EDITORIAL

A RESPONSIBILITY THAT WE SHOULD NOT SHIRK

Most epidemiological studies done in different parts of India have shown the prevalence of Mental Retardation (MR) in the general population to vary from 3 to 6 per thousand (Verghese et al, 1973; Nandi et al, 1980). The psychiatrists' attitude towards MR ranges from total indifference to over involvement and the attempt to help the mentally retarded individuals varies from therapeutic nihilism to often unjustifiable use of not only psychotropic medication but also uncritical use of remedies which claim magical properties.

In some countries, including our own, a large number of mentally retarded persons are still cared for in psychiatric hospitals, although most have no need for psychiatric treatment. This wrong placement only reinforces the public attitude of equating MR with mental illness. On the other hand in some centers in India and many centers in the West there is a tendency to totally demedicalise the care of the MR persons. As a result of this, the psychiatrist is kept away from participating in the care by non-medical trainers who often believe that all the MR persons need only training programs and parental counselling. As Ranney (1994) wrote, psychiatrists also treat MR as the Cinderella of psychiatry - one of the least glamorous specialisations for a psychiatrist to choose as his or her area of primary interest. Dr. Rosha Masters’ Murthi Rao oration published in this issue invites our attention to this attitude of the professionals to MR. As a result of this in all countries there is a severe shortage of psychiatrists working in the field, a shortage or even absence of training opportunities for specialists, lack of scientific research and lack of appreciation of the need for a multidisciplinary team approach in the providing of services.

Observations such as that of Mathew et al (1993), which show that a significant percentage of MR persons have associated psychiatric problems, should alert us to the inadvisability of abrogating our responsibility in the care of these persons. The care of psychiatric problems in MR persons is another area which deserves attention by psychiatrists. On one hand we have situations where little use is made of intervention strategies such as behavior modification and all problems seen in MR persons are dealt with by indiscriminate use of neuroleptic medication which may suppress not only aberrant behavior but also behavior in general and thus interfere with their rehabilitation. On the other hand we have care givers who are almost phobic about the use of medication in MR as a result of which those under their care are deprived of the benefits of recent advances in the pharmacotherapy of psychiatric problems associated with MR, like risperidone in the treatment of behavioral disturbances (Van den Bore et al, 1993), opiate antagonists in control of self injurious behavior (SIB) (Verhoeven et al, 1993) 5 HT re-uptake inhibitors in the management of SIB (Sovner et al, 1993) and Obsessive Compulsive Disorder (Bodfish & Madison, 1993).

Yet another area in which psychiatrists involvement in MR persons can be rewarding is in the study of aetiology of MR and development of preventive strategies. The observation that in phenylketonuria life-long dietary restriction is more
beneficial than restrictions for only for the first few years of life (Ris et al, 1994); Streissguth and Dehaene's (1993) report on Foetal Alcohol Syndrome and Viggedal et al (1993) observations on the effect of parental exposure to benzodiazepines are examples of this. The paper by Prasad et al on microcephaly in this issue of the journal is an attempt in this direction.

Thus the challenges that MR presents to the psychiatrist are varied and include developing new, as well as adapting existing diagnostic instruments, on developing greater understanding of behavioral phenotype specification and emotional development of individuals’ with MR establishing mental health care services for the MR population and evolving strategies in the rational use of psychotropic drugs where they are indicated. Participation in the care of the mentally retarded is a responsibility that we as psychiatrists should not shirk and is an opportunity to gain a better understanding of mental retardation and mental health, which we should not miss.

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