Disability Resource File

2013

This is a document intended for internal use, in order to give our employees and volunteers a brief overview of different disabilities. If other organisations can benefit from its use we are happy for it to be shared in the knowledge that it will be updated from time to time.

This document does not claim to be a comprehensive listing of all disabilities. We also wish to make the point that people with disabilities are individuals first, and the information below and descriptions are generalised. The best person to inform you of their needs and how they wish to be treated or spoken about is the person themselves.

The information below is sourced from external organisations, and more information is available directly from them.

Language is very important. In order to demonstrate an appropriate level of respect, please be mindful of the following:

- People do not "suffer" from disabilities, avoid this term. Also, try and avoid using the term "disabled person" - it is better to say "person with a disability".
- It is acceptable to use the term "deaf", however people with a more mild hearing impairment often prefer the term "hard of hearing" or having a "hearing loss". It is best to simply ask if you are concerned about using the right terminology. Do not use the terms "deaf and mute" or "deaf and dumb".
- Do not assume that because someone cannot speak, they have an intellectual disability. Most people who rely on communication aids and devices do not have an intellectual disability and it is best to approach people on that basis.
- Don't be frightened of trying to communicate with someone if you are not expert in their communication method - write a note to a deaf person or type on your phone; ask a person who cannot speak how they say "yes" and how they say "no"- this will start you off.
- Do not refer to people in wheelchairs as "paraplegics". Apart from the fact that many do not have paraplegia, the preferred terminology would be "person who uses a wheelchair".
- The following terms should not be used: - "handicapped" "crippled" "spastic" “dwarf”.

Just remember, if you have a concern that you are not treating a person or communicating with them appropriately-just ask them directly for their advice. Most people with disabilities will appreciate your well-meaning attempts, even if you get things wrong!

Contents:

I. Blindness

Blindness:

When a person cannot see at six metres what a person with normal vision can see at 60 metres they are considered legally blind. Also where a person's field of vision is less than 20 degrees in diameter they are legally blind. Normal vision is 180 degrees. The term 'legally blind' is used by government departments to define persons entitled to special benefits due to sight loss.

Vision impairment:

The term 'vision impaired' applies to a person with some degree of sight loss. Glasses and contact lenses can be used to correct some forms of vision loss, however some eye conditions are untreatable.

Organisations such as Vision Australia focus on assisting people with vision impairment to be independent and to move around the community with confidence. Most people with vision impairment do have some degree of sight, and may use a white cane or guide dog for assistance.

Causes:

Blindness and low vision can occur as a result of a number of different diseases, conditions or accidents. Some eye conditions are congenital (present at or near birth), others are caused by a disease or infection and others can be caused by accidents or through exposure to UV light (sunlight) or chemicals. Many of the most common eye conditions have no known cause.

Source: Vision Australia:

http://www.visionaustralia.org.au/info.aspx?page=1136

Effective Communication with People who are Blind or Vision Impaired

- Identify yourself- don't assume the person will recognise your voice.
- Speak naturally and clearly. Loss of eyesight does not mean loss of hearing.
- Continue to use body language. This will affect the tone of your voice and give extra information to the person who is vision impaired.
- Use everyday language. Don't avoid words like "see" or "look" or talking about everyday activities such as watching TV or videos.

- Name the person when introducing yourself or when directing conversation to them in a group situation.
- In a group situation, introduce the other people present.
- Never leave a conversation with a person without saying so.
- Avoid situations where there is competing noise.
- Always ask first to check if help is needed.
- Relax and be yourself.

Source: Vision Australia:

http://www.visionaustralia.org.au/info.aspx?page=822

II. Deafness

Hearing in adults declines from age 20. Hearing impairments can range from mild to profound and are caused by events including injury, disease and genetic conditions. Deafness from birth is known as congenital deafness, deafness that occurs after birth is called adventitious deafness. The most common cause of adventitious deafness is noise, which accounts for more than one quarter of all hearing loss. The two main types of deafness are conductive deafness and nerve deafness

Conductive deafness:

This is caused by the failure of the bones of the middle ear to pass sound waves to the inner ear. A common cause is the failure of the eardrum to vibrate in response to sound waves. Fluid in the ear canal can interfere with the movement of the eardrum. In many cases conductive deafness is treatable and normal hearing will return.

Nerve deafness:

This is caused by disease, trauma or some other event targeting the cochlear nerve. Even though the ear may be functioning, electrical impulses either cannot reach or be understood by the brain. Most cases of nerve deafness will not respond to treatment.

Causes of hearing impairment:

- Hereditary disorders
- Genetic disorders: for example Trisomy 13 S, Osteogenesis imperfecta and Multiple Lentigines Syndrome
- Prenatal exposure to disease: for example influenza, rubella and mumps; also exposure to methyl mercury and quinine
- Loud noises
- Trauma: for example perforation of the eardrum, changes in air pressure or a fractured skull
- Disease: for example meningitis, mumps, cytomegalovirus and chicken pox
- Other causes: for example exposure to certain chemicals and Meniere's disease
- Age related hearing loss
- Tinnitus

Source: Better Health Channel:

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Deafness_-_a_range_of_causes?OpenDocument

Sources: Deafness Forum Australia:

http://www.deafnessforum.org.au/

Deaf Community - Communication & Auslan:

Australian Sign Language (Auslan) is the sign language that was developed by people who are deaf in Australia to communicate with others. Sign languages use manual communication and gestures instead of sound to express the speaker's thoughts and meaning. This involves a combination of hand shapes, facial expressions and the orientation and movement of hands, arms or body. Sign languages vary from country to country .

Like other native sign languages, Auslan is equal in complexity and expression to spoken language and can express nuance, force and subtlety, as well as concrete information. It is not just English conveyed through signs or a manual code, but a distinct visual language that has existed as long as there have been Australians who are deaf. **Source:** Better Health Channel:

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Auslan_is_a_sign_language?open

III. Mental illness

a. Bipolar Disorder

Bipolar disorder is a psychiatric illness characterised by extreme mood swings. A person with bipolar disorder may alternate between extreme euphoria and paralysing depression. Bipolar disorder is a type of psychosis, so the person's perception of reality is altered. Episodes of highs (mania or hypomania) and lows (depression) can last from hours to days, weeks or even months. The severity of mood swings will vary between persons and persons with bipolar will experience normal moods in between swings.

Five percent of people with bipolar disorder will only experience 'highs'. Women and men are equally likely to develop the more severe type of bipolar disorder, type 1, which includes longer 'highs' and 'lows' and psychotic episodes. Women with bipolar disorder are likely to experience significant mood disturbances during pregnancy and in their first four weeks post – pregnancy.

Approximately one in 50 Australians has bipolar disorder. Most people affected are diagnosed in their late teens or early 20s.

Symptoms:

Mania: feelings of euphoria or energy, sleeplessness, speaking and thinking quickly, reckless behaviour, delusions of importance, extreme sexual behaviour, aggression and forming grandiose, unrealistic plans.

Depression: withdrawal from people and activities, strong feelings of sadness and hopelessness, lack of appetite and weight loss, anxiety, difficulty concentrating, suicidal thoughts and behaviour.

Causes:

The exact cause of bipolar disorder is unknown. People may have a genetic predisposition to the illness. Stress and the imbalance of neurotransmitters may also be contributing factors.

It is estimated that around one in 50 Australians develops this illness, which affects men and women equally. Most of those affected are in their 20s when first diagnosed.

Treatment:

Bipolar patients are treated with mood stabilisers such as lithium to prevent episodes. Anti – depressants are often prescribed to treat the depression and

sedatives and tranquilisers are prescribed for the mania. Counselling and education assist the person understand and manage the disorder. Community support programs are also helpful.

Key points about Bipolar Disorder:

- Occasionally people can experience a mixture of both highs and lows at the same time, or switch during the day, giving a *mixed* picture.
- Some people may only have one episode of mania once a decade, while others may have daily mood swings. For each individual the pattern is quite distinct.
- People with bipolar disorder can experience normal moods in between their swings but the majority experience some low level symptoms between episodes.
- Women and men develop *bipolar I disorder* at equal rates while the rate of *bipolar II* is somewhat higher in females.
- Bipolar disorder can commence in childhood, but onset is more common in the teens or early 20s. Some people develop their first episode in mid-to-late adulthood. Many people can go for years before it is accurately diagnosed or treated (see How to tell if you have bipolar disorder)
- Women with bipolar disorder have a very high chance of a significant mood disturbance both during pregnancy and in the post-partum period - most commonly in the first four weeks. (Most will have a depressive episode, a significant proportion will have highs, and 10% will have *mixed* highs and lows.)
- With the right treatment, the vast majority of people with bipolar disorder are able to live normal and productive lives.
- Some people with bipolar disorder can become suicidal. It is very important that talk of suicide be taken seriously and for such people to be treated immediately by a mental health professional or other appropriate person.
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Sources: Better Health Channel & The Black Dog Institute:

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Bipolar_disorder?OpenDocument

http://www.blackdoginstitute.org.au/bipolar/explained/index.cfm

See also: Appendix B: SANE Bipolar Fact Sheet

b. Schizophrenia

Schizophrenia is a mental illness which alters the normal functioning of the brain. About one per cent of the population is affected by schizophrenia at some time in their lives. During an episode a person with schizophrenia has a profoundly confused experience of the world and may become disturbed or frightened. An example of this is when a person with schizophrenia hears voices that no one else can hear.

This confused thinking can make daily life difficult for a person with schizophrenia. Schizophrenia has no cure but can be treated to reduce or even eliminate the symptoms altogether.

Schizophrenia is a complex brain disorder, which affects about one in 100 or between 150,000 and 200,000 Australians. The illness is characterised by disruptions to thinking and emotions, and a distorted perception of reality. It usually begins in late adolescence or early adulthood and does not spare any race, culture, class or sex.

About 20 to 30 per cent of people with schizophrenia experience only a few brief episodes. For others, it is a chronic condition. Ten per cent of people with schizophrenia commit suicide. *Symptoms of schizophrenia include:*

- Confused thinking
- Delusions
- Hallucinations
- Social withdrawal
- Lack of motivation
- 'Blunted' emotions
- Inappropriate responses
- Impaired thinking and memory
- Lack of insight and

Not all people affect by schizophrenia will have these symptoms. Some symptoms appear for short periods or 'episodes'.

Causes of schizophrenia

The causes of schizophrenia are unknown. It is likely that schizophrenia is caused by both hereditary and other factors. It seems that some people are born with a tendency to develop this kind of illness. The earlier that a person with schizophrenia receives treatment the better their results are likely to be.

Certain factors such as stress, or the use of drugs such as marijuana, LSD or

speed can trigger an initial episode of the illness in susceptible people.

Treatments can include a combination of:

- Medications to help the brain restore its usual chemical balance
- Community support programs, including psychosocial rehabilitation, accommodation support, outreach, mutual support groups, and assistance with seeking suitable work, training and education

Source: Better Health Channel:

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Schizophrenia_an_overview?OpenDocument

See also: Schizophrenia Fact Sheet
http://www.sane.org/images/stories/information/factsheets/1206_info_fs2schizophrenia.pdf

IV. Intellectual Disability

Facts

- Persons with an intellectual disability are those who have shown significantly below average intelligence (based on an IQ tests) and significant difficulties with the personal skills required for daily life, before they reach the age of 18 years
- The gradations of intellectual disability vary in severity
- Around 40,000 Victorians are affected
- Approximately 75% percent of these people are affected mildly
- The remaining 25% are affected either moderately or profoundly
- Intellectual disability is not a mental health problem
- Persons with an intellectual disability can be independent, though they may learn and develop more slowly than most people
- People with an intellectual disability experience all emotions
- People with an intellectual disability can learn to adapt to new situations
- Negative expressions such as ‘retarded’ or ‘handicapped’ should NOT be used as they isolate people with intellectual disabilities

In many cases the precise cause of an intellectual disability is unknown.

Known causes of intellectual disabilities include:

- Injury to the brain or infection before, during or after birth
- Growth or nutrition difficulties
- Chromosomal abnormalities and hereditary factors
- Extreme prematurity
- Poor diet and health care
- Drug misuse during pregnancy, including excessive alcohol intake and smoking

Preventative measures include:

- Ensuring a good standard of care during pregnancy, labour and soon after birth
- Early detection of ‘high risk’ pregnancies
- Screening tests for newborns
- Rubella vaccination for schoolgirls
- Early detection of sight and hearing problems
- Identifying special educational needs of children
- Regular visits to Maternal and Child Health services

Services available through the Disability Services Program include:

- Both family and individual support
- Assistance for adults with daily living needs
- Support for people living in the community
- Help with finding accommodation
- Legal advice
- Specialist health care
- Help for individual cases

Source: Disability Online:

http://www.disability.vic.gov.au/dsonline/dsarticles.nsf/pages/Intellectual_disability_facts_and_figures?OpenDocument

V. Acquired Brain Injury

Acquired brain injury (ABI) is any type of brain damage that occurs after birth. ABI can include damage caused by infection, disease, lack of oxygen or a blow to the head. Around 160,000 Australians have some form of ABI, with more men (2.2 per cent) affected than women (1.6 per cent). Most people with ABI can expect to improve with treatment and support.

Brain injury can occur either by sudden onset or insidious onset. Sudden onset is caused by trauma, infection, lack of oxygen (for example in near drowning or suicide attempts), stroke or an episode of drug use. Insidious onset is caused by extended drug or alcohol abuse, tumours or degenerative neurological diseases.

Effects:

- The long term effects of ABI are difficult to predict and vary from mild to profound between persons
- Many people with ABI experience increased mental and physical fatigue, and the speed at which they process information and plan can be slowed
- People with ABI may experience behavioural and personality changes as well as changes to physical and sensory abilities and in thinking and learning

Traumatic Brain Injury (TBI)

- TBI is a form of ABI and refers to brain damage caused by an impact to the head
- When the head is heavily hit, the brain slams against the inside of the skull, causing physical injuries such as bruising, swelling, bleeding, twisting or tearing of tissue.
- The degree of injury can range from a momentary loss of consciousness to long – term unconsciousness (coma)

Treatment

- Tests such as x-rays and CT brain scans can help to pinpoint the areas of damage
- Surgery may be required
- Recovery is dependent on the extent and location of the brain damage, the age and general health of the individual, the speed of first aid received and the quality of treatment

Caring for a person with ABI

- ABI has far reaching consequences
- Coming to term with loss of functioning and coping with the rigours of rehabilitation can be difficult
- The person with ABI will be greatly distressed
- Family, friends and partners will have difficulties as they deal with the burdens, emotional and financial of caring for their loved one with ABI and the role changes that ABI entails
- ABI affects relationships, it may force the person with ABI and their loved ones to adapt to a new way of life and to new kinds of relationships
- Caring for a person with ABI may bring a family closer together or tear a family apart

Family members should:

- Have information about the effects of ABI
- Understand that recovery is a length process and that they will encounter difficulties

The Better Health Channel advises that: '*Survival for carers requires staying with the present, rather than brooding about how catastrophic the future may be; highlighting the strengths and daily achievements, rather than the weaknesses; making time to care for themselves; and being wise enough to ask for help when it is needed'*

Source: Better Health Channel:

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Acquired_brain_injury?open

VI. Language Disorders

a. Expressive Language Disorders

Children with expressive language disorder will have difficulty expressing themselves, in writing or verbally. The child will generally have difficulty with spoken language and may have a smaller vocabulary than other children the same age. They also may be below the average level of children of the same age in:

- Formulating sentences
- Putting words together in order to formulate thoughts
- Recalling of specific words
- Using language appropriately in different settings with different people (for example, home versus school and parents versus teachers)

All children develop at different rates. Some children may progress slower in learning language in their early development, but some children may continue to have difficult with language and expression. Examples of this would be a seven year old who is unable to answer simple questions and a three year old who speaks only in two word phrases.

Forms:

Expressive language disorder has two forms, delayed or disordered language. These can overlap and assessing whether the expressive disorder is delayed or disordered can be difficult.

Delayed expressive language disorder is when the pattern of language development is normal, but occurs more slowly than it usually would.

Disordered language disorder is when the sequence and pattern of grammatical errors displayed is different to that of most children and when development occurs more slowly than normal.

Symptoms are variable and can include:

- Frequent trouble in finding the correct word
- Using the wrong words in sentences or confusing the meaning of words
- Grammatical errors
- Poor sentence structure
- Talking in circles and difficulty reaching an end point
- Problems in storytelling and imparting information
- Inability to maintain or initiate a conversation
- Dysnomia – misnaming words

- Difficulty with oral and written work at school

Causes:

The cause of expressive language disorder is not always known. It can however be associated with known developmental difficulties or impairments, including children with Downs syndrome, autism and hearing loss.

Expressive language disorder can also be acquired as the result of a trauma or a medical condition. Research indicates that expressive language disorder can be a genetic disorder.

Children with difficulties speaking should have their language skills assessed by a speech pathologist without delay. Speech pathologists can ascertain which areas of language the child is having difficulties with.

Treatment:

Treatment will depend on the severity of the disorder and may include therapy sessions with a speech pathologist, school based programs, assistance from special education teachers and in some cases the provision of a teacher's aide

An expressive language disorder can be mitigated by therapy and support but will carry on through adult life

Source: Better Health Channel:

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Expressive_language_disorder?OpenDocument

b. Receptive Language Disorders

A child with receptive language disorder has difficulties with understanding what is said to them. The symptoms vary but, generally, language problems begin before the child is four years old.

Children need to understand language before they can use it effectively. Most children with a receptive language problem have an expressive language disorder (they have trouble using spoken language).

Between three and five percent of children are estimated to have a receptive and / or expressive language disorder. Receptive language disorder is also known as central auditory processing disorder and comprehension deficit. Treatment includes speech – language therapy.

Symptoms are highly varied and include:

- Inattentiveness
- Lack of interest in being read to
- Inability to understand complicated sentences and follow verbal instructions
- Repetition or 'parroting' of words and phrases
- Language skills below expected levels for children of their age

The cause of receptive language disorder is often unknown

It may consist of the child's:

- Genetic susceptibility
- Exposure to language
- General developmental environment
- Cognitive abilities (thought and understanding)

It has been associated with autism and may be caused by brain injury such as trauma, cancer or disease.

The child may have problems with one or more of the following skills needed to understand spoken language:

- Hearing loss
- Vision loss
- Lack of attention span
- Distinguishing between different speech sounds
- Difficulties with memorising a number of words
- Difficulties with word and grammar knowledge
- Problems with word processing

A child will be diagnosed by an assessment pinpointing their areas of difficulty. This may include:

- Hearing tests
- Comprehension tests by a speech pathologist
- Observation of the child in a variety of different settings while they interact with people
- Assessment by a neuropsychologist to help identify any associated cognitive problems.
- Vision tests

The child's progress will depend on a range of factors, such as whether or not brain injury is present.

Treatment options can include:

- Speech-language therapy
- One-on-one therapy and group therapy, depending on the needs of the child
- Special education classes at school
- Integration support at preschool or school in cases of severe difficulty
- Referral to a mental health service for treatment (if there are also significant behavioural problems)

A child with receptive language disorder may also have an expressive language disorder. See above for symptoms.

A receptive language disorder can be mitigated by therapy and support but will carry on through adult life.

Source: Better Health Channel:

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Receptive_language_disorder?open

VII. Cerebral Palsy

Cerebral: refers to the brain
Palsy: refers to weakness, paralysis of a lack of muscle control

Damage to or dysfunction of the developing brain can result in cerebral palsy. The impairments of cerebral palsy do not worsen but are permanent. The disabilities are of varying degrees and involve issues with mobility, daily living skills and social / communications impairments.

Causes:

Cerebral palsy is the result of the distortion of the messages from the brain which control the 'tone' of muscles used to stand or to move. Cerebral palsy can cause either increased muscle tension (hypertonus) or reduced muscle tension (hypotonus). This can fluctuate. Messages from the brain can become confused, or sent out of time, to the wrong muscle or not sent at all.

Categories:

Cerebral palsy can be categorised according to the parts of the body it affects: Cerebral palsy can affect all four limbs and may affect the muscles of the face (quadriplegia). It may affect all four limbs, but mostly the legs (diplegia), both legs but neither arm (paraplegia) or only one side of the body (hemiplegia).

Skills:

People with cerebral palsy can learn skills to gain more control over their movements. The degree of impairment can vary from minor motor skill problems to a minimal degree of muscle control. Each individual with cerebral palsy is affected differently. It is possible for persons with cerebral palsy to maximise their physical function and to improve quality of life.

Types:

Different types of cerebral palsy develop according to the area and extent of the damage to the brain.

Spastic Cerebral Palsy: this is the most common type of cerebral palsy and refers to a stiffness or tightness of the muscles of the individual.

Athetoid Cerebral Palsy: this refers to uncontrolled / erratic movements of the adult or child with cerebral palsy.

Ataxic Cerebral Palsy: This is the least common type of cerebral palsy and refers to a lack of balance and or coordination. It often presents as 'tremors' with difficulty in the use of the arms and in timing movements.

Cerebral Palsy can also present as a **'mixed type'** where several types of motor pattern are present without any one pattern predominating.

Causes:

Movement disorders associated with cerebral palsy are usually the result of injuries to the developing brain, either before or during birth or in early childhood. The injury usually results from diminished blood flow to the brain. Common causes include maternal infections during pregnancy, brain damage during birth and early childhood illnesses such as meningitis. Children of multiple births and very premature babies may be at an increased risk.

Symptoms in early childhood include:

- Difficulties feeding
- Delayed development
- Poor muscle control
- Muscle spasms
- Lack of coordination

Though the brain damage will not worsen, the effect of cerebral palsy on the body will become more obvious with age, and will manifest physically. This can be minimised by early detection and management.

Associated Medical Conditions:

- Eyesight problems: commonly a squint
- Hearing difficulties
- Speech difficulties: this will depend on the individual's ability to control the muscles in the tongue, palate, vocal cords etc
- There may also be difficulties with chewing and swallowing
- Spatial perception
- Epilepsy may develop in one of three children with cerebral palsy
- Intellectual / learning disability

Source: Scope Victoria:

http://www.scopevic.org.au/index.php/site/home

VIII. Spina Bifida

Spina bifida is the incomplete formation of the spine and spinal cord which occurs during the first month of a baby's development in the womb. It is a common form of neural tube defect (NTD).

Most people with spina bifida experience:

- Bowel / bladder incontinence
- Paralysis / weakness in the legs
- Hydrocephalus (accumulation of fluid on the brain)

Learning difficulties. ***Causes:***

The specific causes of spina bifida are unknown, however the majority of cases are though to occur due to a complex range of genetic and environmental factors.

Prevention:

Spina bifida can be prevented where an expectant mother takes folate during the first trimester of pregnancy. Couples with a history of spina bifida need a much higher intake.

With support, medical and surgical care people with spina bifida are able to live full, active and independent lives.

Source: Spina Bifida Foundation Victoria:

http://www.sbfv.org.au/spina-bifida-the-facts/

Also see: Spina Bifida Foundation Victoria Fact Sheet 1

IX. Autism Spectrum Disorder

Autism consists of three main impairments; in socialisation, communication and imagination. Individuals may experience one or more of these impairments to varying degrees. Autism occurs along a spectrum of differing severity. Some individuals will have high functioning autism. People with autism may demonstrate obsessive tendencies.

Children with autism may show difficulties with respect to:

- Receptive Language:
  - Non-responsive to verbal cues and may appear to be deaf, even with no hearing difficulties
  - Difficulty with understanding strings of words used in different contexts
- Expressive Language
  - May be mute
  - May 'babble' or talk without a communicative purpose
  - Repetition
- Speech
  - Minimal / no speech
  - Use of non – speech sounds
- Pragmatics
  - May make little or no eye contact
  - May not be able to share thoughts with others
  - Difficulty with strategies to initiate, begin or end conversations

- Social skills
  - Resistance to change / dependence on ritualistic behaviours
  - Preference for being alone
  - May throw tantrums
  - Difficulty mixing with others
  - Limited imaginative play
  - No fear of danger
  - Tantrums

Causes:

The exact causes of autism spectrum disorder are not known and there are several theories as to what causes autism. Autism may be caused by a combination of genetic and other factors.

Interventions :

- Applied Behavioural Analysis

- Functional Communication Training
- Medication
- Strategies
- Music Interaction Therapy

High Functioning Autism

There is little difference between high functioning autism and Asperger's' Syndrome. About 30% of the people with autism will have normal to above average levels of intelligence. These individuals will have lifelong social difficulties, without the same severity of impairment of communications skills.

Sources: AutismHelp.com

http://www.autismhelp.info/main.htm

X. Asperger's' Syndrome

Asperger's Syndrome is another term for high functioning Autism Spectrum Disorder. A child with Asperger's' Syndrome will experience the same social impairments and restricted interests as a child with autism. However, unlike moderate – severe autism, children with Asperger's' will often have pragmatic language deficits rather than expressive/receptive language impairments, although they can have both .. They may have superior cognitive abilities. Children with Asperger's' Syndrome are often diagnosed later than children with autism (between the ages of 5-9, as opposed to 2-7).

Sources: Autism Spectrum Australia and Better Health Channel

http://www.autismspectrum.org.au/a2i1i1l237l113/what-is-autism.htm

XI. Contacts

Disability Services Division, Department of Human Services (DHS)
Level 8, 50 Lonsdale Street, Melbourne, Victoria, Australia, 3000

Vision Impairment:

Vision 2020 Australia: www.vision2020australia.org.au
- Phone: (03) 9656 2020

Vision Australia: www.visionaustralia.org.au
- Phone: 1300 84 74 66

Blind Citizens Australia
- Phone: (03) 9654 1400 http://www.bca.org.au/

Hearing Impairment/Deafness:

Victorian Deaf Society http://www.vicdeaf.com.au
Phone: (03) 9473-1111 Voice (03) 9473-1199 TTY Victorian Council of Deaf People: http://www.vcod.com.au/
- Phone: 133677 and then quote 03 9521 2466

Deafness Forum of Australia: http://www.deafnessforum.org.au
- Phone: (02) 6262 7808

Deaf Children Australia
- Phone: 1800 645 916 http://www.deafchildrenaustralia.org.au

Mental illness

Mental Illness Fellowship Victoria
- Phone: (03) 8486 4200
- enquiries@mifellowship.org

Bi-Polar Disorder:

Black Dog Institute: http://www.blackdoginstitute.org.au
- Phone: (02) 9382 4530

Beyond Blue: http://www.beyondblue.org.au/index.aspx?link_id=91
- Phone: 1300 224 636

Schizophrenia

SANE: http://www.sane.org/

- Online Helpline: 1800 18 SANE (7263)

Intellectual Disability

Disability Online: Disability.online@gmail.com

VALID (Victorian Advocacy League for Individuals with Disability)

- Phone (03) 9416-4003 http://www.valid.org.au/

Acquired Brain Injury

Headway Victoria: http://www.headwayvictoria.org.au/

- Phone: (03) 9482 2955

Brain Injury Australia: http://www.bia.net.au/

- Phone: (02) 9808 9390

Language disorders

Speech Pathology Australia

- Phone: 1300 368 835 http://www.speechpathologyaustralia.org.au

Cerebral Palsy

Yooralla

- Phone: (03) 9666 4500 http://www.yooralla.com.au

Scope Victoria:

- Phone: (03) 9843 3000

Spina Bifida

Spina Bifida Foundation Victoria: http://www.sbfv.org.au/

- Phone: (03) 9663 0075

Autism

Autism Association Inc.: http://www.autismvictoria.org.au

- Phone: (03)9657 1600

Autism Help Website
http://www.autismhelp.info/main.htm

- Phone: (03) 5221 2984

Asperger's Syndrome

Autism Association Inc.: http://www.autismvictoria.org.au
- Phone: (03) 9657 1600

Autism Help Website
http://www.autismhelp.info/main.htm

Emergency Contacts:

- Life Line: 131 114
- Women's Domestic Violence Crisis Service: 1800 015 188
- Direct Line (24 Hours Counselling Service): (03) 9096 9000 / 1800 888 236
- Carer's Information Line: 1800 242 636
- Kids Helpline: 1800 551 800
- Suicide Helpline: 1300 651 251