

be carried out in those developing countries where a disease is particularly prevalent, but where the means for research are lacking. These countries also need more operational and educational research than the developed countries.

REHABILITATION OF THE MENTALLY RETARDED

*The quarterly publication of the International Society for Rehabilitation of the Disabled*¹ contains an article of which we give the following extracts by way of information. The subject is both topical and of genuine human interest. The authors, Rosemary and Gunnar Dybwad, describe the progress achieved and the problems still to be solved on the international level to extend rehabilitation to the mentally retarded.

Following World War II, rehabilitation agencies began to extend their services increasingly to a new client—the person recovering from mental illness. More recently, the field of rehabilitation is opening its doors to yet another group, the mentally retarded.²

Who are the mentally retarded? The answer to that question, quantitatively as well as qualitatively, will vary from country to country. The reason lies in the complex nature of this problem. To the extent that mental retardation is due to such biological causes as chromosomal errors, metabolic disorders, infections, etc., no major variations have been noted between countries. Quite the opposite, however, is the case when it comes to mental retardation as a consequence of specific socio-economic and cultural deprivation. Further, it is generally assumed that with increasing industrialization and the break-up of the extended family system, persons of limited intelligence will be less able to adjust to the complexities of life. There remain considerable differences between countries as to the point at which such persons are labeled mentally retarded.

¹ *International Rehabilitation Review*, New York, Vol. XIX, No. 2, 1968.

² Since WHO has discontinued use of the term mental subnormality in favor of the term mental retardation, this article does likewise.

There is as yet no general consensus on terminology, but it is hoped that there will be increasing acceptance of WHO's four level classification (WHO, 1968), mild, moderate, severe and profound mental retardation (replacing the traditional three level classification of moron, imbecile and idiot).

As a result, there is no international agreement on an overall figure of the incidence of mental retardation. Estimates of the total number of mentally retarded individuals in the general population vary from one per cent to three per cent and above. More specifically, recent studies in a variety of industrialized countries have indicated that about one to two persons per 1,000 population are so retarded as to require some type of 24 hour care away from home, and that between three and five persons per 1,000 manifest such a serious intellectual deficit as to score on a general intelligence test an I.Q. of less than 50.

For a long time the field of rehabilitation avoided the mentally retarded, since it was felt that their lack of intelligence made these persons unsuitable subjects for training and subsequent employment. When vocational training centers and sheltered workshops were first developed for the mentally retarded in many countries, admission was limited to those considered mildly retarded, i.e., those with intelligence quotients between 50 and 70/75. This was the group considered "educable" in special education classes, and thus educability was equated with suitability for vocational training and placement.

However, gradually there developed growing recognition that the degree of intellectual defect by itself was not a sufficient indicator of the rehabilitation potential. For a proper assessment it had to be coupled with the mentally retarded person's capacity for social adaptation, i.e. his social performance in day to day living normally expected from a person of a particular age by the community or culture of which he is part.

Thus, a tremendous change developed on the basis of research and demonstrations in various countries, but nowhere better and more fully documented than in England and the Netherlands, which proved that moderately and severely retarded individuals could perform useful work and could do so not just in the artificial environment of the laboratory but in a realistic job situation.

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Subsequent demonstrations showed that these individuals could be taught other elements of adult living, such as using public transportation, going unaccompanied to and from work, eating in a public dining hall, etc. Today, one can observe in selected workshops in various countries experimental work demonstrating that even some profoundly retarded adults can, on a selective basis, perform work on a regular schedule in the sheltered workshop. This is indicative of a broad move upward—some of those formerly considered capable of adjustment only in a sheltered workshop are now being placed out in freer forms of sheltered employment (e.g. special units in a normal factory) from which they may eventually progress into free employment.

Many countries, such as France, Switzerland and Australia, are providing pre-vocational programs for adolescent mentally retarded youth. Some countries, Uruguay for instance, have developed vocational training centers under the public school program where the teaching program is geared to actual industrial production. Other countries feel that the responsibility of the public schools rests with pre-vocational instruction only.

A wide variety of programs can be observed between these two viewpoints. In Yugoslavia, for example, after completion of the eighth grade, the entire class of one boarding school for the mentally retarded is routinely transferred to a large factory in the vicinity. There the young people, both boys and girls, are assigned on an individual basis to appropriate work stations in a two-year training program. Although they continue to live at the school and are considered pupils, they are admitted to the youth activities which are part of the factory's program.

In the United States, "work-study" programs provide for half-day attendance at classes and half-day placement in a job in industry or commerce, selected and supervised by the school.

A major problem has been to make pre-vocational training in the school a realistic preparation for the world of work. A promising arrangement was recently noted in a Polish city where, after leaving the special school, retarded pupils were to be placed in a factory of the Invalids' Cooperative. The teacher spent time in the factory to learn about job requirements, while a factory supervisor made

frequent visits to the school to observe and make recommendations for adjustments in the curriculum. Collaboration of this type will result in more functional schooling for the retarded.

While most countries initially organized sheltered workshops and vocational training centers limited to mentally retarded individuals, there is an increasing trend toward larger, better equipped centers serving both physically and mentally handicapped men and women. However, the actual number of retarded younger and older women in these centers is small, due to resistance on the part of families.

In the United States, government agencies have opened a large number of simple jobs for the employment of mentally retarded adults and more than 6,000 are now so employed by the Federal Government alone. A good indication of the change in attitudes toward the mentally retarded adult is the fact that in an ever increasing number of countries, most recently e.g., Spain, the ministry or department concerned with labor and employment is taking steps toward including the mentally retarded in its program, whereas formerly it was felt that this was a job for welfare or mental health authorities. Thus, parallel with the hard-fought-for right to education, the mentally retarded adults are about to be granted the right to employment. Obviously, this will involve a number of legal adjustments in statutory provisions which regulate labor.

With the increasing number of mentally retarded capable of leading a life of semi-dependence in the community, away from their family, in quite a few countries attention has been focused on the development of hostels, small group homes where mentally retarded adults can live with a relative degree of freedom. The Netherlands is probably the country which has moved the farthest in this, but hostels exist in other countries as well, and an even larger number of countries is planning towards this.

One might say that increasingly the old stereotype of the mentally retarded as an *eternal child* is waning, and instead the mentally retarded adult is coming to be accepted, with his problems as much as with his potential contribution.