



**Faculty of Psychiatry of
Intellectual Disability
Annual Conference
1st October 2020**

Useful Information

Registration

Please join at 09:10 ready for a prompt start at 09:15

Poster presentations

We encourage you to view the [gallery](#) of virtual posters.

Twitter

If you wish to tweet about the conference use [#PsychID2020](#)

Accreditation

This conference is eligible for up to 6 CPD points per day, subject to peer group approval.

Certificates of attendance

Certificates of attendance will be emailed to delegates within one week of the conference.

Speaker presentations

Presentations will be available online within one week of the conference, for up to two months. All delegates will be sent details of this after the conference. Please be aware that these presentations are kindly provided by the speakers but on some occasions, it is not possible to make these publicly available.

Feedback

We would appreciate your [feedback](#). All comments received remain confidential and are viewed in an effort to improve future meetings.

Conference Programme

09:10	On-line
09:15	<p>KEYNOTE SESSION 1</p> <p>Chair: Dr Ken Courtenay</p> <p>Chair, Faculty of Psychiatry of Intellectual Disability Royal College of Psychiatrists UK</p>
09:30	<p>Homage to Professor (Hon.)Sabyasachi Bhaumik OBE</p> <p>By Prof Regi Alexander</p> <p>Consultant Psychiatrist, Hertfordshire Partnership University NHS Foundation Trust</p>
09:45	<p>KN1 – Presidential Priorities</p> <p>Dr Adrian James, President, Royal College of Psychiatrists</p>
10:05	Questions
10:15	<p>KN2 – ‘It’s a Beautiful Life’</p> <p>Sir Norman Lamb, House of Lords</p> <p>Chair, South London and Maudsley Foundation Trust</p>
10:35	Questions
10:45	<p>KN3 – ‘Sleep Disorders: a forgotten diagnosis’</p> <p>Dr Hugh Selsick, Consultant Sleep Physician</p> <p>University College London Hospitals</p>
11:05	Questions
11:15	Break and virtual poster gallery viewing
11:45 – 13:00	<p>KEYNOTE SESSION 2</p> <p>Chair: Dr Asit Biswas</p> <p>Vice-Chair, Faculty of Psychiatry of Intellectual Disability Royal College of Psychiatrists UK</p>
11:45	<p>KN4 - Intensive Support</p> <p>Professor Angela Hassiotis, Psychiatry of Intellectual Disability, University College London</p>

12:15	KN5 – ‘Reviewing the evidence on antidepressant withdrawal’ Dr Sameer Jauhar, Senior Research Fellow and JMAS Sim Fellow, King’s College, Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust
12:45	Questions for the panellists
13:00	Lunch and virtual poster gallery viewing
13:45 – 15:30	KEYNOTE SESSION 3 Chair: Dr Indermeet Sawhney Academic Secretary, Faculty of Psychiatry of Intellectual Disability, Royal College of Psychiatrists UK
13:45 – 15:00	Trainee Presentations Dr. Alec Shapiro Prize Chair: Dr Inder Sawhney, Faculty of Psychiatry of Intellectual Disability
13:45	ECT – a literature review- systematic review of literature using PRISMA – this might lead to more future project work Dr Rabia Khan, Cheshire and Wirral Partnership NHS Foundation Trust
1354	Questions from panellists
13:57	Telecommunication reviews: experience and acceptability of patients, carers and psychiatrists Dr Baharnaz Dalili-Yazdi, Hertfordshire Partnership University NHS Foundation Trust
14:06	Questions from panellists
14:09	Yoga for People with Intellectual Disability: Reflections on a Pilot Intervention to Improve Physical Health on an Inpatient Ward Dr Rupal Dave, John Howard Centre for Forensic Mental Health, East London Foundation Trust
14:18	Questions from panellists

14:21	Self-Guided CcARM Programme-COVID-19-April 2020 Complex Case and Recovery Management Framework (The CCaRM*) Dr Syeda Hasan, Mersey Care NHS Foundation Trust
14:30	Questions from panellists
14:33	The Prevalence of Autism in acute MH – Cross sectional study – important project from Transforming care perspective Dr Sam Tromans, Leicestershire Partnership NHS Trust
14:42	Questions from panellists
14:45	Improved physical health outcomes in an enhanced clinic Dr Georgios Mousailidis, Hertfordshire Partnership University NHS Foundation Trust
14:54	Questions from panellists
14:57	Chair's remarks
15:00	Break and virtual poster gallery viewing
15:15-16:45	KEYNOTE SESSION 4 Chair: Dr Sujeet Jaydeokar Finance Officer, Faculty of Psychiatry of Intellectual Disability, Royal College of Psychiatrists
15:15	KN6 - 'Current Issues in Intellectual Disability: the view from Primary Care' Dr Kirsten Lamb, General Practitioner
15:45	KN7 – Children with Intellectual Disability Professor Paramala J Santosh Consultant in Developmental Neuropsychiatry and Psychopharmacology, Head of CIPPRD, Professor in Developmental Neuropsychiatry & Psychopharmacology Kings
16:15	Questions for the panellists

16:30	Chair's Closing Remarks Dr Ken Courtenay Chair, Faculty of Psychiatry of Intellectual Disability Royal College of Psychiatrists
16:45	End of meeting

Speaker biographies and abstracts

09:15

KEYNOTE SESSION 1

Chair: Dr Ken Courtenay

Chair, Faculty of Psychiatry of Intellectual Disability
Royal College of Psychiatrists UK

09:30

Homage to Professor (Hon.) Sabyasachi Bhaumik OBE

By Prof Regi Alexander
Consultant Psychiatrist, Hertfordshire Partnership University NHS Foundation Trust

0945

Presidential Priorities

Abstract: Dr James will outline his priorities as president of the Royal college of psychiatrists and outline some of the challenges for the college and its members during the current time and how the college is addressing these challenges

Biography Dr Adrian J B James FRCPsych

Adrian was elected President in 2020. He holds this role until 2023 and leads the RCPsych on behalf of its members and associates.

Adrian is Consultant Forensic Psychiatrist at Langdon Hospital in Dawlish, Devon. He is a former Medical Director of Devon Partnership NHS Trust and Founding Chair of the School of Psychiatry at the Peninsular Deanery (2006-2008).

He was the elected Chair of the South West Division of the Royal College of Psychiatrists (2007-2011) and sat on the College Council in this capacity. In 2010 he was appointed Chair of the Westminster Parliamentary Liaison Committee of the

Royal College of Psychiatrists (attending the three main Party Conferences 2011-14 in this capacity).

He was Clinical Director for Mental Health, Dementia and Neurology, working for NHS England South West (2013-2015, interim from 2012-13). He has also acted as a Reviewer and Clinical Expert for the Healthcare Commission and its successor organisation the Care Quality Commission (CQC).

He has chaired expert review groups on Integrated Care Systems, Cannabis, Prevent and Learning from Deaths. In addition, he set up the Quality Improvement (QI) Committee and Workforce Wellbeing Committee at the College.

His priorities as President are:

1. Establishing a pathway to parity for mental health services
2. Equality and diversity
3. Sustainability
4. Workforce Wellbeing

Adrian is a keen cyclist.

You can email Adrian at president@rcpsych.ac.uk

10:15

KN2 – ‘It’s a Beautiful Life’

Sir Norman Lamb, House of Lords

Chair, South London and Maudsley Foundation Trust

Abstract

“As a society, we are on a journey, in terms of how we deal with mental ill health and learning or intellectual disability. We have made real progress but we have a long way still to travel.

My experience on arrival as a minister responsible for mental health and intellectual disability policy was to find a neglected policy backwater. These areas didn’t have high profile in the department.

The weekly focus of the Secretary of State’s Monday morning meeting was on performance of acute hospitals against highly politically resonant access standards - the 4 hour A&E target, the cancer access standards and the referral to treatment standard. Mental health wasn’t on the agenda. There were no access standards in mental health. The whole system was tilted towards acute care. The central focus on micro managing hospital performance filters down through the entire NHS. It affects funding priorities at CCG level.

A central purpose was to get mental health and intellectual disability - and autism - onto the agenda - to make it politically important. In Nick Clegg, the Deputy PM, I had an ally. He spoke about mental health. He launched, with me, a challenge to the NHS on zero suicide. He fought for additional funding. He supported my plan to introduce maximum waiting time standards. But I also recognise that Theresa May addressed mental health in her first speech as PM. And she returned to it. This was new. A prime minister talking about mental health. There was a gap between the rhetoric and the reality but we shouldn’t understate the importance of prime ministerial interest and focus on mental health.

The Transforming Care Programme was probably the most frustrating experience of my time at the Department of Health. It was deeply depressing that all the key organisations could commit to implementing the programme and yet fail to fully deliver. The inertia in the system was hard to shift.

The big challenge we still face is how we deinstitutionalise care and how we ensure that the system guarantees that everyone is treated as an equal citizen with their human rights respected and with the opportunity to enjoy the best possible quality of life with the maximum possible independence.”

Biography The Rt Hon Sir Norman Lamb

Sir Norman Lamb was Liberal Democrat MP for North Norfolk from 2001 to 2019. After serving as a minister in the Department for Business, Innovation and Skills, he was appointed Minister of State for Care and Support at the Department of Health in September 2012 until the end of the Coalition Government in May 2015. As Health Minister, Norman worked to reform the care system and led the drive to integrate health and social care, with a greater focus on preventing ill health. He also challenged the NHS to ensure that mental health was treated with the same priority as physical health, including the introduction of access and waiting standards in mental health for the first time. He was the Liberal Democrat Health spokesperson between 2015 and 2017 and Chair of the Science and Technology Select Committee between 2017 and 2019. In the Queen's 2019 Birthday Honours, Norman received a knighthood with the citation noting in particular his mental health campaigning, with Norman establishing a mental health and wellbeing fund in Norfolk after standing down from Parliament in 2019. Norman has more recently taken on the role of Chair of the South London and Maudsley NHS Foundation Trust and Chair of the Children's and Young People's Mental Health Coalition.

10:45

KN3 – 'Sleep Disorders: a forgotten diagnosis'

Dr Hugh Selsick

Abstract

Sleep is vital for good physical and mental health and this is no less true in people with intellectual disabilities. Poor sleep is associated with more challenging behaviour, increased burden on carers and is a source of distress for the patients. In this talk I will cover three common sleep disorders:

- 1) Obstructive sleep apnoea
- 2) Restless legs syndrome
- 3) Delayed sleep wake phase disorder

I will talk about how to recognise these disorders and how they are treated as well as some of the challenges specific to patients with intellectual disabilities.

Biography

Hugh Selsick studied Physiology and Medicine at the University of the Witwatersrand, Johannesburg before specialising in adult and addictions psychiatry in London. He established the Insomnia Clinic at the Royal London Hospital for Integrated Medicine/University College London Hospitals and is the lead clinician there. He also works as a consultant in the Sleep Disorders Centre at Guy's and St Thomas' Hospital. He founded and chairs the Sleep Special Interest Group in the Royal College of Psychiatrists and is immediate past president of the Sleep Medicine Section at the Royal Society of Medicine. His special interest is the relationship between sleep disorders and psychiatric disorders. He is co-author of Oxford Case Histories in *Sleep Medicine (2015)* and editor of [Sleep Disorders in Psychiatric Patients: A Practical Guide \(2018\)](#).

11:45

KN4 Intensive Support

Professor Angela Hassiotis

Abstract

Intensive Support Teams have a long history in the crisis care of people with intellectual disabilities. Research to date has been limited to localised services and there has been a lack of a large scale investigation into the models, function, reach and patient outcomes of those teams.

The lecture will cover preliminary findings of a NIHR funded programme into Intensive Support Teams (England) including 1. service models, 2. baseline information about the setting in which they operate, 3. the characteristics of the patients referred to them, 4. experiences of stakeholders about the care delivered and received, and 5. challenges associated with (the) research in NHS services.

Biography Angela Hassiotis

Professor of Psychiatry of Intellectual Disability at UCL (Division of Psychiatry, Faculty of Brain Sciences) and Consultant Psychiatrist at the Camden Learning Disability Service/Camden and Islington Foundation Trust in central London. Angela is a strong advocate of evidence based care and her main research interest is in developing, adapting and evaluating interventions for people with intellectual disabilities and mental disorders across the lifespan. She has published extensively and has developed close collaborations with experts by experience and their family carers in her research. She is currently leading on a 5 year NIHR funded programme on aggression. She has served in the Faculty of the Psychiatry of Intellectual Disability executive, IASSIDD Council and the IASSIDD Academy, NICE guideline Development Groups, NIHR Funding boards, various research advisory committees, the editorial board of Lancet Psychiatry, Editor in Chief of the Journal of Mental Health Research in Intellectual Disabilities and Equality Diversity and Inclusion Lead for the Division of Psychiatry.

12:15

KN5 – ‘Reviewing the evidence on antidepressant withdrawal’

Dr Sameer Jauhar

Antidepressant withdrawal has been recognised since 1959, and encompasses a number of symptoms, both physical and psychological, with varying levels of severity.

The literature on antidepressant withdrawal consisted initially of case series, followed by drug interruption studies, using unstructured measures, and then standardised assessments, such as the Discontinuation-Emergent Signs and Symptoms (DESS) checklist.

This was followed by a number of randomised placebo controlled studies across a range of disorders, finding evidence of withdrawal symptoms in those switched from antidepressant to placebo, though higher rates of symptoms with some antidepressants, with heterogeneity between compounds.

Recently a narrative review described survey data from people filling out online questionnaires, and used this data to estimate the prevalence of antidepressant withdrawal.

Whilst including people who had been taking antidepressants longer than in the aforementioned trials, this data is difficult to interpret, as some of the people approached for the survey were a selected sample of people already describing antidepressant withdrawal, and it is unclear what the completion rate of the survey was. Therefore it is impossible to account for the effects of selection bias.

Furthermore, given that a significant number of people with depression do not have remission of symptoms with current treatment, it is important to differentiate the effects of withdrawal from illness relapse.

Despite these clear problems with the current evidence base it is possible to make sense of antidepressant withdrawal clinically, on the basis of knowledge of the pharmacology of antidepressants, natural history, and clinical examination, and I will cover this towards the end of my talk.

Biography

Dr Sameer Jauhar

Dr Jauhar graduated in Medicine from Glasgow University in 2002, having also completed a degree in Public Health and Epidemiology.

He moved to the Institute of Psychiatry in 2012, to work with Oliver Howes and Shitij Kapur on predominantly PET studies of the dopamine system, with the focus on psychosis and treatment response.

His research interests focus on understanding neurobiological causes of psychotic illness, with a focus on the affective psychoses, and treatment of psychotic and affective illnesses.

He has received travel awards/grants from the European Psychiatric Association, European Congress of Neuropsychopharmacology, British Association of Psychopharmacology, Brain, and Schizophrenia International Research Society.

He received a Royal College of Physicians, Edinburgh JMS Sim Fellowship in 2018, enabling him to build on work examining the presynaptic dopamine system in affective psychoses.

He was awarded the Senior Clinical Award from the British Association for Psychopharmacology in 2019.

Clinically, he has worked as a Consultant Psychiatrist in Early Intervention in Psychosis since 2012, throughout South London and Maudsley NHS Trust.

Alex Shapiro Prize Trainee Presentations

13:45-15:00

The use of electroconvulsive therapy for people with Intellectual Disability – Clinicians, patients and carers perspective. (A literature review)

Dr Rabia Khan

Introduction: Despite a higher risk of developing mental illness the evidence for electroconvulsive therapy in people with intellectual disabilities is sparse. Most of the evidence comes from case reports or series. Although these cases mostly conclude with positive outcomes, due to limitation of evidence there is a degree of caution against the generalizability of electroconvulsive therapy practice in this group. Conversely, the deferral and degree of disturbance before electroconvulsive therapy is administered to people with intellectual disability with mental impairment as compared to people without intellectual disability and mental impairment is also of clinical importance as this may unnecessarily delay or deny a treatment opportunity.

Method: The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) checklist. To reduce reporting bias three databases PsychINFO, MEDLINE and EMBASE from 2000 – present were used for a comprehensive search strategy using Cheshire and Wirral NHS Foundation Trust Healthcare and Management Databases. The key words were '(ECT)' OR '(Electroconvulsive therapy)' AND '(Intellectual disabilit*)' OR '(Learning disabilit*)' OR '(mental retard*)'. Records were limited to those in English language, humans and ages 18 and over. Results: The main themes that emerged from the literature can be expanded via data collection and can be categorised into; Clinical, legal and ethical considerations. These will be added in the form of statements.

Conclusion: It is envisaged that the comprehensive overview of the data will form a communication bridge among clinicians, their patients and the Trust. It will also be a mode of reflection for current practices, identification of gaps for improvement and provision of effective interventions for the benefit of our patient cohort. Furthermore, it will allow an opportunity to listen to our patients and their carers, empower them and promote awareness to take an active role in their treatment choices and recovery.

Dr Rabia Khan is a higher trainee (ST 5) in Psychiatry of Intellectual Disability. For her current placement she is based in Cheshire and Wirral Partnership NHS Foundation Trust with highly creditable Dr Odiyoor as her clinical supervisor. She has a special interest in Neuropsychiatry and recently completed a PG Diploma in Clinical Neuropsychiatry from The University of Birmingham. Presently she is contributing towards developing a resource on Tic Disorders as part of neurodevelopmental disorders pathway for clinicians and patients and is working on a QI project to monitor metabolic side effects in people with intellectual disability on antipsychotics. She has a passion for teaching and believes in the old saying 'the best way to learn is to teach'. She is one of the organisers for the upcoming Trainees Annual ID Conference on 20 Nov' 2020 and looks forward with other North West Intellectual Disability higher trainees to welcome you all there!

Telecommunication reviews: experience and acceptability of patients, carers and psychiatrists

Dr Baharnaz Dalili-Yazdi

Dr Inder Sawhney & Dr Sophie Shardlow Consultant Psychiatrists in Intellectual Disability, Dr Bahar Yazdi, ST6 in Psychiatry of Intellectual Disability, Hertfordshire Partnership University NHS Foundation Trust

Aims and Hypothesis To ascertain the views and experience of people with intellectual disability and their carers as well as psychiatrists about the remote consultations during the Covid-19 lockdown. **Backgrounds** To mitigate the spread of COVID-19, the LD services adopted phone and video consultations to ensure accessibility to care and regular reviews. **Methods** 280 patients reviewed by Psychiatrists during the lockdown, 23/03/2020 to 31/05/2020, were sent easy-read designed questionnaires to capture their views on the telecommunication they had received. Their carers were sent a separate devised questionnaire. A third questionnaire was also designed and disseminated online to all LD Psychiatrists in the Trust. **Results** Responses were received from 68 patients, 98 carers and 26 Psychiatrists. Over 60% of patients rated their overall experience with remote consultation as good, about 7% as bad, and about 32% were unsure. Around 68% felt "listened to", whilst 6% did not, and about 26% were unsure. Similarly, 69% felt they got a chance to say what they wanted to, 9% felt they did not and 22% were unsure. 66% of patients had a preference for a face to face consultation. 75% of carers felt satisfied after the remote consultation, around 5% were not, and about 20% were unsure. 78% felt it was effective, 4% disagreed and 18% were unsure. 68% of carers preferred a face to face consultation, 12% preferred a remote consultation, 10% declined to comment and around 10% had no preference. 50% of the psychiatrists felt they could carry out a very effective consultation remotely whilst the other 50% felt they could do a slightly effective consultation. 66% of the psychiatrists preferred face to face consultations. **Conclusion** The telecommunication reviews have to evolve to meet the needs of our patient group. Moreover, the telecommunication consultations would not be suitable for every patient. Patient preference along with patient needs should guide the choice of consultation model. Adopting a hybrid approach, where remote consultation is interspersed with face to face interaction, needs to be considered.

Dr Baharnaz Dalili-Yazdi Biography

I am a senior trainee (ST6) in Psychiatry of Intellectual Disability. I have been privileged to have rewarding training experience in ID Psychiatry in Health Education East of England since 2017. From 2013 to 2016 I had fruitful experience, completing my Core Psychiatry Training in Health Education South West. Following successfully passing MRCPsych examinations, I have been a full member of Royal College of Psychiatrists since 2016. Prior to my fascinating journey in psychiatry, I gained my MD degree from IAU School of Medicine in Iran in 2006. Afterwards, I completed the Family Physician Programme, and then worked as a qualified GP with a Special Interest in Psychiatry. This was followed by obtaining a Master's degree in Clinical Medicine from the University of Hertfordshire in 2012. I am grateful to my senior colleagues, who have well supported me to be actively involved in different clinical and non-clinical aspects of my training throughout all these years.

Yoga for People with Intellectual Disability: Reflections on a Pilot Intervention to Improve Physical Health on an Inpatient Ward

Dr Rupal Dave

Background: People with intellectual disability have poorer physical health outcomes than those without intellectual disability. Yoga is a physical practice that serves as a form of exercise. It is also popular in the general population to for relaxation.

Aims The aim of the project was to undertake a pilot study to: -Consider the usefulness of delivering the intervention regularly based on the experiences of participants & the reflections of the group organiser -Consider the feasibility of delivering the intervention regularly -Consider what outcomes might be measured for participants in the group

Methods The wider multi-disciplinary team (MDT) was approached to consider if/how an intervention could be delivered. A modified yoga practice was offered to adults with intellectual disability admitted to a 14 bed inpatient ward. A weekly session of 20 minutes duration was delivered over 4 weeks. Participants were interviewed about their experiences participating in the group.

Results 5 interviews with participants in the yoga group were undertaken. Qualitative responses were grouped into themes including 'perception of yoga', 'enjoyment of the session' and 'reasons for enjoyment of the session'. Participants reported enjoyment of the session but disappointment in the short duration. Persons who did not attend the yoga group were approached to explore barriers in participation. These responses were more limited, but included subject's perception that they were not physically able to participate due to age or level of fitness.

Conclusion Yoga is a low-impact practice that might be especially suitable for persons with intellectual disability and pre-existing physical health. Participants in a yoga group for male adults with intellectual disability and mental illness reported high satisfaction with the intervention. Results of this small pilot suggest further work in this area might improve quality of life for inpatients.

Dr Rupal Dave

Biography

Dr Rupal Dave is an ST6 Higher Trainee in Psychiatry of Learning Disability. She studied medicine at the University of Bristol before undertaking her foundation medical training, and psychiatry training in North London. She is currently working at the John Howard Centre for Forensic Mental Health in Homerton.

Rupal particularly enjoys teaching and mentoring medical students & junior trainees, and became a Fellow of the Higher Education Academy in 2019 after completing a postgraduate Certificate in Medical Education. She undertook Yoga Teacher Training in 2018, and further training in the 'Yoga4Health Programme' this year. Her special interests include Sleep disorders, wellbeing & burnout in doctors, and psychoeducation for people with intellectual disability & carers.

Self-Guided CcARM Programme-COVID-19-April 2020 Complex Case and Recovery Management Framework (The CCaRM*)

Dr Syeda Hasan

Abstract

Aims and hypothesis: During the recent lockdown, it was difficult for those with complex needs associated with learning disability and autism to source timely support. The Self-guided CCaRM Programme was developed as a format for on-line workshops with those concerned. The expectation was to reframe support already there, and streamline further support to best effect.

Background: This programme evolved from the Complex Case and Recovery Management Framework (The CCaRM*), developed within MerseyCare Specialist LD Services. This value-based platform was being used by the Specialist Support Team (SST) to support people in the community with LD and Autism with complex needs. With lockdown constraints, the service became reliant on working indirectly through family and carers.

Methods: A skype-based workshop was convened for all relevant parties. In advance, attendees reviewed concerns using the 6 self-guided CCaRM headings, in line with the original CCaRM, as follows: 1. Having a good circle of support 2. Having a good shared understanding 3. Having clear problem areas thought about 4. Social Participation and Living a Good Life 5. Keeping people safe and well 6. Making progress For each theme, areas of strengths, concerns, and possible fresh approaches were explored. Subsequently, collaborative care plans were refreshed accordingly.

Results: There were 8 such workshops conducted over the lockdown. Participants included support staff and family members, though no service users in this period. All gave positive feedback: that the experience helped with understanding and confidence in roles, and generated fresh ideas to try.

Conclusions: This approach helped counter the impact of lockdown in a critical area. It was interesting to adapt the CCaRM framework to the online environment. The perceived simplification added to the engagement of carers with framing

complex need support. Further work needs to explore potential service user involvement also, and to evaluate the approach longer term.

Biography

Dr Syeda Hasan-

ST5 Intellectual Disability Psychiatrist, Mersey Care NHS Foundation Trust
Special Interest -Medical Education, Pennine Care NHS Foundation Trust,
Lead Organiser North West Learning Disability Regional Academic Forum
Finalist "Inspirational Leadership" Pennine Care Peoples Award, 2019
RCPsych NW Higher Trainee of the year, 2019
RCPsych ID trainees Rep-NW

Following my appointment as an ST 4 in Intellectual Disability in North West Pennine Care Trust I was appointed as an ST Lead Medical Education, worked on several service developmental and strategic projects which are aimed towards transforming the Medical education, Recruitment, Enhancing Supervision, Pastoral Care for Trainees and trainers.

Currently in my clinical role, I have been providing medical input within SST Mersey Care trust Specialist LD division within the Greater Manchester and Lancashire area. Looking after individuals with complex needs. Supporting local teams and adding value to the care process and where there is a risk of hospitalisation, or where there is significant dislocation from services.

I have been enthusiastically chairing and presenting in teachings sessions not just in Local Academic programme & Regional North West LD forums, but also in National and international Landscape

I have been representing Northwest ID trainees as RCPsych ID rep NW, holding and chairing NWLD forum, participating in STC meetings since joined as an ST trainee. Currently leading the organisation of North West Learning Disability Regional Academic Forum. We are working together as a team of STs bringing positive perception towards training and education in ID Psychiatry.

I have been actively involved in promoting ID PSYCHIATRY-by participating in MRCPSYCH career workshops locally and regionally as well as in medical school recruitment events.

I was fortunately nominated and became finalist in Inspirational Leadership Category in Pennine care Peoples award 2019. In the same year was awarded the accolade of higher trainee of the year 2019 by the North West Royal College of Psychiatrist. It has been a great learning experience so far as a higher Trainee in Intellectual Disability Psychiatry.

The Prevalence of Autism among Adults admitted to Acute Mental Health Wards: A Multi-Site Cross-Sectional Pilot Study

Dr Sam Tromans

Aims and Hypothesis This study aimed to estimate autism prevalence among adults admitted to acute mental health wards, and rates of co-occurring psychiatric and physical health conditions in adults satisfying autism diagnostic criteria relative to their non-autistic peers. We hypothesised that autism prevalence in this group would exceed general population estimates, and that autistic individuals would have higher rates of co-occurring conditions compared to their non-autistic peers.

Background Whilst the general population prevalence of autism among adults is well established, data on the prevalence among adults admitted to acute mental health wards is lacking.

Methods Phase 1 involved testing non-intellectually disabled adults with a selection of questionnaires, including the Autism Quotient. Adults with intellectual disability bypassed Phase 1. Phase 2 involved interview-based autism diagnostic testing of a subgroup of adults, including some adults without intellectual disability (selected via stratified random sampling according to Autism Quotient score) and all participating adults with intellectual disability. Participants were interviewed for co-occurring conditions using standardised interviews from the 2014 Adult Psychiatric Morbidity Survey.

Results 93 adults participated in the study, of which 18 participated in Phase 2 diagnostic interview (10 non-intellectually disabled; 8 intellectually disabled). Of those interviewed, 7/18 satisfied ≥ 1 of ICD-10 and/or DSM-5 diagnostic criteria for autism (5/18 satisfying both). The mean number of co-occurring psychiatric conditions were similar for individuals satisfying ≥ 1 autism diagnostic criteria relative to those who did not (3.3 and 3.5 per person respectively), though they had a greater mean number of co-occurring physical conditions (3.1 vs. 2.4).

Conclusions Autism appears more prevalent among adults admitted to acute mental health wards relative to the general population. Autistic adults in this group may have a higher burden of co-occurring physical health conditions compared to their non-autistic peers. **Sponsorship** This study was supported by the National Institute of Health Research.

Dr Sam Tromans is a Specialist Registrar in the Psychiatry of Intellectual Disability at Leicestershire Partnership NHS Trust, and an Honorary Academic Clinical Lecturer at the University of Leicester. He is undertaking a PhD on the prevalence of Autism within acute adult inpatient mental health settings, supervised by Professor Traolach Brugha and Professor Guiqing (Lily) Yao and supported by the National Institute for Health Research. He has over 25 publications, including four chapters in the recently published Oxford Textbook of the Psychiatry of Intellectual Disability. His research interests include autism, intellectual disability, inpatient psychiatry, epilepsy and COVID-19. A full list of his publications can be accessed via <https://scholar.google.co.uk/citations?user=a2XIH8cAAAAJ&hl=en>

Improved physical health outcomes in an enhanced clinic

Dr Georgios Mousailidis

Abstract

Aim To improve physical health outcomes in an enhanced physical health clinic for patients with Intellectual Disability open to our services.

Background People with Intellectual Disability experience significant health inequalities which contribute to discrepancy in the age of death between people with learning disabilities and the general population; 22 years for males and 27 years for females. It is well established people with intellectual disabilities die from an avoidable medical cause of death twice as frequently as people in the general population.

Methods A series of key physical health parameters to monitor in the clinic were identified: blood pressure, pulse, weight, waist circumference, screening for cardiovascular and fracture risks, smoking status, activity levels, uptake of national public health screening programmes (Cervical, breast, bowel screening), audiology, vision, dental, annual health checks, dysphagia, constipation and blood tests. We sent an invite for physical health screening appointment to 80 patients who were open to Intellectual Disability services. In total 46 patients were reviewed in the physical health pilot.

Results For patients where health problems were identified, they were offered individual health facilitation support to enable them to access the requisite services. Patients who were eligible for cancer screening but not had it done, were referred to GP for the same (Bowel 6/10, Breast 2/6, Cervical 8/14). 60% of patients were identified as not having had their vision checked, 65% did not have an audiology assessment and 52% did not have a dental appointment in the last year and the appropriate referrals were made. Social prescribing was offered as a major component underpinning this pilot and we made specific interventions for patients to facilitate healthy lifestyle choices including promoting exercise in 21/46 patients and diet modification with referral to Specialist Dietician for 22/46 and SALT referral for 4/46.

Biography not received at time of publication

15:15-15:45

KN6 - 'Current Issues in Intellectual Disability: the view from Primary Care'

Dr Kirsten Lamb, General Practitioner

Abstract

Intellectual disability – the view from primary care. In my talk I will cover the changes to the provision of primary care caused by Covid 19 and the impact on people with a learning disability. This will also cover the nature of the Enhanced Service for learning disability and the Quality Improvement Domain 2020. The current care of people with a learning disability in general practice will be explored. This will include information from a survey performed by Dimensions, the care provider. The survey

provides some qualitative data about GP's confidence in managing the complexity of learning disability and how primary care is perceived by people with a learning disability. Data from NHS Digital extracted from GP systems will be interrogated to investigate, in more detail, the care by General Practice, of some conditions more common in people with a learning disability. Following this discussion, I will provide evidence of the changing nature of general practice, and the current pressures and difficulties that contribute to some of the issues raised in the quality of care discussion. Finally I will consider some practical approaches to try to improve the quality of care in general practice for people with a learning disability.

Biography

Dr Kirsten Lamb MA MB BChir Cantab, MRCP, DCH, DRCOG, Cert Med Ed
I am a recently retired GP. I chair the RCGP special interest group for learning disability. I continue to chair the Hertfordshire LeDeR steering group. Whilst working as a GP in Herts, I was the Clinical Lead for Learning Disability for Herts Valley CCG. In that role I was a member of the Transforming Care Board, developed local pathways for dementia, epilepsy and STOMP in learning disability. I created the national digital template for the learning disability annual health check. For many years I chaired the ethics group at Harpenden Mencap – a Co-produced group. I have worked with NHSE and RCGP to create the Quality Improvement domain in learning disability for GPs. I am the RCGP representative on the Learning Disability Professional Senate.

15:45 – 16:15

KN7 – Children with Intellectual Disability

Professor Paramala J Santosh, Head of CIPPRD, Professor in Developmental Neuropsychiatry & Psychopharmacology, King's College London

Abstract/Biography not available at the time of publication

Joan Bicknell Medical Student Essay Prize Winner 2020

Lucretia Thomas

[Experiences of Healthcare for People with a Learning Disability](#)

Gregory O'Brien Travelling Fellowship Winner 2020

Dr Oana Mitrofan