



Newsletter

September 2016

in this edition: Beyond ICD-10 - Which direction does the WHO take?

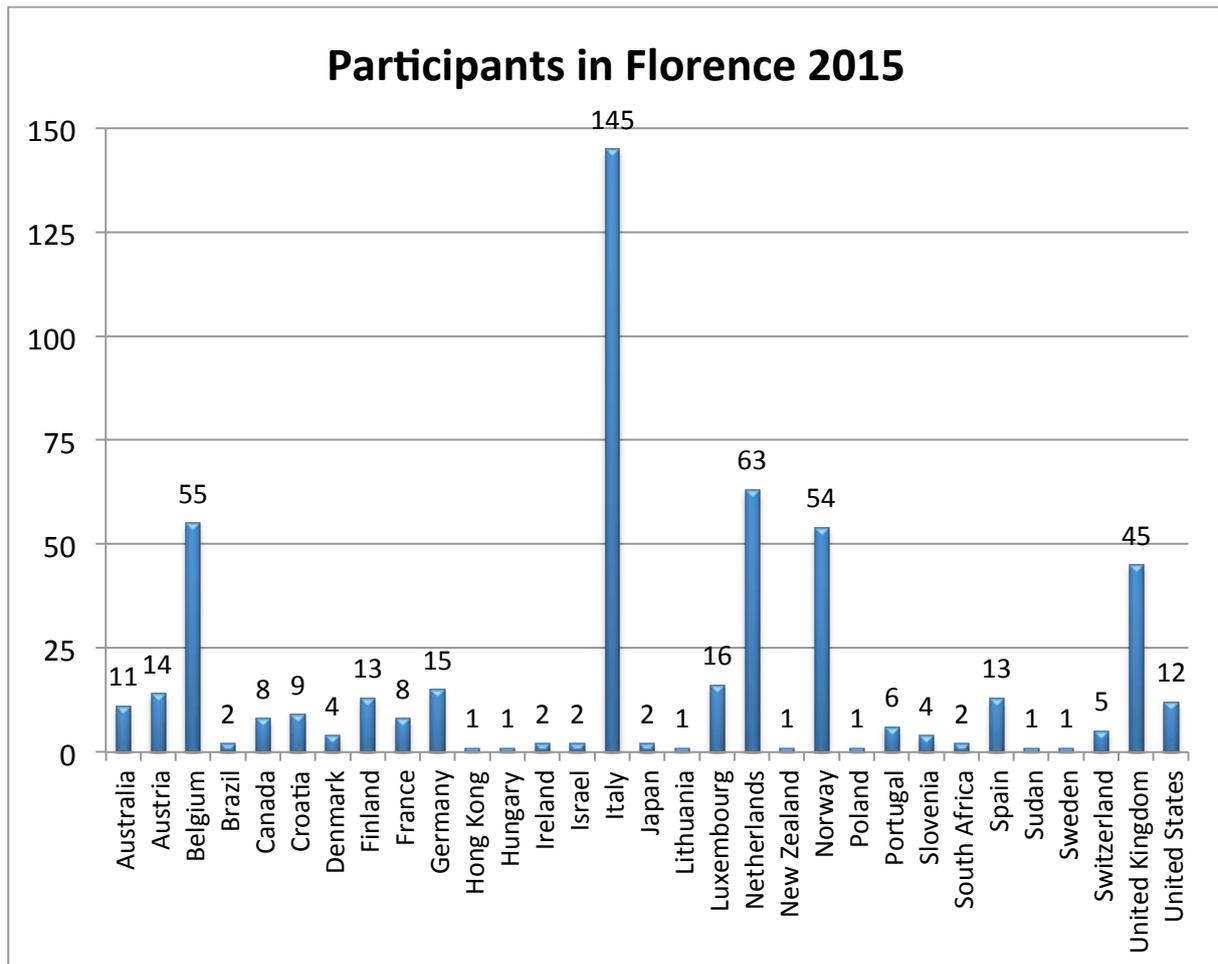
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Looking Back: 10th EAMHID Congress in Florence

Participants in Florence 2015

At our last congress in Florence, there were 517 participants from 31 different countries. Most of the participants came from the host country, Italy. The following figure shows the participants per country in detail.



Beyond ICD-10: Which direction does the WHO take? Interview with EAMHID Past President Marco Bertelli

We are all curious about ICD-11 – when can we expect it?

The ICD-11 is expected to come out in 2018, but I wouldn't bet on it!

In April 2016, the Joint Task Force met in Cologne, Germany, to progress further the work on the Tokyo release. Several key decisions were taken, and significant technical work was completed. Definitions for each category were seen as a useful

advancement in ICD-11 to help guide users to the correct code, but will need further technical editing before they can be released. ICD-11 will undergo structural changes in governance reflective of the transition from development to update and maintenance. With the governance changes, additional focus will be placed on the informatics aspects, including mobile and web services that WHO may provide to member states in support of implementation.

At the end of May the WHO Executive Board discussed the Secretariat's Report, underscoring how important ICD is to member states and global health. Valuable feedback from Member States was received about the role of ICD in health systems, from delivering essential population health statistics, to underpinning health financing. Member States noted that ICD must be capable of providing data to address current and future health issues, and being implementable in both high and low-resourced settings.

The possibility of an interaction between the ICD-11 and the Research Domain Criteria (RDoC) projects is also being considered. In fact, the former aims at improving the clinical utility of psychiatric diagnoses, while the latter explores in an innovative way the aetiopathogenetic underpinnings of psychopathology. The two projects can be regarded as complementary, and much can be done to reduce the current gap between the RDoC constructs and some clinical phenomena that we encounter in our ordinary clinical practice.

What changes can we expect in the different subsections?

The chapter on mental and behavioural disorders will present many interesting new developments in respect of the current ICD system. Among them is the introduction of the grouping of disorders specifically associated with stress, including the new categories of complex post-traumatic stress disorder and prolonged grief disorder, and an extensively revised category of adjustment disorder. Acute stress reactions are expected to be characterised as a non-disordered response and classified among "conditions associated with psychosocial circumstances". The definitions and subtyping of personality disorders and bodily distress disorder will also undergo an extensive revision and simplification. The grouping of impulse control disorders should include also pathological gambling and compulsive sexual behaviour disorder.

In the definition of schizophrenia, disturbances of self-experience will be highlighted in addition to those of thinking, perception, cognition, volition and affect; qualifiers referring to the course of the disorder will be introduced. Schizoaffective disorder will be characterized cross-sectionally as a disorder in which the diagnostic requirements for schizophrenia and a mood episode are met within the same episode of illness, either simultaneously or within a few days, contrary to the longitudinal characterisation of the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders).

In the group of mood disorders, the categories of bipolar type II disorder and premenstrual dysphoric disorder will be introduced, in alignment with the DSM-5, while the concept of mixed episode is expected to be kept, contrary to the new APA system.

For the area we're interested in most, a new name (currently "disorders of intellectual development") and characterisation will be provided for those conditions that in ICD-10 are subsumed under the heading "mental retardation".

Please tell us something about the most important changes we can expect concerning the diagnostic criteria for ID!

I've been working on the revision of the ICD-10 diagnostic criteria for 'mental retardation' in two different groups. First within the Section for Psychiatry of ID of the World Psychiatric Association (WPA-SPID) and then within the specific task force identified by the WHO. The WPA defined the new category as a group of health conditions, namely developmental conditions, characterised by significant impairment of cognitive functions, which occur early in life (most commonly before school age) and are associated with limitations of learning, adaptive behaviour and skills. This definition was extended by the WHO Working Group under the new term of "Intellectual Developmental Disorders": a group of aetiologically diverse conditions that are present from birth or that arise during the developmental period, characterised by a marked impairment of cognitive functions necessary for the development of knowledge, reasoning, and symbolic representation of the level expected of one's age peers, cultural and community environment. IDD was also defined as a lifespan condition requiring consideration of all developmental stages and life transitions. Furthermore, the WHO Working Group proposed revised

diagnostic criteria based on an articulated model of cognitive impairment. This approach should complement measurement of IQ with assessment of specific cognitive functions and a contextualised description of consequent adaptive and learning difficulties. The measurement should include complex aspects of executive functioning (i.e. working memory, perceptual reasoning, processing speed, or verbal comprehension), as well as very specific aspects, such as attention orientation, attention switch, attention maintenance, memory encoding, memory storage, or memory recall.

Unfortunately, the current WHO working group has partially abandoned this focus on specific cognitive functions in favour of a “significantly below average intellectual functioning and adaptive behaviour that is approximately two or more standard deviations below the mean (approximately less than the 2.3rd percentile), based on appropriately normed, individually administered standardised tests”. I find this definition to be a step backward.

How much will ICD-11 be aligned to DSM-5?

At the moment ICD-11 seems to be a limited traditional test-based description. I hope that it will come back to the concept model provided by the first WHO working group and the WPA-SPID.

DSM-5 is based on the construct of adaptive reasoning in academic, social, and practical domains. It defines intelligence and requires a psychiatric examination not simply a referral to a psychologist to give a test.

What is particularly confusing in the current ICD-11 criteria is the adaptive behaviour part. I wonder what tests might be sufficient to measure standard deviations of adaptive behaviour as required there.

In general the case of ID is particularly challenging for classification systems, as there is not an international consensus on whether ID is a health condition and therefore it should be classified in the ICD or it is a disability that should be coded in the International Classification of Functioning (ICF).

Please allow a personal question: How did you get involved in the field of intellectual disabilities (ID) and autism spectrum disorders (ASD)?

Since I entered University to become a medical doctor I have always loved research. I think research is fundamental for clinicians to the same extent that clinical challenges represent a base for research.

Halfway through my training in medicine I felt that most of the medical specialisations would not have met my interest in philosophy and humanities developed during my previous studies at high school, but fortunately I discovered psychiatry as a discipline implying a complex approach and thus able to combine all my interests. I thought that entering the mind of persons with schizophrenia or other major psychiatric disorders and helping them to recover could be the most satisfactory thing I would ever do as a medical doctor.

Thus I was very disappointed when in response to a request for a topic for my graduation thesis, the Professor of Psychiatry imposed on me the task of research on intellectual disability (mental retardation at that time), which was largely considered “the Cinderella of psychiatry”.

Nevertheless, I was looking forward to working as a psychiatrist in a real clinical way and my main desire was to complete my training and to graduate so I decided to accept.

I can now say that this apparently unlucky obligation was one of the greatest opportunities of my life: entering the field of mental health of intellectual disability I increasingly realised that I was getting in touch with most complex models of pathogenesis within psychiatry and the greatest opportunities to help other persons and bring a contribution in life to make a better world.

Into which research project have you put the most effort?

There are several papers on which I’ve been working quite a lot, not only on the research behind them and the preparation of the article but also to convince the journal editors and the referees of the relevance of the implications of the findings. Probably the one for which I’ve been “fighting” most is that on the need to reconsider the overall reduction in IQ as the main diagnostic criterion for intellectual disability, based on a systematic mapping of the literature and a mini-Delphi process. I’m still in the process of publication after around 6 years from the first draft. Fortunately, in the

meantime I could publish a summary of these findings as a letter to the Editor of the journal “World Psychiatry”, which has just become the top-ranking journal among psychiatric journals, with an impact factor of 20.205.

What do you believe to be the most important recent paper addressing “ASD in ID” ?

I’ve just received the news that the recent paper by myself and my collaborators on the diagnostic boundary between autism spectrum disorder (ASD), intellectual developmental disorder and schizophrenia spectrum disorders, included in the issue 5 of volume 9 (2015) of the journal “Advances in Mental Health and Intellectual Disabilities” has won the Emerald Literati Network Awards for Excellence. I believe that this paper has been considered very important by the journal readers and the scientific community overall.

The paper addresses the recurring issue of the adjunctive diagnosis of ASD or Schizophrenia Spectrum Disorders (SSD) in people with ID. The main purpose was to define the boundaries and overlapping clinical characteristics of IDD, ASD and SSD, highlight the most relevant differences, and provide a clinical framework within which to recognize the impact of ID and ASD in the diagnosis of SSD. This was done through a critical mapping of the international literature.

A researcher of mine, Dr Micaela Piva Merli has just completed the first Italian PhD dedicated to the psychiatry (adult) of ID, within the University of Florence. She continued the work done with the literature mapping by carrying out a cross-sectional observational descriptive study. We assessed a sample of 61 adults with ID and a suspected diagnosis of ASD or SSD and identified some clinical and neuropsychological characteristics that relate most with each of the three specific conditions and their combinations.

Related to mental health in ID and ASD: What issues need more attention in the future?

There are many disregarded issues related to mental health in ID and ASD. Probably the most relevant ones are the lack of awareness of the width of prevalence of psychiatric disorders and the consequent lack of specific service provision, with the exception of a few Countries in North Europe.

In people with ID and low-functioning ASD, the prevalence of mental disorders seems to be up to four times higher than in the general population. However, the opinion that psychiatric disorders could not occur in people with ID has represented the view of the majority of the scientific community for a long time. Various explanations were given, including a lack of consensus on which problems in ID should be considered as mental health problems. The long-lasting denial of the presence of psychiatric disorders was a significant impediment to research on the specific phenomenological and psychopathological concepts, and to the development of effective assessment procedures. Thus, the nature of psychiatric disorders, and what causes them often remained unresolved.

The assessment of psychiatric disorders in people with ID requires appropriate modifications from that of the general population, in order to adapt for cognitive impairments, language limitations, communication problems, sensory dysfunctions, skill difficulties, adaptation deficits, and physical disabilities that are frequent in this population. Moreover, some studies underline the interference of problem behaviours in the psychiatric diagnostic evaluation. All these difficulties create huge diagnostic challenges for clinicians who did not receive any specific training.



Many thanks to Marco Bertelli for this interview!

Marco Bertelli is Scientific Director of CREA (Centro Ricerca e Ambulatori, Fondazione San Sebastiano della Misericordia di Firenze)

Poster Award of 10th EAMHID Congress



The award for the best poster and data-blitz presentation of the Florence congress 2015 went to Rory Sheehan of the Division of Psychiatry, University College, London. He examined the use of psychotropic drugs in a cohort of 33016 adults with intellectual disability. The proportion of people with intellectual disability who had been treated with psychotropic drugs far exceeded the proportion with recorded mental illness. Antipsychotics are often prescribed to people without recorded severe mental illness, and therefore changes are needed in the prescribing of psychotropics for persons with intellectual disability.

The poster was based on the research for the following paper:

Sheehan Rory, Hassiotis Angela, Walters Kate, Osborn David, Strydom André, Horsfall Laura et al. Mental illness, challenging behaviour, and psychotropic drug prescribing in people with intellectual disability: UK population based cohort study *BMJ* 2015; 351 : h4326

<http://www.bmj.com/content/351/bmj.h4326>

Stay up to date

New Book Released: **Das Alter der Gefühle**



Tanja Sappok
Sabine Zepperitz

Das Alter der Gefühle

Über die Bedeutung der
emotionalen Entwicklung
bei geistiger Behinderung

 hogrefe

Intellectual disability not only affects cognitive functions but also emotional development may be delayed or incomplete and result in challenging behaviour. This may lead to frequent psychiatric emergency needs and high rates of psychopharmacology. Furthermore, access to education, participation in social life and living up to one's personal potentials may be impaired. Knowledge about the level of emotional functioning provides insight into the inner experiences and basic emotional needs of a person. This may lead to a more comprehensive understanding of problem behaviours, stimulate a further development of personality and result in a meaningful and satisfied life. In their book "Das Alter der Gefühle" (The ages of emotions) the authors introduce the emotional developmental approach and offer a variety of tools to cope with associated challenging behaviours.

Selected Papers of EAMHID Members in 2016

Bertelli, M. et al. Relationship between psychiatric disorders and adaptive functioning in adults with intellectual disabilities.

<http://www.emeraldinsight.com/doi/full/10.1108/AMHID-08-2015-0038>

Bertelli, M. et al. Intellectual developmental disorders: reflections on the international consensus document for redefining “mental retardation-intellectual disability” in ICD-11. <http://www.ncbi.nlm.nih.gov/pubmed/27066217>

Castell, E. & Stenfert Kroese, B Experiences of caring for women with learning disabilities - A qualitative study. <http://www.ncbi.nlm.nih.gov/pubmed/27106942>

Dern, S. & Sappok, T. Barriers to healthcare for people on the autism spectrum. Update on psychopharmacology for autism spectrum disorders.

<http://www.emeraldinsight.com/doi/full/10.1108/AMHID-10-2015-0049>

De Knegt, N. C. et al. Apolipoprotein E ε4, Cognitive Function, and Pain Experience in Down Syndrome: A Pilot Study.

<http://www.ncbi.nlm.nih.gov/pubmed/27193365>

De Knegt, N. C. et al. Self-Reporting Tool On Pain in People with Intellectual Disabilities (STOP-ID!): a Usability Study.

<http://www.ncbi.nlm.nih.gov/pubmed/26484676>

McGarry, A. et al. How do Women with an Intellectual Disability Experience the Support of a Doula During Their Pregnancy, Childbirth and After the Birth of Their Child? <http://www.ncbi.nlm.nih.gov/pubmed/25953324>

Tuffrey-Wijne et al. Role confusion as a barrier to effective care involvement for people with intellectual disabilities in acute hospitals: findings from a mixed-method study. *Journal of advanced Nursing*.

<http://onlinelibrary.wiley.com/doi/10.1111/jan.13041/full>

Van den Bossche, T. et al. Phenotypic characteristics of Alzheimer patients carrying an ABCA7 mutation. <http://www.ncbi.nlm.nih.gov/pubmed/27037232>

Focus paper: Increased mortality in ASD

Hirvikoski, T., Mittendorfer-Rutz, E., Boman, M., Larsson, H., Lichtenstein, P., & Bölte, S. (2016). Premature mortality in autism spectrum disorder. *The British Journal of Psychiatry: The Journal of Mental Science*, 208(3), 232–8.
<http://doi.org/10.1192/bjp.bp.114.160192>

Interview with Professor Sven Bölte, Karolinska Institutet Stockholm



A research team led by WGAS co-founder and board member Professor Sven Bölte, Director of KIND Centre in Stockholm, found increased mortality rates for people with autism spectrum disorders (ASD) in a large-scale epidemiological study in Sweden. This is the first population-based study to explore this question. While it was previously thought that increased mortality rates in ASD relate primarily to comorbid genetic syndromes (e. g. Fragile X Syndrome, Down Syndrome or Tuberous Sclerosis), it could be shown that individuals with ASD exhibit increased mortality rates without comorbid syndromes as well. The scientific study was published last November in the *British Journal of Psychiatry* and was recognised as one of the top ten research results on ASD in 2015. In an interview with WGAS program executive Jennifer Kirchner Sven Bölte explained results and implications of this study.

Jennifer Kirchner: What are the main results of your study?

Sven Bölte: The risk of premature death is increased 2.5-fold compared to the general population and life expectancy is lowered by an average of 16 years.

JK: What risk factors were identified that explain the increased mortality?

SB: Causes of death vary and the risk is increased in almost all ICD-10 categories. Considering the entire ASD population, the highest correlations exist with hormonal diseases, congenital malformations, diseases of the nervous and the digestive system as well as with suicide. However, there are large differences between individuals with and without comorbid intellectual disabilities.

JK: What are the differences?

SB: The risk of premature death is higher in ASD and comorbid intellectual disability compared to high functioning ASD (5.8x vs. 2.2x) and for nearly all somatic causes of death, e. g. diseases of the nervous system (40.6x vs. 3.98x), particularly due to cerebral seizures. On the other hand, the suicide risk in ASD with average or high IQ is significantly increased (2.41x vs. 9.40x).

JK: How do you explain the increased suicide rates in people with ASD?

SB: We know that, especially in adolescents and adults without ID, depressive disorders frequently occur in ASD and depression is the biggest risk factor for suicide. This may be an important aspect. We have not looked at the relations between comorbidities, ASD and mortality in this study, so this is just a hypothesis.

JK: What questions should scientists pursue to better understand increased mortality in individuals with ASD?

SB: We, and hopefully others are going to analyse what factors in somatic diseases and mental disturbances favour increased mortality in ASD in more detailed follow-up studies. Therefore quantitative data (e. g. registered data), but also qualitative data (e. g. interviews with survivors) may be used. Regarding suicide it will be important to explore relations with depression and major life events (e. g. death of a relative or loss of work), but also impulsive behavior. Regarding somatic diseases it is important to see if symptoms were possibly not recognised or misinterpreted or purposely not reported and if so, why.

JK: You also found an increased chance of heart disease in individuals with ASD. Do you have an explanation?

SB: We do not know and can only speculate. One hypothesis says that individuals with ASD are exposed to relevant stress more often or experience stress differently. This may increase risk of cardiovascular disease.

JK: Depending on your results, what do you demand from health systems?

SB: Our results show that knowledge about ASD and how to deal with the affected people is of importance to several medical areas. There is a need for improved skills

in medical professionals to diagnose and treat somatic diseases earlier and better in order to reduce mortality significantly. This is especially true for ASD and comorbid intellectual disability, where patients often have difficulties to report symptoms. In the worst case, their possibly atypical symptoms may even be neglected by clinicians. In the field of high functioning ASD there is a need for better suicide prevention and treatment of major depressive disorder. This may also be challenging as mental disorders may present differently.

*The interview was conducted by Jennifer Kirchner in German and published in the WGAS-Newsletter 10/2016: <http://wgas-autismus.org/wp-content/uploads/2016/06/Newsletter-0616.pdf>; Julia Böhm and Brian Barrett translated the text to English. Thanks to Jennifer Kirchner, Sven Böte and the WGAS for permission to translate and print the interview!

Upcoming Events

- 15. September – 17. September 2016, Wien, Austria
The 50th Anniversary of the First Publication on Rett Syndrome. RTT 50.1;
<http://www.rett2016.wien/>
- 19. September – 20. September 2016, Columbus, Ohio
NADD State of Ohio 14th Annual Conference - Mental Health Aspects: Treatment and Support; <http://thenadd.org/stateofohio/>
- 27. October – 29. October 2016, Kehl-Kork, Germany
International Scientific Symposium on Syndromic Autism
http://www.autismus.de/fileadmin/user_upload/dpm_Tagungsflyer_03.pdf
- 02. November – 04. November 2016, Niagara Falls, Canada
NADD 33rd Annual Conference – Weaving Solutions: Research/Policy/Practice in IDD/MI
<http://thenadd.org/33rd/>
- 04. November 2016, Kassel, Germany
Symposium: Dementia in mental retardation
<http://dgsgb.de/index.php?section=Arbeitstagungen>
- 18. November – 22. November 2016, Cape Town, South Africa
World Psychiatric Association International Congress – Psychiatry: Integrative Care for the Community; <http://www.wpacapetown2016.org.za/>

→ 21. September – 23. September 2017, Luxembourg
11th European Congress of Mental Health in Intellectual Disability; <http://www.eamhid.lu/>

!!! SAVE THE DATE !!!
 (see final page)

→ 08. October – 12. October 2017, Berlin, Germany
17th WPA World Congress of Psychiatry (Zone 6): World Congress of Psychiatry “Psychiatry of the 21st Century: Context, Controversies and Commitment” <http://www.wpaberlin2017.com/>

Service for EAMHID members

In this section we collected the past three issues of selected ID and ASD Journals for you. The journals are linked to the online contents of the respective issue.

Current topics in ID Journals

Journal of Intellectual Disability Research

Volume 60, Issue 6, Jun 2016 <http://onlinelibrary.wiley.com/doi/10.1111/jir.v60.6/issuetoc>
 Volume 60, Issue 5, May 2016 <http://onlinelibrary.wiley.com/doi/10.1111/jir.v60.5/issuetoc>
 Volume 60, Issue 4, Apr 2016 <http://onlinelibrary.wiley.com/doi/10.1111/jir.v60.4/issuetoc>

Journal of Intellectual and Developmental Disability

Volume 41, Issue 2, 2016 <http://www.tandfonline.com/toc/cjid20/current>
 Volume 41, Issue 1, 2016 <http://www.tandfonline.com/toc/cjid20/41/1>
 Volume 40, Issue 4, 2015 <http://www.tandfonline.com/toc/cjid20/40/4>

Research in Developmental Disabilities

Volume 55, in progress, Aug 2016 <http://www.sciencedirect.com/science/journal/08914222/55>
 Volumes 53-54, Jun/Jul 2016 <http://www.sciencedirect.com/science/journal/08914222/53-54>
 Volumes 51-52, Apr/May 2016 <http://www.sciencedirect.com/science/journal/08914222/51-52>

American Journal of Intellectual Disabilities

Volume 121, Issue 3, May 2016 <http://aaidjournals.org/toc/ajmr/121/3>
 Volume 121, Issue 2, Mar 2016 <http://aaidjournals.org/toc/ajmr/121/2>
 Volume 121, Issue 1, Jan 2016 <http://aaidjournals.org/toc/ajmr/121/1>

Advances in Mental Health and Intellectual Disability

Volume 10, Issue 3, 2016 <http://www.emeraldinsight.com/toc/amhid/10/3>

Volume 10, Issue 2, 2016
Volume 10, Issue 1, 2016

<http://www.emeraldinsight.com/toc/amhid/10/2>
<http://www.emeraldinsight.com/toc/amhid/10/1>

Intellectual and Developmental Disabilities

Volume 54, Issue 2, Apr 2016
Volume 54, Issue 1, Feb 2016
Volume 53, Issue 6, Dec 2015

<http://aaiddjournals.org/toc/mere/54/2>
<http://aaiddjournals.org/toc/mere/54/1>
<http://aaiddjournals.org/toc/mere/53/6>

Developmental Disability Research Review

Volume 18, Issue 1, Aug 2013
Volume 17, Issue 3, Jun 2013
Volume 17, Issue 2, Nov 2011

<http://onlinelibrary.wiley.com/doi/10.1002/ddrr.v18.1/issuetoc>
<http://onlinelibrary.wiley.com/doi/10.1002/ddrr.v17.3/issuetoc>
<http://onlinelibrary.wiley.com/doi/10.1002/ddrr.v17.2/issuetoc>

Journal of Applied Research in Intellectual Disabilities

Volume 29, May 2016 <http://onlinelibrary.wiley.com/doi/10.1111/jar.2016.29.issue-3/issuetoc>
Volume 29, Mar 2016 <http://onlinelibrary.wiley.com/doi/10.1111/jar.2016.29.issue-2/issuetoc>
Volume 29, Jan 2016 <http://onlinelibrary.wiley.com/doi/10.1111/jar.2016.29.issue-1/issuetoc>

International Review of Research in Mental Retardation

Volume 39, 2010
Volume 38, 2009
Volume 37, 2009

<http://www.sciencedirect.com/science/bookseries/00747750>
<http://www.sciencedirect.com/science/bookseries/00747750/38>
<http://www.sciencedirect.com/science/bookseries/00747750/37>

International Journal of Disability, Development and Education

Volume 63, Issue 2, 2016
Volume 63, Issue 1, 2016
Volume 62, Issue 6, 2015

<http://www.tandfonline.com/toc/cijd20/63/2>
<http://www.tandfonline.com/toc/cijd20/63/1>
<http://www.tandfonline.com/toc/cijd20/62/6>

International Journal of Developmental Disabilities

Volume 62, Issue 2, 2016
Volume 62, Issue 1, 2016
Volume 61, Issue 4, 2015

<http://www.tandfonline.com/toc/yjdd20/current>
<http://www.tandfonline.com/toc/yjdd20/62/1>
<http://www.tandfonline.com/toc/yjdd20/61/4>

Journal of Learning Disabilities

Volume 49, Issue 3, May/June 2016
Volume 48, Issue 2, Mar/Apr 2016
Volume 47, Issue 1, Jan/Feb 2016

<http://ldx.sagepub.com/content/current>
<http://ldx.sagepub.com/content/49/2.toc>
<http://ldx.sagepub.com/content/49/1.toc>

Journal of Intellectual Disabilities and Offending Behaviour

Volume 7, Issue 2, 2016
Volume 7, Issue 1, 2016
Volume 6, Issue 3-4, 2015

<http://www.emeraldinsight.com/toc/jidob/7/2>
<http://www.emeraldinsight.com/toc/jidob/7/1>
<http://www.emeraldinsight.com/toc/jidob/6/3%2F4>

Journal of Special Education

Volume 50, Issue 1, May 2016
Volume 49, Issue 4, Feb 2016
Volume 49, Issue 3, Nov. 2015

<http://sed.sagepub.com/content/current>
<http://sed.sagepub.com/content/49/4.toc>
<http://sed.sagepub.com/content/49/3.toc>

Current topics in ASD Journals

Autism Research

- Vol 9, Issue 5, May 2016 <http://onlinelibrary.wiley.com/doi/10.1002/aur.2016.9.issue-5/issuetoc>
- Vol 9, Issue 4, Apr 2016 <http://onlinelibrary.wiley.com/doi/10.1002/aur.2016.9.issue-4/issuetoc>
- Vol 9, Issue, Mar 2016 <http://onlinelibrary.wiley.com/doi/10.1002/aur.2016.9.issue-3/issuetoc>

Journal of Autism and Developmental Disorders

- Volume 46, Issue 6, Jun 2016 <http://link.springer.com/journal/10803/46/6/page/1>
- Volume 46, Issue 5, May 2016 <http://link.springer.com/journal/10803/46/5/page/1>
- Volume 46, Issue 4, Apr 2016 <http://link.springer.com/journal/10803/46/4/page/1>

Autism

- Volume 20, Issue 5, Jul 2016 <http://aut.sagepub.com/content/current>
- Volume 20, Issue 4, May 2016 <http://aut.sagepub.com/content/20/4.toc>
- Volume 20, Issue 3, Apr 2016 <http://aut.sagepub.com/content/20/3.toc>

Research in Autism Spectrum Disorders

- Volume 28, Aug 2016 <http://www.sciencedirect.com/science/journal/17509467>
- Volume 27, Jul 2016 <http://www.sciencedirect.com/science/journal/17509467/27>
- Volume 26, Jun 2016 <http://www.sciencedirect.com/science/journal/17509467/26>

Advances in Autism

- Volume 2, Issue 2, 2016 <http://www.emeraldinsight.com/toc/aia/2/2>
- Volume 2, Issue 1, 2016 <http://www.emeraldinsight.com/toc/aia/2/1>
- Volume 1, Issue 2, 2015 <http://www.emeraldinsight.com/toc/aia/1/2>

What is it all about?

About the artist Alexander Rudolph and his artwork (title page)

Alexander Rudolph visits the art group of the psychiatric outpatient clinic for people with intellectual disabilities of the hospital “Königin Elisabeth Herzberge” in Berlin. In the art group, he can express himself by painting. He works with acrylics and shows joy of elapse of colour as a sensual experience. The creation of his images follows a certain pattern that is repeated consistently by him. This repetition gives him security. He masters vertical and horizontal lines, with which he filled the sheet, circles and approaches of rectangles. The ability to close a circle can be understood as a first demarcation. The basic geometric shapes are assembled into complex shapes, and it arises from flowers, tree-like shapes and suns, which are then placed in the foreground image. He composes light vs. dark or vice versa to create depth of space. Through the mixing of colour on the sheet of paper, repeatedly delightful impressions arise.

About EAMHID

EAMHID stands for “European Association for Mental Health In Intellectual Disability”. The association will keep you updated through congresses, will enable clinicians and researchers in the field to exchange experiences and support collaborations on an international level in research and praxis. You are kindly invited to join and participate in the EAMHID, every single member is important and warmly welcome! For more information about EAMHID, please check our website, Facebook page and twitter or email us; details are on page 21.

Acknowledgement:

The Board of EAMHID would like to thank Julia Böhm for her assistance in the production of this edition of the newsletter.

11th European Congress
Mental Health in Intellectual Disability

**'Better Mental Health for People
with Intellectual Disability'**

Providing better care using knowledge transfer and
bringing together innovative collaborative networks

21st - 23rd September 2017

Luxembourg, Congress Center

EAMHID and University of Luxembourg
in cooperation with APEMH Foundation



**SAVE
THE DATE**

In close collaboration with our host and the local partner APEMH Foundation, together with the University of Luxembourg, and with the support of the European network ARFIE, we look forward to welcoming you to one of the most idyllic capitals of Europe, a linchpin in the building of the European community.

We aim to provide a platform for all stakeholders, promoting a constructive interaction between the results of current research, innovative practice and professional training initiatives. We will also contribute to fostering dialogue that supports the values that unite us: better conditions of living, working and sharing for those involved in support work and interventions for mental health. An ideal meeting place, a place of multiculturalism par excellence, Luxembourg facilitates dialogue and exchange through simultaneous translation from English into French and German for all plenary sessions and numerous workshops and symposiums.

APEMH Foundation, takes the opportunity to highlight its ongoing commitment to European partnerships and exchange in support of its sustained campaign for a better quality of life for people with intellectual disabilities; which includes improved access to mental health services.

Save the date now for this meeting from 21 to 23 September 2017 and prepare for bringing together our unique expertise with new ideas and debate in developing our future practice.

We hope to have the pleasure of seeing you soon in Luxembourg!

AIMS OF THE CONGRESS

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO, 1946)

Like the rest of the population, the mental health of people with intellectual disabilities is best understood in a much wider context of their general well-being, their supports and networks, their family and social setting and the broader aspects of the society that have significant impacts on their health and health inequalities. The Congress will bring together current knowledge and expertise in this wider context, looking at how people with intellectual disabilities, their families and their

social and professional networks all have important experience and skills to contribute and share in creating and developing effective, collaborative and co-productive models of service provision.

Through the range of symposia, poster sessions and workshops we will stimulate dialogue between different approaches on the same subject with speakers from different countries, cultures, and theoretical perspectives.

Another challenge will be a first attempt to involve service users and families in dedicated sessions. Inclusive workshops will be provided for this purpose at the 2017 Congress in Luxembourg!

SPEAKERS ANNOUNCED

We are pleased to announce our 6 exciting Speakers for the congress:

- **Pr Nick Bouras (UK)** • Mental Health and Intellectual Disability: History, Concepts and Evidence based
- **Jane Mc Carthy (UK)** • Autism Spectrum Disorder and offending: Towards an evidence based approach
- **Régine Scelles (FR)** • L'enfant en situation de handicap : désir de savoir et apprentissage avec les pairs
- **Emmanuelle Jouet (FR)** • Challenges of partnerships between patients and healthcare professionals
- **Michael Seidel (DE)** • "Mental health for people with ID. A challenge between human rights and scientific progress"
- **Johan De Groef (BE)** • Networking, Partnerships and Mutualisation: Competences to promote Mental Health in ID

Who we are

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If you would like to join the EAMHID please contact our treasurer, Herman Wouters: Herman.wouters@stichtingdelacroix.be