

# ANNEX VII 1: AUSTRIAN REPORT

## Professor Germain Weber

### **(1) What definitions of Intellectual Disability are typically used in your Member State? Is there an ‘official’ definition?**

In Austria we find different definitions of the term “intellectual disability” depending on the respective field e.g. research, law or the leading service providers. Also, the affected persons have their own precise views about how they and their needs should be described.

In research we talk about “intellectual disability” (intellektuelle Behinderung), whereas Austrian Law uses the term “mental disability” (geistige Behinderung). Disability is defined as follows: “Persons are disabled when they are essentially impaired in their ability to gain or to adhere adequate education and schooling (as well as vocational training) or occupation (reasonable employment) due to decrease or affliction (physical or mental, congenital or acquired, including sensuous disabilities). Basically Austrian law differentiates four types of disabilities: physical, sensorial as well as psychiatric disabilities and mental retardation (intellectual disability).

Only two of nine provinces (Upper and Lower Austria) use a different terminology: “People with special needs are persons who – due to a substantial physical, sensuous, mental or psychic impairment- are not capable on their own to achieve a self-dependent life”.

Both in federal law and in province-based law we can find terms like “physical and mental ability”, “physical, mental and psychic condition” and “physical, mental and psychic development status” but also expressions like “persons who do not have the practice of reason” and “physical and mental healthy persons” in relation to people with intellectual disability.

In “The Report of the Austrian Federal Government about the Situation of People with Disability in Austria” (2003) we find the following two definitions:

“Individuals with disability are persons of any age who are physically, mentally or psychic persistent and substantially impaired in an essential social field of relationship. People who are in danger of this impairment within foreseeable time are to be equated. Essential social fields of relationship are in particular education, schooling, occupation, gainful employment, communication, housing and recreation. (p 9)”.

“Individuals with disability are persons who are, without help, not able to cultivate social relationships achieve and perform a meaningful occupation obtain adequate and fair income. (p 9)”.

Quite a large number of federal and regional laws include legal norms affecting people with disability and, according to their aims, they use different definitions of disabilities.

Until the year 2005 the change of the term mental retardation into intellectual disabilities didn't diffuse from academic use into the practical world too strongly. But recently also the service providers discuss and aim to substitute the term "mental retardation" due to its deficit-orientation and stigmatisation. Whereas "mental" is too ambiguous, including too many components of mind which definitely are not impaired within people with intellectual disability, the latter term tells in a more concrete way which of the person's functions are disabled, namely intellectual ones.

In September 2005 a workshop of the organisation "Lebenshilfe" took place at the University of Innsbruck. People with intellectual disability and persons working with and for them were asked about their opinions and wishes for a new term. Recapitulating, a new term should be easy to understand, respectful, not easily being mistreated for swearing and it should take the affected people seriously – it turned out that their favourite term was "people with learning disabilities".

Seeing that, the "Lebenshilfe" – among others – decided to use the term "people with disabilities" from now on. The term "people with learning disabilities" was rejected on the grounds that it would be confusing – there are people with learning disabilities who are not intellectually disabled (Statuten der Lebenshilfe Österreich 2006, p12).

## **(2) What is the historical context in which services have developed in your Member State?**

Emil Kraepelin (1856-1926), a German psychiatrist, developed a new diagnostic system in which he was grouping three classes of "Oligophrenia" based on a so called developmental age: idiocy (1-6 years), imbecility (up to 14 years) and debility (14-18 years). Kraepelin's basic concepts dominate psychiatric research and academic psychiatry until today. His fundamental theories on the aetiology and diagnosis of psychiatric disorders form the basis of all major diagnostic systems in use today, especially the American Psychiatric Association's DSM-IV and the World Health Organization's ICD system<sup>1</sup>. With Kraepelin's new description of the phenomenon "Intellectual disability" in mind, we now split up the historical report in three main areas: education, service provision and the shaming chapter of the Nazi-regime.

### **Education**

Gotthard Guggenmoos founded the world's first school for children with disabilities in Salzburg in 1820, the so called "school for mutes and cretins" based on the historically new idea that persons with intellectual disability possess educational capacity. The school had to be closed 15 years later for financial reasons<sup>2</sup>.

In 1861, J.G. Georgens and H. Deinhardt described for the first time the term "Heilpädagogik", which can be translated as "Orthopedagogy", a broad pedagogic model including psychological, social medical and educational considerations<sup>3</sup>. They founded the institution "Heil- und Pflgeanstalt Levana" in Baden near Vienna – one reason why Vienna is the so called cradle of orthopedagogy. Furthermore Georgens reflected coeducation for children with and without disabilities. 1905 the first utility classes for children with "weak disposition" were opened. 1918 the school reform by

<sup>1</sup> [http://en.wikipedia.org/wiki/Emil\\_Kraepelin](http://en.wikipedia.org/wiki/Emil_Kraepelin)

<sup>2</sup> <http://www.aeiou.at/aeiou.encyclop.g/g920308.htm>

<sup>3</sup> <http://www.sonderpaedagoge.de/geschichte/deutschland/sp/sp2.htm>

Otto Glöckel constituted that all children without exception had to obtain optimum education. In the 1920s Alfred Adler established the first educational counselling in Vienna<sup>4</sup>. After World War II and the rebuilding of Austrian's school-system in 1950 first classes for children with "imbecility" developed. 1955 two special schools for children with intellectual disability were opened. 1962 a school reform brought the legal anchorage for special schools. Since 1993 there are integrative classes for children in elementary school and since 1997 also for secondary<sup>5</sup>.

### Service provision

An interesting development was undertaken in Salzburg in the 18/19century, when two physicians, two brothers called Wenzel, were wandering through the country collecting information about so called "cretins" and coming to a definition which can be seen as issuance for today's definition of intellectual disability, already recognizing the difference between perception disorder and intellectual disability<sup>6</sup>.

Since the end of the 18<sup>th</sup> century special asylums for persons with mental illnesses were founded by confessional institutions and charitable foundations. Those asylums became the central institutions in the care for people with intellectual disabilities for the next 200 years. Well-known places like the 1784 opened "Narrenturm" ("Tower of Lunatics") or the 1907 opened hospital for mentally ill persons "Am Steinhof" (today: Otto Wagner Spital, Psychiatric Hospital of Vienna) bear witness to a long period of inhuman and inadequate hospitalization of people with intellectual disability. Most of them spent their whole life in locked institutions.

Due to the first psychiatry reform in the 1970s the therapeutic paradigms changed and the psychiatry partly opened its doors. Not until the early 1990s the paradigms of normalization and deinstitutionalisation brought smaller community centred residences. On the other hand the psychiatry reform developed new laws (situation of Austrian law q.v. later):

- "Sachwaltergesetz" (1984), which replaced the model of incapacitation with the model of solicitors,
- the law for "Personal Freedom" (1991)
- "Unterbringungsgesetz" (1991), governing placement in psychiatry
- "Heimaufenthaltsgesetz" (2005) controls limitation of freedom in residences (apart from psychiatry) for people with intellectual disability.

Apart from the inhuman situation in those huge institutions, we find an additional problematic situation after World War II. For decades the term "disabled" meant invalid by war and thus the provision for disabled people meant provision for war invalids relating to several laws like pension pay or employment. In the 1960s social legislation was also allowed for persons with (intellectual) disabilities.

In the 1970s the first small self-help groups were established in order to achieve integration and equal treatment. Surely one of the most important organisations came into being 1967: The "Lebenshilfe Österreich" with its regional associations. "Lebenshilfe" is a representation of interests of people with (intellectual) disabilities

<sup>4</sup> <http://www.sonderpaedagoge.de/geschichte/deutschland/erzber/index.htm>

<sup>5</sup> <http://homepage.uibk.ac.at/~csac4763/StudiumFrauenwelten.html>

<sup>6</sup> <http://bidok.uibk.ac.at/library/schoenwiese-rehabilitation.html>

with political and sociopolitical activities and a broad service provision like counselling, housing, workshops, recreation and continuing education. The origin of Lebenshilfe was a representation of parents who - after the tremendous inhumanity of Third Reich on the one hand and after the “Contergan Scandal” in the 1950s - had lost all faith in state-run providers and started to build up their own representation of interests for their children and their own services. The activities became more and more internationally oriented, Lebenshilfe is also a member of the "International League of Societies for the Mentally Handicapped" (today “Inclusion International”). Other organisations like “Caritas” (1921), “Jugend am Werk” (1953) or “Diakonie Österreich” were established, which offer services like further education, self advocacy, early intervention, family counselling, sheltered housing, clearing and work assistance (both 1990s), sheltered workshops (1966), which enable vocational integration for people with disabilities.

### **Third Reich**

In 1935 the horrible killing machinery of the Nazi regime started with the “„Law for the protection of genetic health of German nation<sup>7</sup>”. 1939 the case Knauer<sup>8</sup>, where parents of a severely disabled son asked for “mercy killing” for their son, paved the way for euthanasia of children. The “Law for protection of hereditary disease<sup>9</sup>” was also in effect in the former “Ostmark” (today’s Austria). From 1940-1945 an estimated 200.000 people were killed in the context of “Aktion T-4”. T-4 Euthanasia Program (Tiergartenstraße 4 or Aktion Tiergartenstrasse 4) was the official name of the eugenics program which forcefully conducted mass sterilizations and so-called euthanasia on persons who were institutionalized or suffering from birth defects<sup>10</sup>. 1939 the Nazis forced the registration of all births of children with physical or psychic disabilities until their third birthday. 8.000 children were sent to psychiatric institutions, where they were killed by lethal drugs or starvation.

There existed six centres of euthanasia, some of them inside psychiatric hospitals like Hartheim/Linz in Upper Austria (January 1940 - December 1944), Gugging and Mauer-Öhling in Lower Austria or "Am Spiegelgrund" in Vienna.

#### **(4) What is the estimated prevalence figure for intellectual disability in your Member State?**

Precise data about the number of people with intellectual disability in Austria do not exist due to the lack of a consistent definition of this phenomenon on one hand and due to the non-existence of a centrally managed register within the national health system on the other hand.

The study “Life situation of People with Disabilities in Austria” (Badelt & Österle, 1993) estimates the number of people with intellectual disability in Austria at about 0,6% of the general population, this would be 48.000 persons with intellectual disability.

<sup>7</sup> <http://www.rechtsgeschichte.jku.at>

<sup>8</sup> <http://www.kent.ac.uk/history/staff/material/schmidt/knauer.doc>

<sup>9</sup> <http://www.verfassungen.de/de/de33-45/euthanasie33.htm>

<sup>10</sup> [http://en.wikipedia.org/wiki/T-4\\_Euthanasia\\_Program](http://en.wikipedia.org/wiki/T-4_Euthanasia_Program)

“Lebenshilfe Austria” who has long lasting experiences in practical work in this field and who is servicing 25% of the affected persons estimates that 47.000 people have intellectual disability in Austria (Brandstätter, 2006).

Other organisations speak about 45.000 people with intellectual disability in Austria. Recapitulating we find estimations from 0,4 to 0,6 % of general population, that is to say about 40.000 to 48.000 persons in Austria who have intellectual disability.

**(5) What databases/sources are available in your Member State that might provide information on prevalence?**

Austria has no reliable statistics about the prevalence of people with developmental disabilities, but there are several possibilities to estimate the prevalence:

First, there are statistics of disabilities by the Austrian Government. This data includes all four types of disabilities (physical, sensory, mental and intellectual disabilities) considered by Austrian law and does not differentiate between them. According to these statistics 91.086 persons with a disability were living in Austria in the year 2005.

Second, we can look at the financial benefits, which are adjudicated to families or care persons of disabled individuals or to persons with disability:

- 62.000 families achieved elevated family assistance payments in the year 2001
- 52.444 children achieved orphan’s pension in 2005
- 376.967 people got nursing allowance in 2004
- 81.826 people with disabilities were registered within the “Law of Employment of People with Disabilities” and 29.767 were registered as unemployed persons with disabilities in 2001.

Weber (2004) surveyed the demographic distribution of Austrians with intellectual disabilities over the age of 40. According to this study 2866 (64%) persons lived in facilities, 1036 (36%) lived on their own or with their families.

At last statistics from hospitals and rehabilitation centres enable estimations of prevalence. For example, the psychiatric ward for people with intellectual disabilities from the Viennese Hospital “Rosenhügel” with 20 beds showed an utilization of 72,6% in the year 2005. 169 patients were accommodated.

**SERVICE PROVISION**

**(6) What is the criterion for eligibility for intellectual disability services?**

In Austria there is no national legal criterion for eligibility for intellectual disability services (except the special service of integrative companies), nor a general criteria in the provinces. As a rule a medical certificate with the diagnosis “intellectual disability” is requested – but it’s a question whether ICD or DSM build the base for this diagnosis.

Due to this lack of Austrian criterion we started a poll throughout Austria asking leading service providers (Lebenshilfe, Institut Hartheim, Diakonie Austria, Caritas, Österreichische Arbeitsgemeinschaft für Rehabilitation – Austrian Working Group for

Rehabilitation) for their criteria. Here are the compendious results from those service providers who answered our poll:

As a basic principle the diagnosis “intellectual disability” must be on hand. Admission to a workshop is given after compulsory school attendance (after completion of the 15<sup>th</sup> year of age), but usually not before 18. The registration should be made years in advance because there is little capacity. Needs for intensive care may be reason for exclusion. Also for housing usually the 18<sup>th</sup> year of age should be achieved, a registration in advance is recommended even though social urgency (e.g. death of parents) will be factored. Limitation of age does not exist. Currently, waiting lists for residential housing for younger persons (20 – 30 years) can be up to 10 years (Lower Austria).

In the province Vorarlberg good reasons must be given for an admission to a facility, except for people whose parents are older than 60 or who need substantial effort for care. Costs recovery must be assured, in the different provinces exist different laws for the legal claim for absorption of costs.

Also Austrian citizenship and first residence in the respective province (or the proof that there is no vacant place in the own province), a personal talk with the head of the service provider, a probationary week/month, compatibility in the group, an informed consent of the individual and of the solicitor, voluntariness of the individual and the availability of daily activity were named in the poll (Vienna).

#### Criteria for integrative companies

Integrative companies are enterprises for vocational integration of people with disabilities who cannot take part in the general labour market, but show a minimum economical efficiency. These companies cover employment, vocational preparation and services.

*Integrative companies affiliate persons with disabilities who can not or not yet take part in the general labour market, who are capable of rehabilitation, who are likely to render 50% of productivity of a standard employee, who show compatibility of companionship and are largely independent from care.*

A counselling interview with representatives of the company, the province, the local social services department, the social insurance, the services for unemployed persons, the representation of interests and a specialist for rehabilitation, has to take place in the run-up.

No legal title for the affiliation exists. The number of supported employments is limited by the Minister of social welfare (1.448 employments by July 1<sup>st</sup>, 2004).

#### **(7) What type of service provision is currently offered to adults with intellectual disability?**

In Austria there are a number of traditional services providers (already mentioned above) like *Lebenshilfe*, *Caritas*, *Diakonie Österreich* or *Jugend am Werk* who are offering both housing and work/occupation, but also counselling (e.g. social work, self advocacy), adult education, leisure activities (e.g. sports) for people with intellectual disabilities.

A wide range of services exist in the area of work:  
 occupational therapy  
 sheltered workshops (q.v. chapter 2)  
 clearing (q.v. chapter 2)  
 supported employment (Arbeitsassistenz), (q.v. chapter 2)  
 training on the job  
 job assistance  
 integrative companies (q.v. chapter 6)

In the area of housing we find four main models:

A combination of several houses are built one besides the other in a village-like style (e.g. Sollenau).  
 Existing buildings of former institutional settings, adapted into smaller units but still inside a huge and shut away compound (e.g. Lanzendorf).  
 Small houses, community based, containing a few (2-3) grouphomes.  
 Community based living in small groups, e.g. one flat in a general apartment house.  
 These housing concepts differentiate from full time assisted living (24 hours a day) to part time assisted living (e.g. only in the morning and evening).

Two interesting service providers in Austria are “*atempo*” and “*alphanova*”.  
*atempo* (means: at the right pace) works with people with learning difficulties and special needs. There are 4 separate groups at *atempo*, which are called Capito, Daqui, Nueva and Sud. Each group offers different products and services: information free of hindrance, evaluation of residential opportunities, Data service for customers databases, and training for representation of interests.

*alpha nova* is a social services provider. It is a non-profit company, working mainly for public institutions. The goal is to improve the quality of human life through personal assistance and support. The services are geared to people who need support due to a handicap or a special life situation, offering guidance, assistance, counselling, and support as well as opportunities for continuing education. These services are intended for individuals who need a high level of support and include living and housing/assisted living (full time assisted living, part time assisted housing, integrative flat-sharing-community - in German: *Vollzeitbetreuung, Wohnassistenz, Integrative Wohngemeinschaft*), education and training, counselling, a cleaning shop, on-the-job-training, partial qualification apprenticeship (in German: *Tagesförderstätten, Trainingsbetriebe, Integrierte Arbeitsgruppen, betriebliches Mentoring, betriebliches Arbeitstraining, integrative Berufsausbildung*) and assisted leisure.

**(10) Is there a body of research in your Member State on the health of adults with intellectual disability?**

In the field of health of adults with intellectual disability we find surveys of the Medical University of Vienna by Andreas Rett related to the Rett-syndrome. Most of the health-related surveys of the Faculty of Psychology of the University of Vienna regarding people with intellectual disabilities were directed by Christian Klicpera on children and youth and by Germain Weber on adults. E.g. three surveys are engaged in adult persons who were diagnosed by Hans Asperger himself in their childhood with Asperger-syndrome.

In the year 1997 psychopathological symptoms were researched within a group of 154 adults with intellectual disabilities (from mild to profound). The results demonstrate that nearly one third of the people investigated showed striking psychopathological symptoms worthwhile to be assessed more closely (see table 2) and to be assisted or treated professionally (Weber, 1997).

Table 2: Prevalence figures mental health disorders and behavior disorders (N=154)

Problem area	%	(n)
Mental health problems	11,0	(17)
Behavior problems	12,3	(19)
Mental health and behavior problems	5,6	(8)
Total	28,9	(44)

The figures from this investigation do not claim to be representative, as they were drawn from a selected population, namely people attending vocational day centers of large Viennese service provider for people with intellectual disability. Taking into account that the service provider is known not to generally admit people with known or suspected problem behavior or mental health problems, the reported figure shows the large amount of mental health needs in the "general" population of people with intellectual disability.

By order of the Austrian Ministry of Social Welfare several research projects were realized regarding disability politics like vocational integration or social welfare. It is interesting that the Austrian Ministry of Health and Women did not undertake any surveys regarding people with disabilities until now.

Sometimes service providers order surveys regarding a specific topic. For instance, in the year 2000 Jugend am Werk commissioned a survey named "The Needs of Seniors with Intellectual Disability" (Dressel & Scheucher, 2000). The data was based on semi structured interviews, collected with 40 persons with intellectual disabilities over 52a, their key care persons; further ten care persons, five family members, two solicitors and two stakeholders. The central question "what are the special needs of our seniors" should adjust the provider's offerings to these needs, evaluate the current offer and serve as a basis for new programs.

The survey asked for the description of the current life circumstances, the needs regarding housing, work/occupation, leisure and the topic of "loss".

The survey confirmed that people with intellectual disabilities are capable to report sophisticated about their requests. The situation of the asked seniors is characterized mainly by these three factors:

- Social disadvantage due to exclusion and handicap by environment
- Physical and mental degradation, decrease of regeneration
- Increasing probability of losing a close person

These central requirements are reported:

Need to quit going to the workshop  
 Need for meaningful activities  
 Need for continuance in the facility  
 Need for activity versus repose  
 Need for social contacts versus intimacy  
 Need for support with mourning

**(11) Is there any data on life expectancy among this population in your Member State?**

No, only data for the general population is available.  
 In the year 2001 life expectancy in Austria has been 75, 5a for males, and 81, 2a for females. We find a significant tendency of higher life expectancy in the West (Salzburg, Tyrol, Vorarlberg) than in the East (Burgenland, Vienna, Lower Austria) for both genders but the regional as well as the gender-related differences tend to approximate with time.

Nevertheless, service providers report a clear increase of people with intellectual disabilities over 60a. Until the year 2030 a rise of 100% of persons with intellectual disabilities over 60a is to be anticipated.

**(12) Can you provide comparative information on the following for both people with intellectual disability and the general population – prevalence of epilepsy, forms of health promotion such as screening for blood pressure, blood cholesterol, breast screening, cervical screening, testicular cancer screening?**

No comparative information exists regarding the questions above. For the general population there are some informations available, but there is no separate data for people with intellectual disabilities.

Are there other forms of health promotion screening available to people with intellectual disability (such as medication use, oral hygiene, contraception etc.) and how is this information available – in written form, pictures, television adverts etc.?

In Austria, there is no information about health promotion screening for people with intellectual disabilities.

**(13) Is there any disability specific training for health professionals – such as modules on undergraduate programmes etc? GP, Dental, Psychiatry –**

The majority of professional groups providing mental health care receive little formal training in the assessment and care of individuals with ID and psychiatric and behaviour disorders.

**Psychiatrists**

Training for psychiatrists in Austria takes a minimum of six years, four years in psychiatry and two years in compulsory minor subjects (here defined as 12 months training in the special field of internal medicine and another 12 months training in neurology). The training is run as a supervised “on-the-job-training” with additional accompanying theoretical instructions. The curriculum for postgraduate training in psychiatry does not refer to ID and with the exception of childhood and youth, training in psychiatry is not formally structured according to specific target groups. Additional training in neuropsychiatry of childhood and youth, which takes an

additional 3 years, can be taken. This includes knowledge of early intervention and care for disabled children or children at risk of disability and basic understanding of special education methods.

#### Psychologists

In Austria, postgraduate training in clinical and health psychology, regulated by law since 1991 (Psychologengesetz, 1990), comprises theoretical and practical components. The theoretical training consists of a minimum of 160 hours of instruction and covers different areas of clinical and health psychology. The practical training has a minimum duration of 1480 hours and achieving professional competence is linked to psychological actions delivered in a supervised format in health and social care institutional settings.

As in the case of postgraduate training in psychiatry, the curriculum for psychologists does not formally refer to ID, training programmes lack a track record of specialising in ID and few are involved in intellectual disability research activities at an academic level. Only one of the four providers of the theoretical training (which is university based), offers a module about this topic.

#### Special Education

In 2004, a chair for special education was set up at the University of Vienna, Faculty of Philosophy and Education, with research being centred on issues of integration in the educational system including children with ID.

#### Primary health physicians

In general, the knowledge and competences of general physicians in Austria in the area of ID is poor and in extreme cases quasi non-existent. Neither ID nor disability in general is formally addressed in the curriculum and its guidelines for training for primary care physicians. However, within paediatrics the physician acquires skills in assessing the development and maturity of children and within psychiatry the physician focuses on groups with special risks for mental health issues such as those with ID. Primary care physicians also receive training in primary and secondary prevention and rehabilitation, with rehabilitation being related in Austria closely to the topic of disability. The 1994 training decree, amended in 1998 (BGBl 1998/169), refers to psychosocial competences and knowledge structures such as counselling, social integration measures and to structural institutional knowledge.

#### Staff Training

An overview on the different training programs and curricula for front line staff in the disability field reveals the relatively poor developed training programs for the field of mental retardation and especially for staff working in services for adult and older people with mental retardation (Fritsch & Weber, 1995). On the basis of the first author's experience with lifelong training programs for front line staff since many years, and from his serving as a president to the Lebenshilfe Austria since a couple of years, the knowledge as well as the competence of front line staff to handle mental health issues in people with mental retardation has to be rated very low. Indeed, the knowledge only seldom exceeds trivial mental representations on psychological processes. In Austria 54% of front line staff in residential accommodations have some sort of educational training, and about 20 % have training associated to the care and medical field- 12 % show different training background and about 10% are untrained (Dieter, Neubauer &

Theunissen, 1999). This data supports the thesis of a predominant presence of the educational model in services for adult people with mental retardation, which might be an explanation for the low understanding of mental health needs in the target population.

#### Summary

The majority of professional groups providing mental health care receive little formal training in the assessment and care of individuals with ID and psychiatric and behaviour disorders.

Nevertheless, some progress in raising the profile of mental health problems in individuals with ID on the training agenda is evident. Educational materials, such as academic textbooks and distance learning tools, focusing on this topic and targeting specific groups are now widely available. A broad range of related training events, national and international conferences are routinely offered. For example, based on materials mainly developed in the UK (Bouras & Holt, 1997; Moss, 2002) efforts have been made in Austria to develop training packages on mental health issues and ID for front line carers as well as professionals, psychiatrists and psychologists (Weber & Fritsch, 2003). These training packages, though not integrated in the continuous education program of the Austrian Physicians Academy or the Austrian Professional Association of Psychologists, are continually requested by health and social care institutions.

#### Gesamtliteratur:

Badelt/ Österle (1993). Zur Lebenssituation behinderter Menschen in Österreich. Nr.49 der Schriftenreihe des BMSG „Forschungsberichte aus Sozial-und Arbeitsmarktpolitik“

Berger E. (2005). Jahresbericht des Krankenhaus Hietzings mit neurologischem Zentrum Rosenhügel. Wien: Autor.

Bouras, N. and Holt, G. (1997) Mental Health in Learning Disabilities: A training pack for staff working with people who have a dual diagnosis of mental health needs and learning disabilities. Brighton: Pavilion.

Brandstätter, A. (2006). Email to Barbara Brehmer from 23.5.2006.

Bundesministerium für soziale Sicherheit, Generationen und Konsumentenschutz (2003) Bericht der Bundesregierung über die Lage der behinderten Menschen in Österreich.

Bundesministeriums für soziale Sicherheit, Generationen und Konsumentenschutz. (2004) Richtlinien Integrative Betriebe (RIB).

Dieter, M., Neubauer, G. & Theunissen, G. (1999). Enthospitalisierung von Menschen mit geistiger Behinderung – eine vergleichende Studie zwischen Österreich und der Schweiz (Deinstitutionalization of people with mental retardation – a comparative investigation between Austria and Switzerland). Unpublished paper, Institut für Rehabilitationspädagogik, Martin-Luther-Universität Halle-Witteberg, Halle (Saale), FRG.

Ent, H. und Hopf, G. (1983). Das Sachwalterrecht für Behinderte. Wien: Manzsche Verlags- und Universitätsbuchhandlung.

Fritsch, A. & Weber, G. (1995). Aus- und Fortbildungen im Behindertenbereich. In G. Stumm, B. Deimann, E. Jandl-Jäger & G. Weber, (Hrsg.), Psychotherapie, Beratung, Supervision, Klinische Psychologie - Ausbildung in Österreich (S. 600-602). Wien: Falter Verlag.

Höfle, W., Leitner, M. & Stärker, L. (2003). Rechte für Menschen mit Behinderung. Informationen zu medizinischer Hauskrankenpflege, Steuern, Förderungen, arbeitsrecht, Schulrecht für Betroffene, Angehörige, Berater und Behörden. Wien: Linde Verlag

Lebenshilfe Österreich (2005) „Geistige Behinderung“ – Begriff im Wandel. *Menschen brauchen Menschen... und Informationen*. Nr.2 Vienna: Author.

Lebenshilfe Österreich (2005) „Geistige Behinderung“ – Abschied von einem Begriff. *Menschen brauchen Menschen... und Informationen*. Nr.4 Vienna: Author.

Maurer, E. und Tschugguel, W. (1997): Das österreichische Sachwalterrecht in der Praxis. Die Anwendung des Bundesgesetzes über die Sachwalterschaft für behinderte Personen. (2. Auflage) Wien: Juridica Verlag

Moss, S. (2002). The Mini PAS-ADD Interview Pack. Brighton (UK): Pavilion Publishing.

Statuten der Lebenshilfe Österreich. Stand 10.4.2006 gem. AG Strukturen 7.4.2006

Weber, G. (1997). Intellektuelle Behinderung: Grundlagen, klinisch-psychologische Diagnostik und Therapie im Erwachsenenalter (Intellectual disability: Foundations, clinico-psychological diagnostics and therapy in adulthood). Vienna, Austria: WUV / Universitätsverlag.

Weber, G. & Fritsch, A. (2003). Psychische Störungen und Verhaltensstörungen bei erwachsenen Menschen mit intellektueller Behinderung: Ein Trainingsmanual (Psychiatric disorders and behavioral disorders in adult people with intellectual disabilities: a training manual). Wien (Vienna): Universität Wien, Autoren (University of Vienna, authors).

Weber, G. (2004). Brief Research Reports: Delayed Substantial Increase in Older Age Cohorts in Austria – Challenges for Service Providers and Policy Planners. *Journal of Policy and Practice in Intellectual Disabilities*. 1(2): 105 – 106.