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**Title: Experiences of sleep hygiene education as an intervention for sleep problems in children with developmental disabilities: Findings from an exploratory study.**

**Citation:** British Journal of Learning Disabilities; Sep 2019; vol. 47 (no. 3); p. 165-173

**Author(s):** Sutton, Julie E.; Huws, Jaci C.; Burton, Christopher R.

**Accessible summary:** Sleep hygiene education (SHE) is a "behavioural" intervention which helps parents create the best sleeping conditions for their child. It is often used to improve sleep problems that children with developmental disabilities have. SHE includes advice around creating bedtime routines, creating a calming bedroom environment and eating healthily. Lots of health and social care professionals use SHE, but there are not many research papers which show the best way to support parents to try out the advice. This research tells the story of nine parents and eleven professionals who have used SHE to help improve children's sleep problems. Their experiences are important in the research literature and will help services such as community children's learning disability teams improve the way SHE is used in the future.

**Background:** Sleep hygiene education (SHE) is a familiar intervention for addressing behavioural sleep problems in children with developmental disabilities that involves advising parents on sleep-promoting behaviours; however, it is supported by a limited evidence base.

**Materials and methods:** This exploratory study aimed to enhance qualitative understanding and explore stakeholder perceptions about experience, current practice and ideas around the implementation of SHE. Parents of children with developmental disabilities and sleep problems (N = 9) and sleep practitioners (N = 11) took part in semi-structured interviews and focus groups, and data were thematically analysed.

**Results and discussion:** The analysis identified four parent themes: Beliefs about sleep problems; Getting professional help; Ways of knowing about sleep; and Visions of sleep support. Two practitioner themes were also identified: Sleep service accessibility and Inconsistent sleep support.

**Conclusion:** The findings provide further insight into how parents of children with developmental disabilities experience sleep problems, and how SHE is currently implemented. These have implications for both policy and practice.

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**Title: The importance of the relational needs of people with learning disabilities in the promotion of self-determination.**

**Citation:** British Journal of Learning Disabilities; Sep 2019; vol. 47 (no. 3); p. 174-180

**Author(s):** Cudré-Mauroux, Annick; Piérart, Geneviève; Vaucher, Carla

**Accessible summary:** People with learning disabilities may need to receive support from social care professionals to make choices and to change things in their life. They may need to receive advice, but sometimes they prefer not to receive advice. Professionals must trust them when they try something new. It is important that professionals know what people with learning disabilities want and need to support them in a better way. It is important that they become aware of the importance to express what they want and what they need.

**Background:** Intervention to increase self-determination of people with learning disabilities is a major issue for social care practices. This study examines relational needs of people with learning disabilities regarding self-determination in the context of the relationships they share with social care professionals.

**Method:** We held focus group discussions to explore the relational needs of 10 residents and 10 educators at three facilities for people with learning disabilities located in the French part of Switzerland.

**Results:** Relational needs expressed by participants with learning disabilities concern three distinct stages of the self-determination process (pre-choice, post-choice and goal achievement).

**Conclusion:** They suggest the importance of the relational quality of interventions aimed to enhance self-determination of people with learning disabilities.
Title: Bespoke STOMP training for learning disability teams—Does it work?

Citation: British Journal of Learning Disabilities; Sep 2019; vol. 47 (no. 3); p. 181-187

Author(s): Nancarrow, Thomas; Rencher, Joshua; Wilcock, Mike; Bonell, Simon; Wolke, Tony; Shankar, Rohit

Accessible summary: There is significant concern about medication being given to people with intellectual disability (ID) inappropriately particularly to manage their behaviours which needs to stop. This needs people who work and support people with ID with their distress to be aware of the national concerns and guidance. We checked whether NHS staff who work with people with ID, that is the ID service, are aware of the latest guidance and whether training them will help improve their knowledge. We found that there were differences in knowledge in some groups such as nurses and psychologists compared to others and training can make a positive change. This is important as training can possibly deliver better care to people with ID.

Background: Intellectual disability (ID) is associated with polypharmacy particularly off-label psychotropics for “challenging behaviour.” NHS England introduced the “stopping over medication of people with a learning disability (LD), autism or both” (STOMP) initiative. As ID services are a professionally diverse group, it is important to know whether teams have suitable knowledge to deliver STOMP. The impact of delivering bespoke STOMP training was evaluated.

Methods: A 21-item multiple-choice questionnaire was distributed to three specialist ID teams in the south-west of England. Current best practice and national guidance knowledge on psychotropic medication use in ID were assessed. One team received bespoke training covering the content of the questionnaire prior to completion.

Results: Survey participation was 44% (21/48) by the trained team, 34% (15/44) and 70% (7/10) in the untrained teams. The trained team participants scored over 80% on 19/21 questions compared to 15/21 and 16/21 in the untrained teams. Subspeciality analysis of pooled data (n = 43) showed nursing scored more than 80% on 16/21 questions, psychology 15/21 and allied health professionals (AHPs) 19/21. Nursing and psychology both reported STOMP to be a priority. Majority responded “yes” to potentially being involved in STOMP.

Conclusions: Better STOMP knowledge and understanding of best practice and guidelines are associated with training. Nursing and psychology are essential to STOMP delivery but scored lower than AHPs. We recommend semi-structured STOMP training developed locally with national underpinnings for all specialist ID teams, particularly focussed on front-line staff directly involved in the management of challenging behaviour.

Title: Staff experiences working in community-based services for people with learning disabilities who show behaviour described as challenging: The role of management support.

Citation: British Journal of Learning Disabilities; Sep 2019; vol. 47 (no. 3); p. 201-207

Author(s): Deveau, Roy; McGill, Peter

Accessible summary: We looked at staff working with people with a learning disability and challenging behaviour. We tried to find out if managers’ help their staff to work better. We looked at how often staff saw their manager and if their manager tried to help their staff to work better or spent more time doing office work. We found out that when managers helped staff to work better, staff feel better about their work. Even when staff did not see their manager very often, other staff were helping them to do their work better. Organisations need to decide who will help staff to work better, and this will also help staff to feel better about their work.

Introduction: Research has shown a positive relationship between practice leadership (frontline management focused upon supporting staff to work better) and better staff experiences of working with people with learning disabilities who may show challenging behaviours. However, little is known regarding the impact of frequency and accessibility of frontline managerial support upon staff experiences, or upon the provision of practice leadership. Current policy and practice in England may lead to frontline managers being responsible for more fragmented services, thus influencing the
accessibility of managerial support and practice leadership for staff. The current study investigated the impact on staff experiences of frequency of contact with service manager and of practice leadership.

**Methods:** A single point in time survey of 144 staff measured: characteristics of service users, frequency of contact with manager, practice leadership and staff experiences, for example burnout, teamwork and job satisfaction.

**Results:** Practice leadership was positively associated with more frequent contact with the manager. Better staff experiences were associated with more frequent contact with the manager and practice leadership and negatively with challenging behaviours.

**Conclusion:** The associations between practice leadership, manager contact and better staff experiences suggest further research, and organisational action is needed to provide management support for staff.

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**Title:** Planning for the future: Exploring the experiences of older carers of adult children with a learning disability.

**Citation:** British Journal of Learning Disabilities; Sep 2019; vol. 47 (no. 3); p. 208-214

**Author(s):** Deville, Jane; Davies, Helen; Kane, Ros; Nelson, David; Mansfield, Paul

**Accessible summary:** There are a large number of adults with learning disabilities who live with and are cared for by their parents. There is a need for interventions to support older carers with their caring role and to plan for a time when they can no longer continue caring. This research looked at a local support service in England that aimed to support carers over 55 who had an adult child with a learning disability living at home. Twelve carers were interviewed individually. The study highlights the unmet needs of older family carers and shows the value of support from a carer perspective.

**Background:** There are a significant number of adults with a learning disability who live with and are cared for by their parents. There is a pressing need for interventions to support older parent carers with their role and to plan for a time when they can no longer continue caring. This article reports on the experiences of older parent carers who have been in receipt of an intervention to support future planning, in a rural part of England, delivered to older carers of their adult children with learning disabilities.

**Methods:** Semi-structured carer interviews (n = 12) were conducted and analysed thematically.

**Results:** Four themes were identified (a) emotional needs of carer, (b) future planning, (c) accessing other services and resources and (d) links to adult care services. Carers welcomed the flexibility of the intervention and its focus on support for them, relieving their sense of isolation.

**Conclusions:** The research highlights the unmet needs of older family carers and shows the value of tailored support from a carer perspective. The findings have implications for national social care provision delivered to carers of adult children with learning disabilities in rural areas.

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**Title:** Screening for intellectual disabilities and borderline intelligence in Dutch outpatients with severe mental illness.

**Citation:** Journal of Applied Research in Intellectual Disabilities; Sep 2019; vol. 32 (no. 5); p. 1096-1102

**Author(s):** Seelen-de Lang, Birgit L.; Smits, Hedwig J. H.; Penterman, Berry J. M.; Noorthoorn, Eric O.; Nieuwenhuis, Jeanet G.; Nijman, Henk L. I.

**Background:** The reliability and validity of the Screener for Intelligence and Learning Disabilities (SCIL) are unknown in a population of outpatients with severe mental illness. The prevalence of mild or borderline intellectual disabilities (MBID); an umbrella term for people with borderline intellectual functioning (BIF) and mild intellectual disability (MID) in this population is also unknown.

**Methods:** A total of 625 patients were screened with the SCIL, 201 of which also had IQ test results.
Results: Cronbach's alpha of the SCIL was 0.73. The AUC value for detecting MBID was 0.81, and also 0.81 for detecting MID, with percentages of correctly classified subjects (when using the advised cut-off scores) being 73% and 79%, respectively. The SCIL results suggested that 40% of the patients were suspected of MBID and 20% of MID.

Conclusion: The SCIL seems to be an appropriate screening tool for MBID. It is important to screen for MBID because a substantial proportion of outpatients with severe mental illness appear to be functioning at this level. It is necessary to adapt treatment for these patients.
Title: Every day, I leave work knowing that I have made a difference.

Citation: British Journal of Healthcare Assistants; Aug 2019; vol. 13 (no. 8); p. 406-407

Author(s): Denny, Victoria

Abstract: In this article, the author discusses her role as healthcare assistant (HCA) for a learning disability residential home at National Health Service (NHS) of Great Britain and residential home catered by HCA such as epilepsy; renal failure and depression.

Title: Polypharmacy and deprescribing in people with learning disabilities.

Citation: Practice Nursing; Aug 2019; vol. 30 (no. 8); p. 386-389

Author(s): Adams, Danielle

Abstract: Practice nurses are in place to aid in deprescribing if appropriate for the patient. Danielle Adams explores this process when treating and managing patients who are living with learning disabilities as they have specific health needs In order to effectively manage problematic polypharmacy and stop medicines safely, it is imperative that there is an appreciation of all the factors that are involved in the deprescribing process. A collaborative, patient-centred approach is required to optimise medicines effectively and reduce inappropriate prescribing. Patients should be equal stakeholders in this process. Implementing shared decision-making, while considering the issues of capacity and consent, may contribute to improved patient empowerment and outcomes. Reflecting on the risks of deprescribing — such as the implications of relapse, and the reduction of beneficial side effects and the risk of medication errors — can provide a framework for positive patient outcomes. Key to managing these risks is effective communication between all stakeholders. The STOMP campaign is addressing the overprescribing of psychotropic medicines in people with learning disabilities. It is hoped that by reducing these medicines, in the absence of a mental health diagnosis, existing health inequalities, morbidity and premature mortality may be reduced.

Title: Dental caries experience, care index and restorative index in children with learning disabilities and children without learning disabilities; a systematic review and meta-analysis.

Citation: BMC Oral Health; Jul 2019; vol. 19 (no. 1)

Author(s): Robertson, Mark D.; Schwendicke, Falk; de Araujo, Mariana Pinheiro; Radford, John R.; Harris, Jenny C.; McGregor, Scott; Innes, Nicola P. T.

Background: Children with learning disabilities (CLD) have worse health outcomes than children with no learning disabilities (CNLD). This systematic review compared caries experience and dental care need for CLD to CNLD using Decayed, Missing, Filled Permanent Teeth (DMFT) and decayed, missing/extracted, filled primary teeth (dmft/deft), care index (CI), and restorative index (RI) values.

Methods: Without date or language restrictions four databases were searched for; cross-sectional studies comparing caries experience and CI/RI in CLD matched to groups of CNLD. Screening and data extraction were carried out independently and in duplicate. Risk of bias was assessed using the Newcastle-Ottawa Scale. Meta-analyses were carried out (random effects model).

Results: There were 25 articles with 3976 children (1 to 18 years old), from 18 countries, fitting the inclusion criteria. Children with Down syndrome were investigated in 11 studies, autism in 8 and mixed learning disabilities in 6. The overall mean DMFT for CLD was 2.31 (standard deviation±1.97; range 0.22 to 7.2) and for CNLD was 2.51 (±2.14; 0.37 to 4.76). Using standardised mean difference (SMD), meta-analysis showed no evidence of a difference between CLD and CNLD (n = 16 studies) for caries experience (SMD = -0.43; 95%CI = -0.91 to 0.05). This was similar for sub-groups of children with autism (SMD = -0.28; 95%CI = 1.31 to 0.75) and mixed disabilities (SMD = 0.26; 95%CI = -0.94 to 1.47). However, for children with Down syndrome, caries experience was lower for CLD than CNLD (SMD = -0.73; 95%CI = -1.28 to − 0.18). For primary teeth, mean dmft/deft was 2.24 for CLD and 2.48 for CNLD (n = 8 studies). Meta-analyses showed no evidence of a difference between
CLD and CNLD for caries experience across all disability groups (SMD = 0.41; 95% CI = -0.14 to 0.96), or in sub-groups: Down syndrome (SMD = 0.55; 95%CI = − 0.40 to 1.52), autism (SMD = 0.43; 95%CI = −0.53 to 2.39) and mixed disabilities (SMD = -0.10; 95%CI = -0.34 to 0.14). The studies' risk of bias were medium to high.

Conclusion: There was no evidence of a difference in caries levels in primary or permanent dentitions for CLD and CNLD. This was similar for learning disability sub-groups, except for Down syndrome where dental caries levels in permanent teeth was lower. Data on met need for dental caries was inconclusive. Trial registration: The protocol was published in PROSPERO: CRD42017068964 (June 8th, 2017).

Title: Using positive behavioural support (PBS) for STOMP medication challenge.

Citation: Advances in Mental Health & Intellectual Disabilities; Jul 2019; vol. 13 (no. 3/4); p. 102-112

Author(s): Gerrard, David; Rhodes, Jennifer; Lee, Ruth; Ling, Jonathan

Purpose: The purpose of this paper is to investigate if positive behavioural support (PBS) can be an effective alternative to medication, and can aid medication reduction in people with a learning disability, autism or both who are prescribed psychotropic medication for behaviour thought to be challenging. STOMP is an initiative supported by NHS England which aims to reduce inappropriate prescribing of psychotropic medication, i.e. antipsychotics used for challenging behaviour in the absence of a documented mental health diagnosis. PBS has been described as the first line of intervention for behaviours which challenge, (NICE, 2015) and has been highlighted as a non-pharmacological alternative to, medication.

Design/methodology/approach: A two-group, experimental design was utilised. Both groups were considered for medication reduction. The experimental group of 25 people received input from a specialist PBS team, while the control group of 29 people underwent unsupported medication challenge.

Findings: There was a significantly higher success rate for medication reduction and discontinuation when PBS assessment and intervention was provided as an alternative to medication.

Practical implications: This study indicates that providing PBS is associated with decreased medication and if replicated should be become standard practice for specialist teams.

Originality/value: This is the first study to investigate the effect of PBS on medication reduction in patients prescribed psychotropic medication for behaviour thought to be challenging.

Title: Redesigning a community-based challenging behaviour intensive support service.

Citation: Advances in Mental Health & Intellectual Disabilities; Jul 2019; vol. 13 (no. 3/4); p. 123-132

Author(s): White, Jasmin; Symes, Matt; Pearce, Carrie

Purpose: The purpose of this paper is to discuss outcomes of a service redesign, involving an Intensive Support Team (IST) for adults with learning disabilities and challenging behaviour, working in conjunction with a Community Learning Disability Service (CLDS).

Design/methodology/approach: Two IST staff were physically based as "Inreach workers" within a CLDS for six months. Inreach workers provided support with existing resources and consultation for specific clients presenting with challenging behaviour. CLDS staff confidence, understanding and implementation of existing challenging behaviour resources was evaluated before and after service redesign. An online questionnaire was used to gather further data relating to experiences of the Inreach project.

Findings: CLDS staff confidence, understanding and implementation of existing challenging behaviour resources increased over the six-month Inreach period. Questionnaire results indicated CLDS staff found Inreach support to be beneficial, having a perceived positive impact for clients, and providing clarity on the skills and resources provided by the IST.
Research limitations/implications: The long-term effects of this pilot have yet to be established. Consideration is given to how demand characteristics may have influenced CLDS responses.

Practical implications: Careful consideration should be given in terms of how ISTs interface with CLDSs. ISTs may consider being based physically within CLDSs, to provide more readily accessible support.

Originality/value: Providing CLDS staff with more accessible support from ISTs may increase the effective implementation of available resources for adults with learning disabilities and challenging behaviour.

Title: Learning disability group delivers health message.

Citation: Emergency Nurse; Jul 2019; vol. 27 (no. 4); p. 7-7

Author(s):

Abstract: The article reports on a video produced by British nurse Anne Hunt to raise awareness of sepsis among people with learning disabilities and their carers.

Title: The nurse consultant in mental health services: A national, mixed methods study of an advanced practice role.

Citation: Journal of Psychiatric & Mental Health Nursing (John Wiley & Sons, Inc.); Jun 2019; vol. 26 (no. 5/6); p. 117-130

Author(s): Brimblecombe, Neil; Nolan, Fiona; Khoo, Mary-Ellen; Culloty, Leon; O'Connor, Kate; McGregor-Johnson, Lindsay

Accessible summary: What is known on the subject?: Internationally, systematic reviews have identified evidence of equal or improved clinical outcomes comparing advanced practitioner treatment with medical treatment as usual, across a range of specialities. Studies of nurse consultants in the United Kingdom have largely been non-empirical. Most studies specifically related to nurse consultant roles in mental health services are case studies or reports of views on this role.

What this paper adds to existing knowledge?: The study demonstrates that nurse consultant numbers vary over time and by clinical specialty. This is influenced by the value invested in the role by local nursing leadership and by national policy change. A lack of role clarity affects the uptake and sustainability of advanced practice roles internationally and is also an issue for the nurse consultant role in England's mental health services.

What are the implications for practice?: Successfully introducing advanced practice nursing roles in mental health services requires role clarity and support from local nurse directors. The continued absence of robust evidence as to the clinical/cost-effectiveness of nurse consultant roles in mental health settings places an onus on individual posts to generate data to justify the role at a time of financial constraint. Detailed post holder characteristics reported in this paper provide a basis for future comparison with other advanced practice roles in mental health services and other specialties nationally and internationally.

Introduction: The nurse consultant is an advanced practice role providing expert clinical practice, consultancy and professional leadership. To date, few studies have examined this role within mental health services and none have described the professional characteristics of post holders.

Aims: The main aims of the study were to identify changes in nurse consultant numbers in mental health services, identify post holder characteristics and factors influencing number of posts.

Method: We used a triangulated mixed methods approach comprised of a longitudinal examination of national workforce data, a national cross-sectional survey of post holder characteristics and semi-structured interviews with directors of nursing.

Results: Of 58 mental health organizations, 51 (88%) responded, identifying 123 nurse consultant posts, and a range of 0–12 posts per organization. One in 229 mental health nurses and 1 in 186
learning disability nurses were nurse consultant. An average of 40% of nurse consultants' work time was reported as being in clinical practice. Themes identified as important in relation to role sustainability were cost and value, contribution of individual post holders, role clarity and domains of work.

Discussion: Nurse consultants are represented to a greater extent in the mental health service workforce than in nursing generally, but their roles often lack clarity. Attitudes of local professional leaders and national policies are likely to affect post numbers.

Implications for practice: Developing and sustaining nurse consultant roles requires role clarity and active support from nurse leaders. Roles need to demonstrate their value to the clinical systems in which they work.

Title: Intellectual functioning in silver-russel syndrome: First study in adults

Citation: Applied Neuropsychology: Adult; Aug 2019

Author(s): Burgevin, Mélissa; Lacroix, Agnès; Brown, Genavee; Mikaty, Myriam; Coutinho, Virginie; Netchine, Irène; Odent, Sylvie

Abstract: Silver-Russel syndrome (SRS) is a rare genetic disorder (estimated incidence 1/30,000 to 100,000 live births). So far, only a few studies have focused on the cognitive profile of individuals with SRS, and these were conducted some time ago, concentrated on pediatric cohorts, and included patients who had been diagnosed using a variety of clinical diagnostic systems. There has yet to be any research on the intellectual functioning of adults with SRS. This study sought to establish the intelligence, strengths and weaknesses within intellectual profile of adults with SRS, compared with normative data. Ten individuals with 11p15 epimutation aged 18–39 years completed the Wechsler Adult Intelligence Scale-Fourth Edition. Measures of interest included participants’ intelligence (Full Scale Intelligence Quotient [FSIQ]) and four domains of cognitive functioning: verbal comprehension, perceptual reasoning, working memory and processing speed. Discrepancy scores were calculated, and descriptive statistical and linear correlations were used to investigate factors associated with IQ outcome. Clinical and medical information such as rehabilitation, and perceived difficulties in daily life were collected by interviews and questionnaires. Results showed that the mean FSIQ score was in the average range (M = 95.40, SD = 18.55) and they performed best on verbal comprehension. Frequent daily difficulties were reported by patients and/or their families: learning disabilities and low self-esteem were perceived by 60% of adults. Early intervention and multidisciplinary care from childhood to adulthood are important in SRS for care potential medical, cognitive and psychosocial problems. This is the first study to document the intellectual functioning of adults with SRS. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

Title: Anxiety and depression among socioeconomically vulnerable students with learning disabilities: Exploratory meta-analysis

Citation: Child & Adolescent Social Work Journal; Aug 2019

Author(s): Brunelle, Katrina; Abdulle, Safia; Gorey, Kevin M.

Abstract: This study explored the hypothesis that socioeconomically vulnerable children and adolescents who have learning disabilities (LDs) more prevalently experience anxiety and depression than their otherwise similar peers in elementary or high school who are not socioeconomically vulnerable. A systematic search found eight relevant surveys published between 2000 and 2019 that were synthesized with an exploratory meta-analysis. The overall sample-weighted synthesis found that 56% of students with LD scored higher on validated measures of anxiety and depression than did their typical peer without LD [d = 0.16, 95% confidence interval (CI) 0.04, 0.28]. In comparison, the sample-weighted synthesis among socioeconomically vulnerable students found that 74% of them with LD scored higher on anxiety and depression measures than did their typical peer without LD (d = 0.63, 95% CI 0.45, 0.81). This novel synthetic comparison supported the exploratory hypothesis that socioeconomically vulnerable children and adolescents with LD are at much greater risk of being
anxious and depressed than are more socioeconomically resourceful students with LD. This review-generated finding, especially given the relatively modest database available for meta-analysis, is probably best considered a screened hypothesis for future primary research testing. Future research needs are discussed. Preliminary practical implications are also discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

Title: Atypical eating behaviors in children and adolescents with autism, ADHD, other disorders, and typical development

Citation: Research in Autism Spectrum Disorders; Aug 2019; vol. 64; p. 76-83
Author(s): Mayes, Susan Dickerson; Zickgraf, Hana

Background: Previous research has not yet examined the prevalence of atypical eating behaviors in children and adolescents with autism compared to those with ADHD, other disorders, and typical development.

Method: The sample comprised 2102 children: 1462 with autism, 327 with other disorders (e.g., ADHD, intellectual disability, language disorder, and learning disability), and 313 typical children, 1–18 years of age (mean 7.3). Atypical eating behaviors were assessed with the Checklist for Autism Spectrum Disorder based on a standardized parent interview conducted by licensed psychologists.

Results: Atypical eating behaviors were significantly more common in autism (70.4%) than in children with other disorders (13.1%) and typical children (4.8%). For children with autism who had atypical eating behaviors, the most common behavior was limited food preferences (88%), followed by hypersensitivity to food textures (46%), other peculiar patterns most often eating only one brand of food (27%), pocketing food without swallowing (19%), and pica (12%). Grain products and/or chicken (usually nuggets) were the preferred foods for 92% of children with autism who had limited food preferences. For children with autism who had atypical eating behaviors, 25% had three or more atypical eating behaviors (vs. 0% for children with other disorders or typical development). Only children with autism had pica or pocketed food.

Conclusions: The number and types of atypical eating behaviors found only in children with autism and not in children with other disorders or typical development should alert clinicians to the possibility of autism and the need to evaluate for autism in order to facilitate early identification and access to evidence-based treatment. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

Title: Whorlton hall, winterbourne ... person-centred care is long dead for people with learning disabilities and autism

Citation: Disability & Society; Aug 2019
Author(s): Richards, Michael

Abstract: Since the Winterbourne View abuse scandal in the United Kingdom, there have been responses and reports which have aimed at preventing this from happening again; however, more cases have emerged, including at Whorlton Hall, UK. There appears to be no hurry by the UK government to ensure a cultural shift occurs which places disabled people as the driving force in leading improvements in tackling systematic abuse in institutions that are meant to show compassion and care for people. In response, this article argues that person-centred care in its current form is out of date and needs to be scrapped in exchange for a new perspective that encapsulates People First values, which could go some way in ensuring that disabled people are no longer treated and classed as sub-humans. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)
Title: Development of behavior problems in children with and without specific learning disorders in reading and spelling from kindergarten to fifth grade

Citation: Scientific Studies of Reading; Jul 2019
Author(s): Horbach, Josefine; Mayer, Axel; Scharke, Wolfgang; Heim, Stefan; Günther, Thomas

Abstract: Previous studies have established the relationship between behavioral problems and specific learning disorders (SLD); however, the exact mechanism by which behavioral disorders impact SLD remains unclear. This longitudinal study used the Child Behavior Checklist (CBCL) to investigate how parents' judgment of children's behavioral problems changed from kindergarten to fifth grade in children diagnosed with or without specific learning disorders in reading and spelling (SLDrs) (N = 196). Growth component model analyses showed differential development of behavior problems between children with and without SLDrs. The groups did not differ before school entrance in externalizing behavior, internalizing behavior or any sub-scale of the CBCL. Parents reported their children with SLDrs as having higher overall levels of behavioral problems after school entrance, especially in first and fourth grade. Comorbid ADHD appears to be the explanatory factor of differential problem behavior ratings between children with and without SLDrs. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

Title: Speech-Language Disorders in 22q11.2 Deletion Syndrome: Best Practices for Diagnosis and Management.

Citation: American journal of speech-language pathology; Aug 2019; vol. 28 (no. 3); p. 984-999
Author(s): Solot, Cynthia B; Sell, Debbie; Mayne, Anne; Baylis, Adriane L; Persson, Christina; Jackson, Oksana; McDonald-McGinn, Donna M

Purpose: Speech and language disorders are hallmark features of 22q11.2 deletion syndrome (22qDS). Learning disabilities, cognitive deficits, palate abnormalities, velopharyngeal dysfunction, behavioral differences, and various medical and psychiatric conditions are also major features of this syndrome. The goal of this document is to summarize the state of the art of current clinical and scientific knowledge regarding 22qDS for speech-language pathologists (SLPs) and provide recommendations for clinical management.

Method: Best practices for management of individuals with 22qDS were developed by consensus of an expert international group of SLPs and researchers with expertise in 22qDS. These care recommendations are based on the authors' research, clinical experience, and literature review.

Results: This document describes the features of 22qDS as well as evaluation procedures, treatment protocols, and associated management recommendations for SLPs for the often complex communication disorders present in this population.

Conclusion: Early diagnosis and appropriate management of speech-language disorders in 22qDS is essential to optimize outcomes and to minimize the long-term effects of communication impairments. Knowledge of this diagnosis also allows anticipatory care and guidance regarding associated features for families, health care, and educational professionals.

Title: Estimating local need for mental healthcare to inform fair resource allocation in the NHS in England: cross-sectional analysis of national administrative data linked at person level.

Citation: The British journal of psychiatry : the journal of mental science; Aug 2019 ; p. 1-7
Author(s): Anselmi, Laura; Everton, Anna; Shaw, Robert; Suzuki, Wataru; Burrows, Jeremy; Weir, Richard; Taterek-Gintowt, Roman; Sutton, Matt; Lorrimer, Stephen

Background: Equitable access to mental healthcare is a priority for many countries. The National Health Service in England uses a weighted capitation formula to ensure that the geographical
distribution of resources reflects need. Aims: To produce a revised formula for estimating local need for secondary mental health, learning disability (intellectual disability) and psychological therapies services for adults in England.

**Method:** We used demographic records for 43 751 535 adults registered with a primary care practitioner in England linked with service use, ethnicity, physical health diagnoses and type of household, from multiple data-sets. Using linear regression, we estimated the individual cost of care in 2015 as a function of individual- and area-level need and supply variables in 2013 and 2014. We sterilised the effects of the supply variables to obtain individual-need estimates. We aggregated these by general practitioner practice, age and gender to derive weights for the national capitation formula.

**Results:** Higher costs were associated with: being 30-50 years old, compared with 20-24; being Irish, Black African, Black Caribbean or of mixed ethnicity, compared with White British; having been admitted for specific physical health conditions, including drug poisoning; living alone, in a care home or in a communal environment; and living in areas with a higher percentage of out-of-work benefit recipients and higher prevalence of severe mental illness. Longer distance from a provider was associated with lower cost.

**Conclusions:** The resulting needs weights were higher in more deprived areas and informed the distribution of some 12% (£9 bn in 2019/20) of the health budget allocated to local organisations for 2019/20 to 2023/24.

**Declaration of interest** None.

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**Title:** Academic accommodation strategies for pharmacy students with learning disabilities: What else can be done?

**Citation:** Currents in pharmacy teaching & learning; Aug 2019; vol. 11 (no. 8); p. 751-756

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**Introduction:** Colleges and schools of pharmacy in the US are faced with the challenge of providing appropriate academic accommodations for students with learning disabilities (SLD) including those with dyslexia, dyscalculia, or dysgraphia. Although there are no population statistics about SLD in pharmacy schools, current data show that their number at higher education institutions across the US has increased. This commentary discusses how the rigorous pharmacy school curriculum affects SLD and proposes creative and innovative measures to overcome these obstacles.

**Perspective:** The shift in the public perception about SLD from a state of stigma to a manageable condition in recent years has greatly contributed to increase the number of SLD enrolled in higher education institutions. Although most colleges and universities can now offer some type of academic accommodation to SLD compared to few years ago, other academic accommodation recommendations to SLD remain challenging to implement, especially for SLD enrolled in pharmacy programs.

**Implications:** SLD enrolled in pharmacy programs could benefit from a multifaceted approach involving the school’s office of disability services, medical practitioners, behavioral and language specialists, as well as some sort of curricular changes in order to be academically successful and become practice ready upon graduation.

**Sources Used:**

The following databases are used in the creation of this bulletin: BNI, CINAHL, Medline & PsycINFO.

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