

# Psychiatry of Intellectual Disability



**Newsletter of the Intellectual Disability Psychiatry Faculty**



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**Submitting articles:** This is the Faculty members' newsletter and we encourage submissions from clinicians, students, service users, carers and members of the wider multidisciplinary workforce. We will consider any article that may be of interest to our readers in the RCPsych Intellectual Disability

**Join the Editorial Team!** The Editorial Team also welcome expressions of interest to join us on the team. This can be team members of any level. Please do send a paragraph about yourself, why you would be keen to join the editorial team and what previous relevant experience you have.

## **Editorial Committee Members**

Sonya Rudra  
 Maruf Mustapha  
 Rory Sheehan  
 Mrityunjai Kumar  
 Afia Ali  
 Mervyn Yong  
 David Anderson  
 Unsa Athar  
 Sharna Bennett  
 Rachel Proctor

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# EDITORIAL

DR SONYA RUDRA AND DR MARUF MUSTAPHA , CO-EDITORS FOR SPRING/SUMMER 2024 EDITION

Welcome to the Summer Edition of the Faculty of Psychiatry of Intellectual Disability Newsletter. We love the enthusiasm shown for submitting articles for this edition and are excited to share some of these with you, our readers.

We are pleased to have input from a range of authors, including doctors at different stages of training and members of the wider multidisciplinary team. As a specialty that practices truly holistically, there is so much that we can learn from each other, and we hope that this newsletter can be a forum for some of that shared learning.

We start this edition with updates from the higher trainee representatives, Dr David Anderson, Dr Elizabeth Anslow and Dr Abigail Swift. They highlight some of the challenges trainees have faced and how the faculty is working to address them. Read about some of their achievements, and if you feel inspired to join them, keep in mind that applications for the next higher trainee representative position are still open!

Following this update, we go straight into our shared learning with an excellent article on the incredibly important topic of "involving people with an intellectual disability as meaningful partners in research" by Amy Wilkins (Speech and Language Therapist), Sarah Rabbitte (Learning Disability Nurse), Annie Bannister (PPIE Member) and Heidi Neville (PPIE member). The team approach of the research project "DECODE" has been a success. Read about how the skills of the multidisciplinary team are harnessed appropriately, addressing barriers as they arise and thinking ahead.

We go on to report on some of the work that is happening across your services. Dr Myfanwy Gulliver-Cameron and Dr Jennifer Shankland share a local audit of hypnotic use in patients under the adult learning disability team in the Northwest of England. In Tower Hamlets, East London NHS Foundation Trust, a project was developed to support people with learning disability with weight management borne from an audit with dietetics. Do you have similar challenges where you work? Are these audits helpful for your services? Let us know, and let's keep the conversations going as we strive to continually improve our care and services.

Dr Louise Howitt then draws our attention to the benefits of dance for people with learning disabilities. Dance is a way to

celebrate individuality and community. Movement allows participants to teach each other, share in something communal, and celebrate each other. This has been a fantastic piece of work supporting a small charity, and we applaud the author for her creativity and commitment.

We are fortunate as a Faculty to have a broad range of expertise in our midst. Dr Unsa Athar reflects on her experience as a trainee new to Intellectual Disability Psychiatry, whilst Dr Ayo Peters reflects on her experience as a new intellectual disability consultant. Despite both articles referring to very different stages in career progression, the expertise of the team cannot be underestimated by either. The perspectives from both make for striking reading.

Also, in this edition, you can revisit the UK Intellectual Disability Trainees conference in Glasgow, the European Psychiatry Association International Congress in Budapest, the Intellectual Disability Faculty and Neurodevelopmental Psychiatry Special Interest Group Spring Conference at the Royal College of Psychiatrists and the inaugural Kent, Surrey and Sussex Intellectual Disabilities Regional Conference. Continue to share your experiences at relevant conferences, and we look forward to seeing you at the next one!

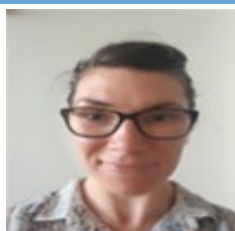
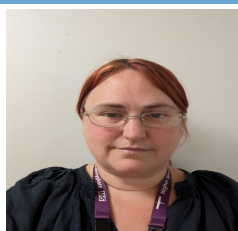
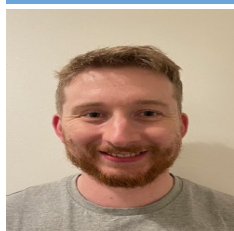
As an Editorial Team, we are pleased to announce that our team is growing, with us warmly welcoming four new members since the release of the last edition. We would like to congratulate Dr Laura Korb on joining the Intellectual Disability Faculty Executive Committee and the Editorial Committee for this newsletter. Dr David Anderson has stepped down as Higher Trainee Representative but has joined our Editorial Committee. We have also welcomed Dr Unsa Athar and Dr Sharna Bennett. We are excited to have you all on board!

Finally, a big thank you to all our authors, the Editorial Committee, and Kitti Kottasz, without whom this newsletter would not have been possible. We hope you will all enjoy reading through these articles as much as we have. Please continue to send any queries, submissions or expressions of interest to

[newsletter.psychid@gmail.com](mailto:newsletter.psychid@gmail.com)

## FROM THE DESK OF THE NATIONAL TRAINEE REPRESENTATIVES

DR. DAVID ANDERSON. DR. ELIZABETH ANSLOW AND DR. ABIGAIL SWIFT



My (David's) time as a higher trainee rep is sadly coming to an end and for anyone interested, I would highly recommend you consider applying! Applications are still open as we've only managed to appoint one new rep so far, so Abbie will gracefully be staying on for the near future. Dr Liz Anslow, also from the Northeast, has been appointed in my place and has already had the opportunity to attend the Annual Faculty Strategy Day in London – welcome Liz! A big thank you to Jai who stood down as a rep in the new year and worked incredibly hard, especially on the Outcomes project within the Faculty.

For those considering applying to be a higher trainee rep and wondering what it entails: It is a great opportunity to learn about the workings of the Royal College and the ID Faculty and what their role in influencing policy looks like. You will get the opportunity to work into some of the working groups (ie Dementia), see how strategic priorities are set for the year and how everyone works to try and deliver these. Invariably there will be some work to do and it is always challenging adding more to everyone's already busy day, but these are projects that are of national importance. Especially for those of you from the further corners of the four nations who's contact with the policy machine of London is limited, it is an excellent opportunity to find yourself in the loop on things that are hitting the national news.

Projects we've been working on for the past year include updating the Dementia guidelines, working on national recruitment, and creating high quality information resources for our service users and carers. Many of the trainees (46!) completed the national survey for ID higher trainees and we are working with the Faculty to address some of the issues raised.

There are communication issues that we need to address: Many of you aren't sure if you're signed up to the Faculty newsletter, >25% weren't aware of the national WhatsApp group and 30% aren't sure who their Regional Faculty Rep is.

Difficulties meeting CAHMS-ID, Forensic and inpatient com-

petencies remain but there appear some hotspots that we plan to feedback to individual TPDs. The new SAC (Specialist Advisory Committee) Chair hopes to work with the individual regions to share good practice from other regions and identify local solutions.

Eportfolio induction remains a chronic issue, and study leave is generally not a problem except for several hotspots where funding and approval is really challenging for trainees.

To begin to address some of the issues, we are planning the first of an annual half day ID Faculty training and welcome virtual event in October 2024. This will build on the previous "Meet the Chair Event" to offer a more structured programme. We will have brief talks on how the Faculty operates, what opportunities there are for trainees, and a focus on developing academic/research interests. There will be a Q&A with the college execs, a portfolio session, and opportunities for trainee networking (as best we can in a virtual event). The event will be for all trainees, although some parts will be tailored for the newer trainees joining the scheme. We look forward to seeing you all there.

There are opportunities for trainees to become involved in a few areas already and I know quite a few of you have expressed an interest in working on updating the Dementia Guidelines.

Other areas we are still looking for more trainee involvement are as follows:

- Inpatient working group
- Review of STOMP progress and college response
- Accessible website / easy read information for those with ID –

Please contact [elizabeth.anslow1@nhs.net](mailto:elizabeth.anslow1@nhs.net) for further enquiries if you are keen on engaging with these workstreams for the faculty.

Have a lovely summer everyone!

David

# INVOLVING PEOPLE WITH AN INTELLECTUAL DISABILITY AS MEANINGFUL PARTNERS IN RESEARCH.

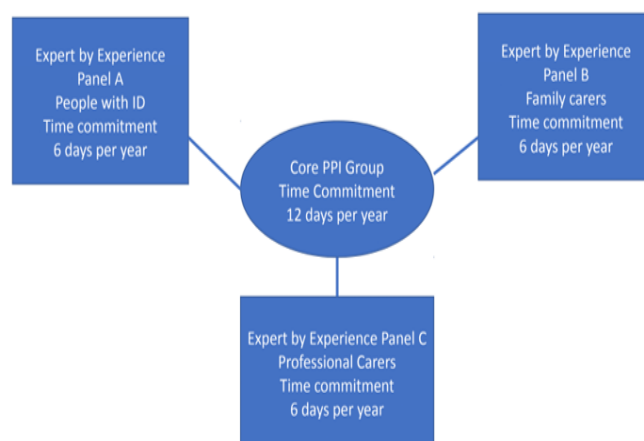
AMY WILKINS (SPEECH AND LANGUAGE THERAPIST), SARAH RABBITTE (LEARNING DISABILITY NURSE), ANNIE BANNISTER (PPIE MEMBER) AND HEIDI NEVILLE (PPIE MEMBER) [ARTICLE SUBMITTED BY DR SATHEESH GANGADHARAN]

## **Background**

DECODE is a collaborative research project funded by the National Institute for Health and Care Research (NIHR), bringing together researchers and clinicians. The project uses big data, artificial intelligence (machine-learning algorithms), and lived experience of care to address challenges related to the care of multiple long-term conditions in people with ID. A significant proportion of people with ID (PwID) have multiple long-term conditions (which is defined as two or more long-term conditions co-occurring).

This article focuses on the involvement of PwID and carers in the DECODE research project and what we learned from this. PwID are described as under-served in research (NIHR, 2022), meaning they are not included in research as much as they should be. Key barriers to inclusion include a lack of researcher experience, research materials not being accessible, inaccessible transport routes and unsuitable venues for meetings to be held (Crook et al., 2016). As a result, PwID has not been given opportunities to participate in research, influence its design or choose topics that are meaningful to them.

The authors of this article (a learning disability nurse and speech and language therapist) are working as the lead professionals in DECODE. A total communication approach and ongoing development of the PPIE groups influence the research in a meaningful way. DECODE has small PPIE groups, which include PwID, family and professional carers. The ID population is diverse, meaning that group members need individualised support and communication. The LD nurse and SALT undertake PPIE activities and ensure all of the group members have the right level of support.



**Figure 1: A diagram of how DECODE's PPIE groups are set up**

## **Barriers and Efforts to Reduce These**

Barriers generally fell into three categories: Communication, recruitment and retention, logistics and accessibility.

Communication barriers included the complexity and abstract nature of research topics such as Artificial Intelligence. The researchers needed to plan how they presented information carefully. A high number of facilitators was also required to support people 1:1.

A logistics example was arranging with a taxi company to transport people who had difficulties to meetings. The authors considered feedback about the environment PwID preferred and booked venues in accordance with this.

Carers reported that they liked to be informed of DECODE's progress. Events were organized to celebrate PPIE's contributions, which allowed members to meet researchers in informal settings, such as having a meal together.

# INVOLVING PEOPLE WITH AN INTELLECTUAL DISABILITY AS MEANINGFUL PARTNERS IN RESEARCH.

AMY WILKINS (SPEECH AND LANGUAGE THERAPIST), SARAH RABBITTE (LEARNING DISABILITY NURSE), ANNIE BANNISTER (PPIE MEMBER) AND HEIDI NEVILLE (PPIE MEMBER) [ARTICLE SUBMITTED BY DR SATHEESH GANGADHARAN]

PPIE members were supported in attending local and regional events to discuss their experiences and co-author publications.

## **Outcomes**

The success of DECODE has been attributed to a team approach. The skills of a multidisciplinary team are used appropriately, listening carefully, addressing barriers as they arise, and thinking ahead to create communication approaches and events that keep people motivated and engaged.

## **The voice of our PPIE members:**

'It has helped build my confidence. Research is constantly changing. It can change for people with learning disabilities. People might have been stuck in a care home in the past, but now, people can live in the community and be part of a research group. It is changing to be more positive.'

'It's just good for somebody to acknowledge that we have some areas of expertise. Seeing this research, which has been so carefully planned and about all the participants, has been an absolute joy.'

DECODE has been nominated for awards, including 'Celebrating Excellence' and 'Putting People First.'

Other outcomes include the publication of several papers and increased opportunities for PPI members (presenting at research forums and employment). Our PPIE work can be viewed in a short video [here](#):

*DECODE website provides more information on this research project.*

*<https://decode-project.org/research/>*

## **Reference List:**

Crook, B. et al. (2016) 'So often they do not get recruited': Exploring service user and staff perspectives on participation in learning disability research and the barriers that inhibit it. *British Journal of Learning Disabilities*, 44(2), pp. 130–137.

National Institute for Health and Care Research (2022a) Improving inclusion of under-served groups in clinical research: Guidance from INCLUDE project. Available from : <https://www.nihr.ac.uk/documents/improving-inclusion-of-under-served-groups-in-clinical-research-guidance-from-include-project/25435> [Accessed 23/11/23].



**Image 1: Some PPIE members and researchers at a recent meeting.**



**Image 2: Examples of visuals used to support people in interviews**

# LOCAL AUDIT OF HYPNOTIC USE IN PATIENTS UNDER ADULT LEARNING DISABILITY TEAM IN THE NORTH WEST OF ENGLAND.

DR MYFANWY GULLIVER-CAMERON (CT2), DR JENNIFER SHANKLAND (LEARNING DISABILITY CONSULTANT & ASSOCIATE MEDICAL DIRECTOR)  
LANCASHIRE & SOUTH CUMBRIA FOUNDATION TRUST

## Background

Patients with learning disability are more likely to be prescribed psychotropic medications including hypnotics ([www.england.nhs.uk](http://www.england.nhs.uk), n.d). Sometime these medications could be avoided with effective holistic management. As such STOMP (Stopping over medication of people with learning disability, autism or both) was introduced in 2016, an initiative to support prescribers, staff and carers to use non-drug therapies instead of medication.

Sleep disturbance is a common issue amongst patients with learning disability, estimated to be somewhere between 8.5% and 34% (van de Wouw, Evenhuis and Echteld, 2012). The assessment and management of sleep disturbance amongst patients with learning disability is considered under researched, however it is advised that clinicians should take a holistic approach to its assessment and management (Korb et al, 2023).

As part of a local STOMP initiative, an audit was conducted to understand current use of hypnotics for community patients with learning disability.

## Method

The case load of community learning disability consultants covering Chorley and Preston were used as the population. Online notes were searched for evidence of hypnotic prescriptions (clinic letters, GP prescriptions through LPRES, scanned FP10s, progress notes). All z-drugs were included, promethazine if clearly prescribed at night only, melatonin and chloral hydrate. Excluded were benzodiazepines, mirtazapine, amitriptyline and other sedating antidepressants or sedating antipsychotics as it would be difficult to definitively prove the indication as sleep aid. For all patients prescribed hypnotics, progress notes and clinic letters were search to ascertain if any targeted sleep intervention had been conducted (including comprehensive sleep assessment and behavioural intervention) prior or alongside the prescription of hypnotics. Doctors advising during clinic to consider sleep hygiene was not included.

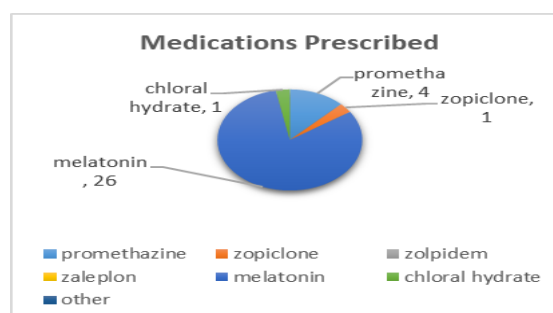
## Results

All data collected on 1<sup>st</sup> March 2024. 141 patients identified in the population. 1 patient excluded as GP notes were not accessible.

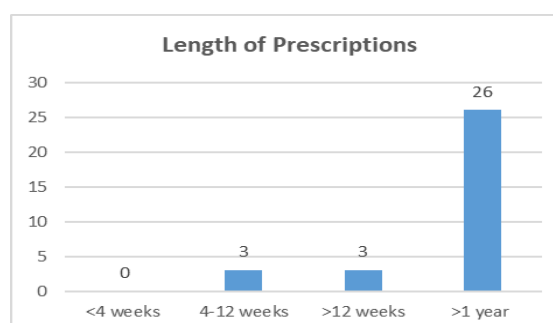
22.9% of patients were prescribed a hypnotic (32 patients). 26 patients were prescribed melatonin, 4 prescribed promethazine, 1 patient prescribed zopiclone and 1 patient prescribed chloral hydrate. <sup>Figure 1</sup> 26 patients had been prescribed their hypnotic for over a year. 3 patients had been prescribed their hypnotic more than 12 weeks but less than a year and 3 patients had been prescribed their hypnotic between 4 and 12 weeks. No patients were prescribed a hypnotic for less than 4 weeks. <sup>Figure 2</sup>

24 of the prescriptions were being issued by the GP, 7 by the adult learning disability team and 1 by another clinician. Of those prescribed a hypnotic (32), only 15.6% (5) of patients had documented targeted intervention for sleep in the last year.

**Figure 1**



**Figure 2**



# LOCAL AUDIT OF HYPNOTIC USE IN PATIENTS UNDER ADULT LEARNING DISABILITY TEAM IN THE NORTH WEST OF ENGLAND.

DR MYFANWY GULLIVER-CAMERON (CT2), DR JENNIFER SHANKLAND (LEARNING DISABILITY CONSULTANT & ASSOCIATE MEDICAL DIRECTOR)  
LANCASHIRE & SOUTH CUMBRIA FOUNDATION TRUST

## **Discussion**

4/5 prescriptions had been in place for over a year. Despite the majority of scripts being issued by GPs (75%), these would be under a shared care protocol with the adult learning disability team. The majority of scripts (81%) were for melatonin, which does have the best evidence (Korb et al, 2023). There was very little evidence to suggest these patients had been offered specific interventions for their sleep in the previous 12 months.

## **Next Steps**

The results of the audit will be presented to the senior managements and stakeholders in the learning disability community service.

A new clinic is being proposed to support the STOMP efforts. The aim of the clinic is to provide holistic assessment and management for sleep disturbances, reduce the number of hypnotic prescriptions and provide more robust rationale for those hypnotic prescriptions that need to continue. The clinic will liaise with prescribers, case managers, carers and family members of patients with learning disability. Alongside this clinic the team's prescribing pharmacist and prescribing advanced clinical practitioner will provide a number of clinical pathway training to nurses within the team, included a specific pathway for sleep disturbance.

A second round of the audit is proposed to take place in November 2024.

## **Sources**

www.england.nhs.uk. (n.d.). NHS England» Stopping over medication of people with a learning disability, autism or both (STOMP). [online] Available at: <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/#:~:text=STOMP%20stands%20for%20stopping%20over.>

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**Article by:** DR MYFANWY GULLIVER-CAMERON (CT2) AND DR JENNIFER SHANKLAND (LEARNING DISABILITY CONSULTANT & ASSOCIATE MEDICAL DIRECTOR)



# WEIGHT MANAGEMENT FOR PEOPLE WITH LEARNING DISABILITY IN TOWER HAMLETS COMMUNITY LEARNING DISABILITY SERVICE

DR H. TAN, DR D. PRIOR, I.DENIZ, DR N. EADY

## **BACKGROUND**

To date, we see a massive health inequality affecting people with intellectual disability. People with intellectual disability have significantly worse health outcomes compared to people without intellectual disability. (Learning from Life and Death Reviews of people with a learning disability and autistic people, 2023). They are at higher risk of being overweight. (Patience, 2018) due to a poorly balanced diet and reduced physical activity, which leads to cardiovascular complications and reduced life expectancy. This has disproportionately impacted people from ethnic minority backgrounds, who make up a large part of our population in Tower Hamlets.

Based on a recent study, the average life expectancy for people from ethnic minority backgrounds with learning disability is 34 years old compared to white people with intellectual disability, who have a life expectancy of 62 years. (O'Dowd, 2023) This is in stark contrast with the general population in England, where life expectancy is estimated to be 78.8 years for males and 82.8 years for females. (Buxton, 2024)

Tower Hamlets Community Learning Disability Service provides care and support to people with intellectual disability and is integrated with health and social care. Our multidisciplinary team includes psychiatrists, nurses, dieticians, and physiotherapists. In conjunction with our dietitian, we conducted an audit of our psychiatry caseload to monitor service users' metabolic risk factors, including weight and body mass index. The results revealed that 33% of our service users have high BMI, 35% have normal or low BMI, and 32% have no weight recorded in our system.

## **AIMS**

Following our audit, we formed a special interest group to determine how best to support our service users with their weight using the QI methodology. The aim of this project is to keep a better record of our service users' weight and offer further support with weight management. This project is part of our Triple Aim framework to improve our overall health system through the simultaneous pursuit of three different domains:

- Improve health among patients with LD by optimising their weight
- Improve patients' experience and awareness
- Improve the value for the system (cost and sustainability)

## **METHODS**

We conducted three separate focus groups to explore this area in more detail and invited service users, families and carers, and staff to attend. Purposive sampling was used to recruit 6-9 participants for each group. Semi-structured interviews were conducted to explore their views on weight management, past experiences, challenges and expectations.

## **RESULTS**

Service users' feedback indicated they would like to know more about a healthy lifestyle. This includes having a "fresh mind and fresh air" to encourage walks – half an hour of activity for walks with a carer or a walk with a purpose, such as going to the shop. Those who are independent could be given a map or walking guides. Support workers and carers are encouraged to go for a walk together with their service users. The group would also like to have alcohol and smoking awareness resources to further promote a healthy lifestyle. For service users in wheelchairs or with reduced mobility, we could encourage them to exercise with resistance bands or small weights. Service users would also like information about a healthy, balanced diet and annual health checks with their GP. Also, some resources on how to overcome stigma will help them feel more comfortable talking about weight to other people.

# WEIGHT MANAGEMENT FOR PEOPLE WITH LEARNING DISABILITY IN TOWER HAMLETS COMMUNITY LEARNING DISABILITY SERVICE

DR H. TAN, DR D. PRIOR, I.DENIZ, DR N. EADY

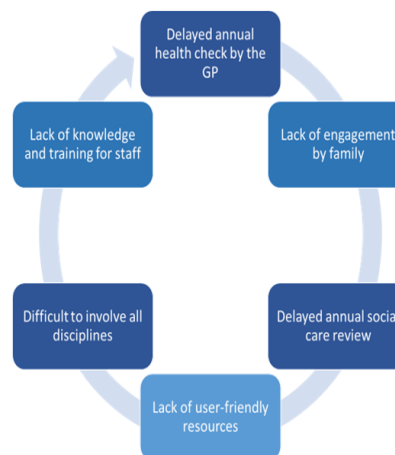
**Diagram 1: Service User Feedback**



One of the most striking results is that whilst most carers think they are responsible for the weight of their service users, many do not feel confident to discuss it. Both staff and carers think that food is frequently being used as a reward to reinforce certain behaviours. Unhealthy food is often cheaper and more accessible to our service users in Tower Hamlets. Many of our service users discussed the negative influence of social media in how they portray unrealistic lifestyles. Other areas raised include how best to engage with families and carers, integration with primary care, and the availability of user-friendly information.

Both carers and staff were of the view that that they could play a bigger role in patients' weight management if they received adequate resources and training. The weight management programme should be holistic, patient-centred and tailored individually. A wide variety of programmes should be available to cater for different cognitive levels and sensory needs. Some suggested more support and having weekly or more regular check-ins with patients. A dedicated helpline or forum was suggested to help patients manage their weight and answer any queries promptly. The importance of ensuring every encounter counts was also a recurring theme to ensure more collaborative working and better outcomes for service users.

**Figure 2: Staff and Carer Groups Feedback**



## **CONCLUSION**

These focused groups highlighted how important weight management is to our service and their wider network. Service users, in particular, generated many change ideas, highlighting the real benefits of co-production. These focus groups demonstrated the appetite for this work and the enthusiasm and commitment shared by stakeholders. The Institute for Healthcare Improvement reviewed our project, and they were impressed with its scope and as an example of co-production.

## **REFERENCES**

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<https://www.bmj.com/content/382/bmj.p1713>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2020to2022>

**ARTICLE BY:** DR H. TAN  
(PICTURED), DR D. PRIOR, I.DENIZ  
AND DR N. EADY



## DANCE SESSIONS AT KITH AND KIDS

DR LOUISE HOWITT

My name is Louise. I am a CT1 doctor currently working at Essex Partnership University Trust. However, I took a long and slightly unconventional route to get here. After my F1, I took time out to study for a master's in paediatrics (with a view to working in neurodevelopmental paediatrics) – but during this time out of training, I realised that I had a strong desire to explore the world outside of medicine. After resigning from training, I moved my focus onto my other passion in life, the arts, specifically dance. I spent the next chunk of my career working in community dance settings and was consistently drawn to work with adults and children with learning disabilities. I worked in special schools, community groups and care homes, and during this time, I first encountered Kith and Kids.

Kith and Kids is a North London-based charity that 'supports families who have a son or daughter with autism or a learning disability (many also have a physical or sensory disability) to overcome their social isolation, by providing a variety of volunteer-supported projects and services, offering opportunities to learn new skills, make friends, go out and have fun.

In July 2016, I started volunteering with Kith and Kids at their summer camp. This was one of the toughest but most rewarding experiences of my life. For the week, I was matched with a member with a learning disability, along with two other volunteers. Our job for the week was to make sure that our member had an enriching time – taking part in activities, cooking for the group, and going on outings. Our member was a young man who had minimal verbal communication; however, he was someone who would open up and really engage once he became comfortable with a volunteer. It was a pleasure and a joy to see him opening up during the week, connecting with each of us and letting his cheeky, fun personality shine through.

After a number of years of volunteering, I was asked if I would run some dance workshops and projects at Kith and Kids clubs. Clubs are run during term time and at weekends and offer a variety of workshops to members, including dance, music, drama, art, massage, and sports. Projects are longer, running over Easter, summer, and Christmas holidays, and they offer similar workshops but culminate in a performance at the end of the project. These clubs and projects, as well as being hugely beneficial for the members, also provide much-needed respite for families and carers.



I started running dance workshops at Kith and Kids in 2018, and although I had worked with people with a learning disability previously, I certainly found this a steep learning curve. I quickly learned that every session is different and that every group of members will respond to stimuli, activities and creative tasks in completely different ways. I learned that I needed to have many plans to hand so that I could switch to any number of backup plans at any time. I learned there are times to let go, to let the members dictate what we would do next, which music we would use and how the session would move forward.

One of the things that I quickly realised and fell in love with at Kith and Kids is the way that every member is seen as a unique individual. Coming from a background in the NHS, I was used to seeing patients as a set of labels or diagnoses. At Kith and Kids, members are primarily introduced to volunteers with an extensive information sheet about the things they like, things they don't like, how they communicate, how to work with them if they experience agitation or anxiety, and what their relationship is with other members. Although medical diagnoses are not ignored, members are a person first and foremost, and they have a disability second.



## DANCE SESSIONS AT KITH AND KIDS

DR LOUISE HOWITT



Over the past number of years, I have been running dance workshops (which included a period of adapting workshops for online participation during Covid); I have learned a huge amount about working with this population and how the arts can be hugely beneficial to both the physical and mental health of members at Kith and Kids. I have discovered how valuable the opportunity for creativity is and how well members respond to the opportunity to explore. Whether this is exploring a certain type of music, a prop, or a creative idea, the act of creativity and imagination is one that is not often encouraged in our day-to-day lives. Using props can also provide an interesting sensory experience for many members. Some members engage by using the coloured scarves as wigs or hiding behind them. Others love the connection of holding onto a large rainbow elastic and moving together, feeling the resistance coming from others in the group. Props such as a parachute offer multiple ways of moving together, celebrating each person as we put them into the middle, and coming together as a group to make shapes and sounds.

I am learning that, through the arts, simultaneous individuality and community can be fostered within these groups. Individuality is so important to the members at Kith and Kids, and providing choice and autonomy in a dance session can discover and honour each person's individuality. I see this particularly in music choices - depending on the members in the group, these music choices range from Frank Sinatra to ABBA to Disney. Community is also key; movement allows members to teach each other, share in something communal, and celebrate each other. I start off every session by asking everyone to share their name, and then a move to go with their name, which the rest of the group copies back to them. This starts the session with an acknowledgement of each individual in the room (both member and volunteer) and recognises each person and their ability to contribute to the group.

I am trained in Makaton, and another element that I build into my regular sessions is some Makaton-inspired movement. Many of the members at Kith and Kids use Makaton to aid communication, and so learning signs through a song format is a helpful way to embed some core vocabulary that may help in real-world situations.

Kith and Kids are always looking for more volunteers to work with them, so if you or anyone you work with is interested, I cannot recommend the volunteer experience enough. They are a small charity, so any fundraising contributions would be appreciated. Their website is <https://clarahost.clara.net/www.kithandkids.org.uk/>

I am on the Executive Committee for the RCPsych Arts Special Interest Group and work less than full time in order to continue my work in the arts. My current projects include ongoing work with Kith and Kids, a project with the Royal Ballet working with individuals in the community with mental health conditions, and work in a local special school delivering dance sessions. If you would like to discuss any element of this work, please contact me at [louise.howitt@nhs.net](mailto:louise.howitt@nhs.net).



ARTICLE BY: DR  
LOUISE HOWITT

## LANGUAGE WITHOUT WORDS – LESSON LEARNT IN MY FIRST EXPERIENCE ON A WARD OF PEOPLE WITH INTELLECTUAL DISABILITIES

DR. UNSA ATHAR, ST-1, PSYCHIATRY OF INTELLECTUAL DISABILITY RUN-THROUGH PROGRAMME, NORTHWEST SCHOOL OF PSYCHIATRY

'Increase?'

'I do not understand "increase"?'

English is my second language. I can form sentences that were well understood in my General Adult Psychiatry Post. But when I came to the Intellectual Disability Inpatient post, my limited vocabulary started to fail me. I stood there in front of the patient, staring into the abyss, thinking of a word to replace increase.

The support worker helped me out. 'She means how many more would you like?'

And that helped the conversation flow naturally.

The dream to work in the United Kingdom relied heavily on learning how to communicate well in the native language here. It was hard enough trying to de-code different accents and local slang. Now came a newer challenge. Communicate with people who cannot, by the socially understood meaning of the term, communicate.

My first memory of a person with an Intellectual Disability was from my childhood. We had a neighbour that everyone called 'Bhoola', which means 'Innocent' in Urdu. In retrospect, I realize that he probably had moderate to severe intellectual disability. He never went to any school. He was never encouraged to participate in any activities. He would just sit in the house all day, gathering prayers and essential oils (with Quranic verses read and blown on them)

I wonder what his life trajectory would have been if someone had tried to communicate with him in his language, On his terms. I find myself thinking about him before I go to bed.

There have many instances in my current place-

ment that made me realise the importance of understanding every individual with intellectual disability's personalized communication needs. Understanding might not be the right term here. Internalising suits the context better. In the first month of my placement, I tried to find a way to connect with my patients. My impatient-self wanted us to bond quicker. I need bloods from you, I thought. I need to know if you are hallucinating or not. I need answers to make your life better. But how do I get those answers from you without rushing this two-way relationship?

The answer was hidden in patience and humility.

Coming from an acute ward, patience did not come naturally to me. Often, you meet a patient in the acute ward one day, and they are off to their homes before they can learn your name. Not here! On every working day. I had to make a mindful effort to say hello to all my patients even when they did not respond. I needed them to see my face repeatedly. Every time I would visit, I would take a step closer to them. And now, in three months, we have achieved enough familiarity to examine their scalps for wounds or look into their ears for infective discharge.

I never thought I would be this excited to peek into somebody's ears!

As a trainee who has just entered the ward environment, you need humility to understand that you do not know these people at all. You must not be too proud to ask questions of the staff. And by the staff, I do not mean the consultants or nurse in charge. I mean the domestic staff, the ward clerk, and the chef in the kitchen!

## LANGUAGE WITHOUT WORDS – LESSON LEARNT IN MY FIRST EXPERIENCE ON A WARD OF PEOPLE WITH INTELLECTUAL DISABILITIES

DR. UNSA ATHAR, ST-1, PSYCHIATRY OF INTELLECTUAL DISABILITY RUN-THROUGH PROGRAMME, NORTHWEST SCHOOL OF PSYCHIATRY

The staff and support workers, at least the regular ones, have internalised the communication skills and needs of the patients on the ward. They know when A says 'DOUGH' she is not referring to sour-dough, but she is telling the new person in her environment to go away. They see B ripping magazines like there is no tomorrow, and they immediately understand he is in a good mood.

This huge non-lexical communication barrier between me and my patients was only broken down by teamwork, a pure inter-disciplinary approach. I opened my heart to suggestions and critique on carrying out assessments. I actively observed my team members' interaction with the patients. I shadowed them around the ward so that the patients could associate me with colleagues with whom they had positive associations.

It was hard work, but of the kind I had not encountered during my medical training.

And while I sit there and reflect on the past three months, I feel gratitude. I have grown quite fond of my patients on the ward. By now, I know some, if not all, of their quirks and pet peeves. And it breaks my heart just a little bit that I would be moving on in August. But I hope this article finds medical students, foundation or core trainees who stay on such wards for a shorter duration. Especially those coming from different countries. And that it enlightens them about the importance of patience and humility on top of their clinical skills.



ARTICLE BY: DR.  
UNSA ATHAR

## TILL THE SHOES FIT. A JOURNEY TO BECOMING AN ID CONSULTANT.

DR AYO PETERS

The last seven years of my life have been leading up to this moment. With each ARCP review, I edged closer and closer to the finish line. It has been 28 months since I became a consultant, and I am still not sure how to feel.

On the day I "CCT'ed," I felt both satisfaction and dread simultaneously. I began the search for the ideal consultant job (which does not exist). I started my tenure as a consultant with a team I had worked with before, and this was very reassuring for me. I aced the virtual interview, and then I became the consultant for a team I knew.

The MDT was happy for me, and I received comments like, "I remember when you were just a core trainee, now look at you all grown up." Was I really all grown up? On my first day, I felt like a five-year-old girl wearing her mother's shoes. It was helpful to be surrounded by experienced consultants from whom I knew I could always get help. The day-to-day work was busy, but having the right support meant I still left work with a smile. I found myself attending meetings and having to say no to meetings so I could do patient reviews. I started to realise that I needed to manage my time so I could manage my caseload better. As the time was mine, I had to make sure I used the day wisely.

My locum consultant role ended after 8 months, and it was a great learning experience as the shoes started to fit better. I felt a bit more confident in myself as an alleged consultant. My imposter syndrome was very evident to me.

The next phase began as I tried to find a substantive job. The interview process was more extensive. I had to do a psychological assessment, and I started to worry I would come across as psychologically unfit. Then, there was the presentation, and then I had a group discussion with current members of the team. The last hurdle was

an interview with a panel. At the end of the process, I felt completely drained. Fortunately, I got the job, and it was time to leave my locum job. The guilt of leaving my patients was difficult to bear, and leaving a trust that I was familiar with and very comfortable with was also difficult for me. Multiple times, I asked myself why I was leaving and kept pushing forward the start date.

But it was time to leave the nest, and I was grateful to the consultants who had pushed me to challenge myself.

I slowly eased myself into the new job. I had taken over from a consultant who had been in the role for decades, and I faced looks from carers saying that was not how the old consultant did it. It took me a while to shake the feeling of being in the old consultant's shadow, and with time, I have put my stamp on my patch. I have also been able to branch out into my interests beyond clinical work. Although I will always be a clinician at heart, I have been supported to grow into the shoes that previously did not fit.

My tip for ST6s and new consultants is this: Do not worry if you do not feel like a consultant. The feeling will come with time. The most important thing is to know you are not alone. The entire MDT and consultant group are on your side, rooting for you to be the best you can. Enjoy the growth process and remain inquisitive. The shoes will hopefully fit one day.



**Article by:**

Dr Ayo Peters

## TRAINEE CONFERENCE OF THE UK PSYCHIATRY OF LEARNING DISABILITIES– NOVEMBER 2023

DR VENETI GLYKERIA ROZA- CHIEF RESIDENT, CHILD AND ADOLESCENT PSYCHIATRIST AT PENTELI GENERAL CHILDREN'S HOSPITAL, ATHENS, GREECE.

From 30 November to 1 December, the Intellectual disability trainees organised a UK conference in Glasgow for psychiatrists and other stakeholders involved in the mental health of people with ID as part of their clinical work. To this year's edition of the programme ("**UK trainees conference: Looking to the future**"), young psychiatrists, alongside senior ones, exchange views concerning principal domains in intellectual disability psychiatry, including the need to acquire enhanced communication skills, understand a range of genetic, neuropsychiatric and neurodevelopmental conditions and utilise knowledge of complex psychopharmacology. Substantial existential and societal issues associated with caring for these individuals were also raised and sustained through thought-provoking discussions.

The conference started on the morning of November 30, 2023. After a brief welcome by the organising committee, Dr Marge White presented a light-hearted curriculum quiz. It incorporated a diverse range of topics, including pop culture, history, science, and general knowledge, and it was difficult for people to provide correct answers. It encouraged creativity and humour. It was time spent connecting personally with colleagues, adding a touch of fun and laughter before starting the main part of the meeting.

The first lecture was given by Prof. Andrew Jahoda on "**Psychological therapies for people with Intellectual disabilities – Back to the future**". Prof. Jahoda presented his work on this topic, discussing variables related to treatment outcomes, including adaptations made to therapy, as the evidence supporting interventions such as CBT or graded exposure therapy is rated as low or very low. Prioritising research in this area is urgent to build a good evidence base and determine the best-fit therapy based on the profile and the needs of people with intellectual disability.

After the break, Ms Sophie Pilgrim and Dr Roger Smith

talked about "**Perspectives on shaping policy**". Ms Sophie Pilgrim gave an analysis of a young person's experience of waiting lists within mental health services in the UK, an understanding of his personal experience and that of his family, as well as the decisive role of the appropriate treatment, a supportive environment and individual characteristics for a positive outcome and towards healing.

Dr Roger Smith presented the government's current commitment to mental health, as set out in the NHS long-term plan and the Mental Health, Learning Disability and Autism Inpatient Quality Transformation programme. Among other things, Dr Smith emphasised that this and related work streams should be co-produced with key stakeholders from across systems, especially staff, patients, and families.

The keynote speaker was Prof. Emily Simonoff, who spoke about "**ADHD in children and adolescents with intellectual disability**." Her presentation included psychiatric assessment, rating scales and questionnaires, and pharmacological and non-pharmacological treatments to reduce functional impairment and improve quality of life. She highlighted the lack of evidence for rating scales in this patient population and the importance of accurately diagnosing ADHD.

During lunch, doctors had the opportunity to present their research and that of their institution to clinical fellows and poster critics and utilise conversations in a constructive way.

After lunch, Dr Jana de Villers talked about "**Genetic variants: implications for clinical practice—the college report on genetic testing**." She provided us with clinically relevant summaries of the current evidence base for genetic testing across a range of mental health and neurodevelopmental conditions and delineated the role of genetic testing as a component of comprehensive, high-quality mental health services.

## TRAINEE CONFERENCE OF THE UK PSYCHIATRY OF LEARNING DISABILITIES– NOVEMBER 2023

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Mr John Paul Moffat, director of Dates & Mates, Scotland's national dating and friendship charity, presented their work on organising social events and training workshops for adults with learning disabilities. It was an inspiring presentation and a good way to continue the afternoon talks.

Dr Oleg Chenyshov, a Ukrainian CAMHS psychiatrist, answered questions related to **mental health impact of the ongoing Russian – Ukrainian war** through a live video call. He emphasised the displacement of the mental healthcare workforce and the related staff shortages in Ukrainian mental healthcare services, as well as the continuous attempts to protect mental health in Ukraine.

The end of the first day was marked by the announcement of the winner of the poster scientific works. Dr Marge White was given a certificate, and she then went on to give the answers to the light-hearted curriculum quiz. Her poster was distinctive in describing changing attitudes to learning disability, changing policies, service provision and societal views over the last 100 years in the Govan area of Glasgow.

In the evening, the participants went for dinner to a local restaurant in Glasgow city centre, where we got to know each other better and exchange experiences and views.

On the second day of the conference, the lectures started with Mr David William's presentation on **"The Coming Home report,"** published by the Scottish government. They described the recommendations for actions to be taken at a national and local level to reduce the number of delayed discharges and out-of-area placements for people with learning disabilities and complex care needs.

He was followed by Dr Jane Stuart, who presented **"The latest thinking of ID psychiatry input in epi-**

**lepsy management"**. She outlined the proposed tiered system of professional competency, which gives intellectual disability psychiatrists the option to identify their role in care provision and ensures a framework for training.

After refreshments during the break, Dr Maria Oto gave the last talk, **"Epilepsy in intellectual disability"**. It was an educational presentation, combined with videos, on differentiating complex seizures from psychiatric disturbance or non-epileptic seizures. These presentations in the ID population are further complicated by the high prevalence of stereotyped motor behaviours.

The conference ended with a thank-you message expressing appreciation for everyone's active participation and commitment to organizing and attending future events.

Before leaving, we had the chance to see the work of the William Quarrier Scottish Epilepsy Centre, the venue of the conference, and discuss with the specialist nurse the reasons for referral, the length of inpatient admissions, how to refer and what they offer to patients with epilepsy or non-epileptic seizures.

It was a conference focused on my area of interest, and it was a healthy mixture of science and society. It provided stimulation and renewal, and it was rewarding to hear and interact with passionate professionals and visionary advocates working in the field of Intellectual disability. I am grateful to have been given this opportunity and look forward to implementing what I learnt in my clinical practice and presenting key issues of the conference to my department colleagues.



ARTICLE BY: DR VENETI  
GLYKERIA ROZA-

## THE 32ND EUROPEAN CONGRESS OF PSYCHIATRY- MY REFLECTIONS

DR MARY BOWLEY

At the beginning of April, I had the opportunity to travel to the European Psychiatry Association International Congress in Budapest as part of the PsychStar Scheme. The scheme aims to promote and foster interest in Psychiatry through mentorship and a CPD fund that can be used to pursue a special interest.

My initial interest in the Psychiatry of intellectual disabilities began closer to home during a medical school placement at Brooklands Hospital in Birmingham. The chance to travel to Hungary to meet some of the leading researchers in the field was both exciting and daunting, as this was the first conference I had ever attended.

This year's motto of the conference was **'Mental Health: Open and Inclusive'**, emphasising welcoming and respecting the differences between people. There were three key events of note to the faculty of intellectual disabilities.

Innovating mental healthcare for individuals with intellectual and developmental disabilities through digital technologies

Case-based Workshop: Presentation of offenders with intellectual disabilities: towards an open and inclusive treatment

Symposium: Forensic psychiatric needs of individuals with intellectual disabilities: towards open and inclusive treatment

The presentations were a mix of speakers, Q&A, and time for audience discussion with opportunities to meet the speakers in between talks. Hearing different European perspectives, particularly when it came to approaches to the treatment of those with intellectual disabilities in the justice system, was incredibly interesting and gave a chance for the experts to exchange ideas regarding the future challenges in the field of the psychiatry of Intellectual Disability. Areas where this felt particularly important included the closure of hospitals for people with Intellectual disabilities and the role of the criminal justice system in recognising Intellectual Disability.



My main aim for this conference was to gain confidence in asking questions and gain a greater understanding of psychiatry on an international scale. Over the four days, I saw my confidence improve exponentially, from the first evening, when I felt very apprehensive approaching anyone, to the last day, when I asked a question to the panel and afterwards approached them to discuss a research opportunity. I also had the opportunity to meet psychiatrists from across the world, gaining their insight and learning about the specifics of the psychiatry training program in respective areas, which was fascinating. 1

The personal and professional growth that I experienced while attending the conference cannot be over-emphasised. Now that I am back in the UK, I enjoy continuing to foster relationships, regularly keeping in touch with the other PsychStars who attended the conference, and using social networks to connect with colleagues and friends internationally.

I would like to thank the Royal College of Psychiatrists, specifically the Faculty of Intellectual Disabilities, for this opportunity. I look forward to seeing where the skills I have learned will take me in the future.



ARTICLE BY:

MARY BOWLEY

# THE INAUGURAL KSS INTELLECTUAL DISABILITIES REGIONAL CONFERENCE

DR SHARNA BENNETT (ST4 IN PSYCHIATRY OF INTELLECTUAL DISABILITY)

On Thursday 9<sup>th</sup> May, Kent and Medway NHS and Social Care Partnership Trust hosted the inaugural Kent, Surrey and Sussex (KSS) Intellectual Disabilities Regional Conference at the DoubleTree by Hilton Dartford Bridge. The event was put together by the organising committee, Dr Sharna Bennett (ST4 Psychiatry of Intellectual Disability), Dr Mo Eyeoyibo (Consultant Psychiatrist in Intellectual Disability and TPD KSS HST ID) and Dr Lucia Laskowski (SAS doctor).

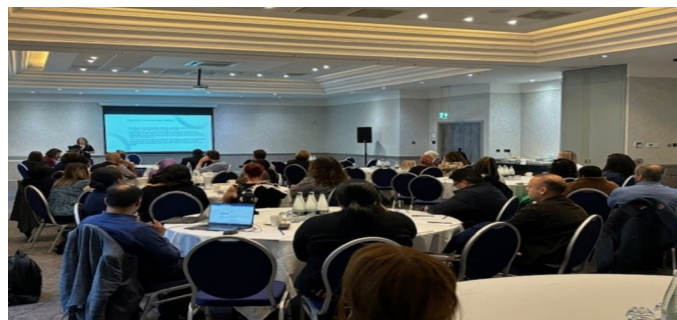
KSS hold a monthly ID academic programme via Zoom, and following discussion around the lack of networking opportunities, we agreed that we should hold an in-person event. The organising committee met at several points over the following months to put together a jam-packed schedule of engaging talks and presentations.

There were a variety of talks throughout the day, with a focus on intellectual disabilities and autism. Following an energetic introduction by Dr Mo Eyeoyibo, the day kicked off with a case presentation by Dr Sharna Bennett, about navigating the intersection between autism and psychosis, where she discussed a complex case which touched upon the difficulties experienced by our patients when they are admitted to general adult inpatient wards. This was well received by attendees and generated a lot of interesting discussion about the differences in ID services across the regions.

This was followed by a presentation by Dr Rubayat Jesmin (CT3) about a service evaluation project on the barriers to discharging patients within our service. She recently won the Alec Shapiro award for her presentation of this work at the Faculty of Psychiatry of Intellectual Disability Annual Conference in November 2023.

After a short break, we had two talks from, Dr Max Pickard (Consultant Psychiatrist). He was firstly joined by Emma Rye (Consultant Psychologist), for a joint discussion about their trauma informed training package, CaPDID (Caring for People with a Personality Disorder and Intellectual Disability) and their ongoing plans to share this training. Afterwards, Dr Pickard spoke about Frontal Lobe Awareness Training, and his plans for a structured assessment of dysexecutive symptoms in intellectual disability.

Following a lunch break and networking opportunities, we then welcomed our colleagues from the Home Treatment and Rapid Response Team (Dr Rhian Bradley, Dr Dan Brown,

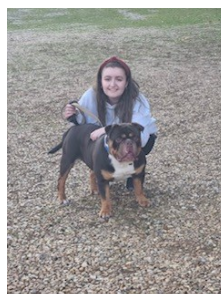


and Nicole Strudley, who gave a fascinating talk about their important quality improvement work that they are currently carrying out, looking at improving the support that they provide for their service users with autism. This was followed by a talk from Dr Mo Eyeoyibo, who built upon the previous presentation by discussing mental health needs in autism, and the overlap with borderline personality disorder.

We closed the day with a talk from Dr Julia Aram (Consultant Neurologist), who had travelled from Brighton to speak to us about the lessons that she had learnt as the Epilepsy Lead in a District General Hospital. This was very relevant for our attendees, particularly the ID trainees who are keen to develop their knowledge in epilepsy training. Dr Aram is keen to ensure that ID trainees spend time within epilepsy services where possible.

We were pleased that the event was a success, and we are very grateful for all of our speakers for taking the time to put together a spectacular variety of presentations, and to all of the attendees for travelling from across Kent, Sussex and Surrey to be present. We aim for this to become an annual event going forwards, and we are looking forward to next year's conference, which will be hosted by our colleagues in Surrey.

A big thank you to our brilliant Medical Education team, especially Laura Griffiths, who worked hard to put together this fantastic day.



**Article by:** DR SHARNA BENNETT

## INTELLECTUAL DISABILITY FACULTY AND NEURODEVELOPMENTAL PSYCHIATRY SPECIAL INTEREST GROUP SPRING CONFERENCE

DR SONYA RUDRA

On 26<sup>th</sup> April 2024, the Royal College of Psychiatrists hosted the joint Intellectual Disability Faculty and Neurodevelopmental Psychiatry Special Interest Group Spring Conference. This day was put together by academic secretary Dr Anupama Iyer. Attending a hybrid conference in person, it was refreshing to see so many psychiatrists coming together eager to learn. Having recently returned from a period of leave to a new consultant post, I attended this day with a focus on “new learning”, the day did not disappoint.

The morning started with heartwarming tributes to absent colleagues Dr Cooray, Dr Krishnan and Professor Corbett. Dr Purandare, Professor Alexander and Dr Roy shared touching memories and personal stories. We take a moment to be thankful for these wonderful colleagues, friends and leaders who advocated for and served people with intellectual disabilities.

The first session kicked off with Dr Tom Berney providing an overview of neurodevelopmental conditions. We reflected on how the “sea of syndromes” under this umbrella have changed over time and continue to evolve. There is now a greater appreciation of the blurred lines between some of these syndromes. We have well-established diagnostic categories which are publicly recognised and useful, however they are only concepts and will continue to evolve. A transdiagnostic approach moves away from a categorical approach and focuses on symptoms, thus taking a bottom-up approach. We were left thinking whether given the variety of reasons for wanting a diagnosis, should more of the process be moved out of health?



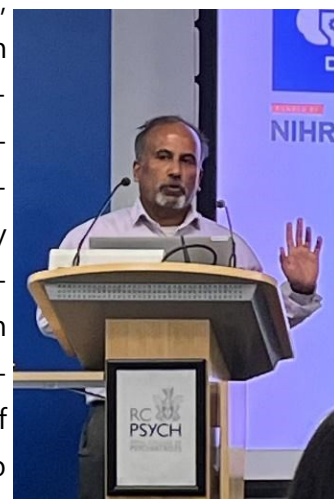
Professor Declan Murphy spoke about making progress in research – The need for improved stratifying of individuals in clinical trials using biomarkers. Excitingly some biomarkers of autism have been identified; international trials are now incorporating biomarkers; using biomarkers to predict responsiveness to treatment on an individual

level. Initial results from Phase 2 studies have been similar to those in North America and are potentially promising.

Dr Warriar, geneticist from the University of Cambridge opened the talks in session 2. He presented early genetic and epidemiological evidence to suggest different trajectories for children who receive autism diagnoses in early childhood compared to those diagnosed in adolescence.

Professor Skuse gave an insight into the evolution of neurodevelopmental disorders in the ICD-11 focusing on: disorders of intellectual development; ASD; and ADHD. This provided an opportunity to compare similarities and differences of the ICD-11 diagnostic criteria with those in DSM-5. The ICD-11 has been published as a downloadable book since last week and members of the audience were quick to download copies for our phones.

Diving deeper into research, Dr Satheesh Gangadharan presented DECODE – research combining the powers of big data, Artificial Intelligence (AI) and driven by people with lived experience. AI has many uses in healthcare data. Dr Gangadharan gave an example of AI-based models used to group individual trajectories



by similar diagnostic patterns providing information that is potentially useful for preventative medicine. With AI now at our fingertips and more accessible than ever, how exciting that it is being used to support research in this field.

After a refreshing lunchbreak and catch up with colleagues, Dr Ezhil Anand opened the afternoon workshops. Dr Allington-Smith reflected on her journey de-

## INTELLECTUAL DISABILITY FACULTY AND NEURODEVELOPMENTAL PSYCHIATRY SPECIAL INTEREST GROUP SPRING CONFERENCE

DR SONYA RUDRA

veloping services for children with or at risk of behaviours that challenge. Dr Wee, Consultant Child Psychiatrist discussed barriers to setting up integrated neurodevelopment services and solutions that have been offered at Cheshire and Wirral Partnership NHS Foundation Trust. Moving across the lifespan, Dr Kullu shared the new Adult ADHD pathway in North West England based on needs stratification and the Autism Assessment and Diagnostic Service. Moving forward the need to improve commissioning pathways and join up services rang clear.

Professor Regi Alexander chaired the second workshop of the afternoon turning our attention to long-term segregation. Dr Bains, Forensic Learning Disability Consultant, highlighted some key events, Baroness Hollins report "My heart breaks- solitary confinement in hospital has no therapeutic benefit for people with a learning disability and autistic people " and how it defines solitary confinement, implementing the Code of Practice and his experiences of long-term segregation at St Andrews. This followed on to Mr Wallace, mental health solicitor, who opened up a forum for stimulating discussion on the audience's experiences and views of long-term segregation/solitary confinement including definition, utility and how we move forward. A long overdue conversation sparked by Baroness Hollins' report [Baroness Hollins' final report: My heart breaks - solitary confinement in hospital has no therapeutic benefit for people with a learning disability and autistic people - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/912123/Baroness_Hollins_final_report_My_heart_breaks_solitary_confinement_in_hospital_has_no_therapeutic_benefit_for_people_with_a_learning_disability_and_autistic_people.pdf)

The days plenary was hosted by Professor Raja Mukherjee. Gemma Cartwright and Ben Begg took us on a journey through creating neuro-affirmative practise. Gemma and Ben reminded the audience to put assumptions aside and embrace individuality. Make reasonable adjustments considering the person, place, processes and partnership. Ask yourself, is your service neurodiversity affirming?

Dr Jasmine Virhia, Postdoctoral Researcher in Behavioural Science, shared her qualitative research on what helps and hinders productivity in the workplace. Her talk was illuminated by stories and quotes by neurodiverse individuals.



Closing remarks by Dr Inder Sawhney ended a thought-provoking day. Throughout the day themes that emerged were that neurodevelopmental disorders are multidimensional, that different profiles have different underpinnings, and

treatments should be individualised. We were provided updates on cutting edge research, had stimulating discussions on service development and highlighted opportunities to improve patient care. I had started the day with a focus on "new learning" and ended the day with a renewed enthusiasm to engage in clinical and academic work in this ever-expanding and exciting field.



**Article by** Dr Sonya Rudra

Photos courtesy of Dr Ken Courtenay

## FACULTY OF INTELLECTUAL DISABILITIES PRIZES AND BURSARIES & UPCOMING CONFERENCES

### PRIZE WINNERS

#### ID Faculty: Brian Oliver Prize Winners 2024

Dr Hannah Newman and Dr Sonya Rudra

### PRIZES AND BURSARIES

#### ID Faculty: Joan Bicknell Medical Student Essay Prize

Deadline: 1 December 2024

Prize: £250 and subsidised attendance at the faculty conference

Eligible: medical students in the UK

#### ID Faculty educational bursary

An educational bursary fund is available for doctors in training and SAS doctors working in the field of intellectual disability who can't find funding to attend College meetings and other appropriate educational activities.

Deadline: available throughout the year. Bursary: up to £200. Eligible: UK trainees and SAS doctors

Further details on applying for these prizes available on the [webpage here](#)

### UPCOMING CONFERENCES AND EVENTS

#### **Faculty of the Psychiatry of Intellectual Disability Conference 2024**

Venue: Leonardo Royal Hotel, 245 Broad Street, Birmingham, B1 2HQ .

Date and time: 3-4 October 2024

[Faculty of the Psychiatry of Intellectual Disability Conference 2024 \(rcpsych.ac.uk\)](https://rcpsych.ac.uk)

#### **INTELLECTUAL DISABILITY AND GENOMICS: An education event for health professionals working in intellectual disability health services in the North West**

Venue: Spaces at The Spine. The Spine Building, 2 Paddington Village, Liverpool L7 3FA

Date and time: Wednesday 25th September 2024, 10.00am –16.30pm

Register here: <https://forms.office.com/e/dy5LRpb83K>

#### **NATIONAL INTELLECTUAL DISABILITY PSYCHIATRY TRAINEE CONFERENCE: An event for the run through/higher trainees in Intellectual disability across the 4 nations**

Venue: Leonardo Hotel Liverpool, 31 Keel Wharf, Liverpool, L3 4FN

Date and time: Thursday 28th November (full day) and Friday 29th November (half day)

Kindly contact organizers: [IDTraineeConference2024@gmail.com](mailto:IDTraineeConference2024@gmail.com)