF INTELLECTUAL DISABILITY
HIGHER TRAINEES’ CONFERENCE
Southampton
17 - 18 October 2013
Queensland

The Qld Intellectual and Developmental Psychiatry Special Interest Group held its first meeting in November 2011. We have had the benefit of some fascinating presentations, which are held at the RANZCP Offices in Herston. The RANZCP office helps to organise the meetings by sending out invitations to all Fellows, as well as collecting RSVP’s and organising catering (light supper paid for by attendees). The Branch Office also has tele- and video-conference facilities, which allows Psychiatrists from remote areas to join meetings.

The inaugural meeting was headlined by Professor Greg O’Brien, who spoke on the use of psychotropic medications in Intellectual Disability. The presentation included syndrome specific recommendations, which were of great interest, as well as a discussion about the prescription of medication for “challenging behaviour”.

In 2012 Professor Harry McConnell spoke about Epilepsy in the people with ID, including a comprehensive overview of antiepileptic medications. A fascinating snippet included the history of valproate, which was used as a butter substitute in World War II in Germany (that puts a new spin on “I Can’t Believe Its Not Butter!”).

In November 2012 Professor Nick Lennox educated us on “Medical Conditions you don’t want to miss”, which included an overview of the history of intellectual disability. This look at the way society has dealt with people with ID over the years helped set the stage to look at how we deal with medical issues today.

The group has thus far attracted attendees from a broad cross-section of psychiatry: private and public; child & youth, general adult and psychiatry of old age, as well as from consultation-liaison and forensic psychiatry. We have endeavoured to have presentations that are highly relevant to clinical practice and it has been rewarding to see such a great response and level of interest in this area, which seems to grow by the year.

On a clinical level in Queensland, it is an area for which there is an enormous demand, yet seemingly relatively little expertise and training or indeed support within services available. The clinical demand seems to be continuing to increase, in part due to the burgeoning numbers of children diagnosed with intellectual and developmental disabilities, as well as the recent changes in Qld legislation affecting adults who take medication for the primary purpose of managing their behaviour.

Catherine Franklin (QLD)
Gregory O’Brien MB ChB; MA (Cantab): FRCPsych; FRCPCH; FRANZCP; MD

Where do you work/what do you do/currently work?

I head up Queensland State’s Specialist Disability Services Assessment and Outreach Team. We are a team of Psychiatrists and Nurses who carry out mental health assessment and outreach work in people with intellectual disabilities who have extreme challenging behaviour. We are based in Brisbane, and spend about half of our time around Queensland’s other main population sites. So in an average month I will typically do a session in Cairns, one in Townsville, one in perhaps Rockhampton or Harvey Bay, in addition to my local work in the greater Brisbane area. Every two or three months I do a few days outreach in the Northern Torres Strait Islands, where we are involved with some people with disabilities who have really unusual behavioural problems.

Our work is assessment and outreach – we can’t take on long term treatment as such. Since I arrived in Queensland about two and a half years ago, we have been involved with 600 people. I like this work because each case that we are dealing with is a complex one, and as such there is a lot to do. It is very intellectually stimulating.

Where did you complete your psychiatry training?

In the UK Psychiatry training is structured differently. There is a clear demarcation between junior pre-membership Registrar training, and post membership Specialist training. There is no such thing as a General Psychiatrist in the UK – there are six separate Specialist registrar training schemes, namely General Adult Psychiatry, Old Age psychiatry, Child Psychiatry, Forensic Psychiatry, Psychotherapy and Intellectual Disability Psychiatry. I did my membership time in Newcastle, where I also did a fair bit of Child Psychiatry. I did my Intellectual Disability Psychiatry training as a clinical lecturer at Cambridge University, where I was privileged to work alongside Professor Paykel, who had only recently arrived to develop the new University Department of Psychiatry in Cambridge.

I went on to spend two and a half years after that in my first consultant job as a University Lecturer in Cambridge, before moving back to Newcastle, where my wife and I took up senior posts. She is a Specialist in Paediatric Intensive Care Anaesthesia, and there was no prospect of a job for her in Cambridge, whereas she could get a good job in Newcastle. I moved back and went on to be Director of Northgate hospital specialist service for Intellectually Disabled offenders. We had over 150 beds for ID offenders, and we took referrals from all over the UK. This then became the focus of my career over 20 years in the UK.

Why did you decided to train as a psychiatrist?

By the time I finished at medical school I was labelled as someone who would do psychiatry. It was partly because of my natural interest in the field, and partly because I found it so enthralling. I did my first research project as a student, in an elective period focusing on the development of severely abused children. I was captivated by the challenges of measuring mental health problems of disabled people, so my career trajectory was set early on.

What other interests do you have in the field?

I am a lifelong Emeritus Professor in Developmental Psychiatry with my University in the UK, Northumbria University. I still maintain work there, in research, teaching and international work. Northumbria is a very entrepreneurial university, and we have students and courses in collaboration with centres in Hong Kong and Kuala Lumpur, both of which I have visited since coming to Australia. In the long term it is envisaged that I will carry on being involved in this work. Also on the academic side, I have been granted appointments with a number of Academic Institutions here in Queensland. I hold a full professorship with Griffith University Medical School, an Honorary Professorial post with the department of Psychology at the University of Queensland, and an Honorary Professorial Research
Fellowship with the Mater Medical Research Institute: the latter being the one with which I am most active. In the UK I used to run the research governance for my Health School, so I have been pleased to join the Mater’s Research Ethics Committee. I’ve also found a natural academic home with Professors Brett McDermott, Frank Bowling and Honey Heussler at the Mater, all of whom share my interest in the behavioural phenotypes of the genetic syndromes of intellectual disability.

Who has had the biggest impact on you professionally?

I always remember the Paediatricians and Surgeons with whom I trained as a medical student in Aberdeen in Scotland, who would always emphasise the importance of working with people directly in their home, and being less concerned with “cure” and more focused on long term health care. That was a clear vision throughout Scottish medicine then, and one I carry with me. In Newcastle, I was privileged to have two superb academic mentors, in the form of the late great Professor Israel Kolvin and Professor Nicol Ferrier, a Psycho-Neuro-Endocrinologist with whom I cut my research teeth in biological terms. At Cambridge, Professor Paykel was an inspiration, as were others there including Professor Germaine Berrios, Professor Ian Goodyer and Sir Keith Peters, all of whom were very kind in giving inspiration and direction to channel my otherwise disorganised energies.

What are the greatest challenges facing psychiatry in 2013?

Clearly, here in Australia the budgets are becoming tighter. This is at a time when we do need to expand public outreach and community-based mental health services. I am well familiar with how community-based mental health service outreach can work even in remote communities such as the North of Scotland, and it’s very clear that there is a long way to go here in Queensland and Australia in this regard. I think the politicians are up to this, and that they are aware of the challenges. I do hope they have the courage to take a long term view, and make some important and major decisions on developing properly organised community mental health outreach care.

What involvement do you have with the College and your local Queensland branch and why?

My main involvement in the college is on the Board of Education. On the Board, I represent overseas trained psychiatrists – I was fortunate enough to be awarded FRANZCP within six months of arriving in Australia through the route for senior academics. I am very conscious that many of my other overseas colleagues have a much more challenging route to gain Fellowship. There is a particular problem right now, which concerns people who are frankly running out of time, and are caught in betwix and between the old system and new competency-based Fellowship pathway.

As regards the new competency based Fellowship pathway, I have been delighted to have been part of the Board of Education which has established for the first time that all new trainees in Psychiatry in Australia and New Zealand now have specific competencies to attain in Intellectual Disability Psychiatry. This paves the way for the development of our specialty in this part of the world, and all the indications are that within a few years there will be a post-Fellowship qualification available in Intellectual Disability Psychiatry with the College. It is gratifying that our local Special Interest Group in ID Psychiatry here in Queensland has got off to such an active start, thanks largely to the energy and application of Dr Cathy Franklin, and to the previously untapped interest there already was in the field here.

All in all, after 30 years of Psychiatry in the UK I had become a bit tired and was losing interest. Moving to Queensland in August 2010 has given me a real boost, and I’m thoroughly enjoying my work again. It’s been a great pleasure to find myself being so warmly welcomed by colleagues here in the Queensland Division of the College and beyond, and I look forward to a long and happy career in our developing service.

(Interviewed by Catherine Franklin QLD)
Items of Academic Interest

RANZCP College Congress May 2013:

Sunday March 26
Psychiatric Illness and Behavioural Disorders in Adults with Autism: Essential Management Skills for the Psychiatrist.
C d’Abrera, C Franklin, G O’Brien, J Trollor (pre-congress workshop)

Monday May 27
Disentangling Disorder and Disability: ADHD in Developmental Disability (Concurrent Session)
G O’Brien, J Trollor, C Stevenson

Wednesday May 29
Meeting the Needs of Marginalised Population Groups in the Health System: People with Intellectual Disability and Co-occurring Mental Illness (Co-morbidity with Intellectual Disability Symposium)
J Govett, S Howlett T Kremser, J Trollor
Mental Health and Intellectual Disability: Adult outcomes from the Australian Child to Adult Developmental Study.
B Tonge

Thursday May 30
The Future Classification of Intellectual Disability/Intellectual Development Disorder: Clinical Controversy and Policy Implications (Nosology & Intellectual Disability Symposium)
L Salvador-Carulla

Publications by Members of the Special Interest Group


This general review situates Australian research within a framework that quantifies and describes mental health needs of the population with intellectual disabilities across the life span, surveys service provision, and develops the evidence base to inform clinicians regarding assessment and management of psychopathology and psychiatric disorder in people with intellectual disabilities. In particular, Australian research has examined the prevalence, nature, associated factors, and trajectory of clinically significant psychopathology from childhood to adulthood. The Developmental Behavior Checklist and a suite of versions, including an adult version, have proven to be robust instruments in identifying and describing psychopathology in people with intellectual disabilities. Australian researchers have also examined aspects of psychiatric assessment in a population with cognitive and communication impairments, which has direct relevance to clinical practice. Surveys and audits of policy, real-life practice, and service structure and provision have identified serious deficiencies in the training of health professionals and the provision of mental health care to people of all ages with intellectual disabilities and mental ill health. In light of the weight of the evidence, state and federal governments are developing new service models and there are increasing opportunities for professional education and training.

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