FOCUS ON THE MENTALLY UNDERPRIVILEGED

Mental retardation is recognised as a major mental health problem, especially in terms of its long term social management and rehabilitation. Mental health professionals have observed that institutionalization of these cases serves no useful purpose. In fact solving the problem by institutionalization has turned out to be a failure, in that it deprives the subjects of social and emotional support, among others. Hence the focus has now largely shifted to community care and in helping the families to look after these cases in the domestic milieu. Various voluntary organizations have come forward and offered facilities for habilitation. In several towns, parents of the mentally retarded subjects have formed self help groups and these have been found to be one of the useful ways of coping with the problem and also in rehabilitating the mentally underprivileged.

What is the role of a psychiatrist in offering help to such cases? Though they make efforts to identify cases, recognise the co-existing psychiatric and neurological problems, they are unable to do any further. This is because of lack of facilities for long term care. In the West, most of the services for the mentally retarded subjects are carried out by social workers, psychologists and voluntary agency workers. These professionals receive special training to look after the mentally retarded subjects and they have carried out, with reasonable success, the task of managing them. However, the situation is altogether different in a developing country. The question before us is, do we have enough number of professionals to look after these patients? Even if they are available, are they adequately trained to manage such problems? Such and similar doubts naturally arise. First of all there are not enough psychologists, or social workers in mental hospitals, general hospital psychiatric centres and other institutions where their services are badly needed. Thus the shortage of manpower becomes a major limitation. Secondly, only a few centres have specialised facilities to train those who have to manage the mentally retarded subjects. Since there are a comparatively larger number of psychiatrists - with the number increasing each year - probably the care of mentally retarded may also have to be borne by them. Their role should be more than just diagnosing and identifying the causative factors. Whether the psychiatrists are able to cope up with this additional burden needs to be seen.

How then, could one solve this problem? Preventive steps such as providing better maternal welfare and child health care, adequate obstetric facilities, immunisation programmes, adequate nutrition could be helpful in minimising the chances of having a mentally retarded child. A few centres carry out screening tests right at the time of birth to identify metabolic defects likely to cause mental retardation if not diagnosed and early intervention planned. In many communities, consanguinous marriages are still practised extensively, which increases the risk of recessive genes coming together. Also, early marriages and childhood marriages are performed in certain communities. Methods of early detection and identification should be made available in all general hospitals and if possible in the primary health centres as well. This could reduce the subsequent disability by prompt early detection and early intervention. However, this needs adequate planning as well as resources.
Finally, there should be certain minimal social benefits provided for these subjects and they should be considered at least on par with the physically handicapped and be given similar benefits. Actually, very little is done for the mentally handicapped as compared to the physically handicapped persons. There should be schemes such as group insurance. Certain States have special pension schemes where a token sum of money is provided to the family who have a severely retarded child. Even though the amount of money provided is inadequate it is a step in the right direction to offer social benefits. Efforts should be made to organise training programmes focusing on how to look after, train and educate the mentally handicapped, how to enable a handicapped individual to look after his/her basic needs and how to provide emotional and social support to the deprived individual and his/her family. In spearheading such programmes the role of social and voluntary agencies comes into forefront. In our country where much of medical care is provided by the government to expect immediate attention in providing facilities for managing the mentally retarded is somewhat difficult. Once the social and voluntary agencies take this responsibility they could make the governmental funding agencies aware of this problem and seek the needed help. Once an infrastructure is built by dedicated voluntary agencies it would be easy to convince the government to take these under their care.

One more factor which needs urgent attention is having special schools for these children. Specially trained teachers should be entrusted the task of educating the mildly retarded subjects so that they could become useful citizens. Probably in the not too distant future, there lies hope for them, once these facilities are made available.

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