



At the NIMHANS Pavilion, Pragati Maidan, New Delhi.

FOCUS ON NIMHANS

HELPING THE HANDICAPPED

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WHEN we say 'Handicap', it usually brings to picture a physically handicapped person. As a matter of fact, physical deformity is one kind of handicap. Another important handicap needing greater care and management is 'mental handicap'.

Till recently, mental health has been a neglected area. People used to shy away from hospitals considering mental handicap as a sin. Of late, people are becoming more and more health-conscious and the stigma attached to mental handicap is gradually being withered.

The national exhibition on 'Helping the Handicapped' was organized by the Trade Fair Authority of India at Pragathi Maidan, New Delhi from January 21-28, 1983. National Institute of Mental Health and Neuro-Sciences, Bangalore, was one of the 24 institutions representing the mentally handicapped category.

The NIMHANS stall emphasised the following clinical, educational, social and vocational aspects of mentally handicapped from the management and habilitation point of view.

A child/person who is mentally retarded has slow maturation (cross their milestones later), has poor learning capacity and experience and difficulties in social adjustment, is called mentally handicapped or mentally retarded.

Causes of Mental Handicap

The most frequent causes in the Indian situations are: nutritional deficiencies during preg-

nancy; malnutrition during the first 2 years of life; delayed or difficult labour; infections of brain and severe illness in childhood; head injury by falling or accidents; untreated epileptic fits; and pregnancy in women over 35 years.

The important thing to remember is that the above causes can be prevented by simple effort by all of us. In addition, there are some other less understood causes due to blood disorders, etc.

Degrees of Mental Retardation

Broadly, they are categorized as mild, moderate and severe. The differences in the capacity to think, learn and understand new things and to solve problems (this capacity is called intelligence) is the basis of classifying some persons being mentally retarded.

Mild retardation (I.Q. 50-70): A person with mild retardation will be generally a few years behind in learning and development compared to those of his age.

—But will be able to take care of himself and learn some simple trades.

—Can study up to Middle School.

—Needs guidance for vocational training.

Moderate retardation (I.Q. 35-50): Moderately retarded persons will have only the ability to take care of their basic needs and not engage in any trade, though may be able to do simple things like cleaning, washing or packing things.

- Can study up to primary school.
- Needs guidance for home training.

Severe retardation (I.Q. below 35): Severely retarded persons need help for their day-to-day basic needs like feeding, clothing and washing.

- Can not go to school.
- Need constant supervision and Nursing.

Misconceptions about Mental Handicap

Mental retardation falls into one of the problems about which a large number of persons have misconcepts. These are harmless but at times they prove costly to the affected persons and families.

The commonly held misconceptions among the public are:

(i) **Marriage can cure Mental Retardation:** It is not correct as this is usually with the hope of providing sexual satisfaction. Lack of sexual satisfaction is not related to the causation or course of mental retardation.

(ii) **Visiting temples, going to traditional healers will cure mental retardation:** This is also wrong. It is common for parents to consider the birth of a retarded child as their 'fate' and look for 'wrongs' done by them. This often causes severe guilt feelings with associated suffering. To wash off their sin, they visit different temples.

(iii) **Mental retardation can be cured by tonics and vitamins:** This is also wrong. It is very common for mentally retarded children to be given tonics and vitamins, in the hope that their mental growth will improve. They are of no value in increasing the intelligence of the person. Similarly, at present there are no drugs that can increase the intelligence.

(iv) **Changing specialists will help the mentally retarded:** Anxious parents of mental retardation keep changing the doctors and hospitals in search of cure for mental retardation. But that does not help the child to grow.

Home Training

Though special institutions and specialists can be of help, they become meaningless without the involvement of family members and home training. Home is the first school and parents are the first teachers to the child. This is more so with a mentally handicapped child.

Important steps in home training are:

(i) **Early detection:** Any delay in the growth of child should be noted down. Normal child holds the neck at third month, sits at 6th month, stands at 9th month, and walks at the 12th month.

Suspect mental retardation if the child becomes slow in learning skills and if it does not do well in school.

(ii) **Training:** Steps and content of training depends on the age of the child and severity of retardation. Steps in home training:

(a) The poorly developed brain of the child should be stimulated. This can be done by stimulating the five sensory organs (eye, ears, skin, nose and tongue). The parents should spend

enough time to make the child learn these associations and understand the environment.

(b) Achieve control over the limbs and achieve coordinated movements.

If the child is unable to hold the neck or move the limbs or to have coordinated movements, the child remains disabled. By stimulating the muscle and nerves, this can be improved.

Parents should do massage of the limbs and neck everyday, using coconut oil. Regular exercise to the body, alternate movements at each joint should be done everyday. Once the muscles become strong, the child should be made to sit with support, later without support, then to stand and walk. The push cart is very helpful.

(c) Prepare the child to become independent in daily activities like eating, dressing, bathing, etc.

(d) Give the child toilet training.

(e) Help in speech training.

Essential Components of Home Training

—Increase of sensory stimulation.

—Teaching them with love and affection (Too much of love can be harmful. Doing everything for the retarded child will not allow the child to fully develop the existing essentials).

—Converting the tasks into play.

—Teaching in steps one by one.

—Involving in activities to learn through imitation.

—Repetition and encouragement.

—Rewarding the desired activities.

Instead of making the mentally handicapped to sit quiet, make them talk, listen, sing, dance, play and work.

Self Help Group for Parents

Parental self-help or mutual aid is a direct interaction between families with mentally retarded children to improve the situation of the family and the children. This can be achieved by: (i) sharing common problems of care and pooling the efforts and facilities to improve the retarded children. (ii) mutual aid in situation of crisis. (iii) developing a group feeling and feeling of shared confidence through a common action. (iv) Organizing substitute arrangements for institutional and training facilities.

A self-help group can improve the performance of parents in tasks of upbringing of retarded child. The objective of this programme is:

(i) to become aware of what mentally handicapped is! (ii) to understand the learning capacities of the mentally handicapped child. (iii) to learn the home training of mentally handicapped child. (iv) to gain mutual support. (v) to share the emotional experiences among parents of mentally handicapped child. (vi) to increase social interaction.

This was an outcome of a workshop on self-help group organized by W.H.O. and NIMHANS, at Bangalore in December 1981. Thus self-help

groups can become a boon to the parents of mentally handicapped children. These groups make the parents and their handicapped children become self-sufficient.

Vocational Rehabilitation

NIMHANS has got the rehabilitation clinic to review the psycho-social aspects of the problems encountered by the mentally handicapped.

The following are the various vocations, in which the mentally disabled persons are being engaged and trained under Occupational and Vocational Rehabilitation Training Programmes at NIMHANS.

1. Agarbathi packing;
2. Bamboo-baskets;
3. Bakery;
4. Blow-moulding;
5. Candle making;
6. Carpentry;
7. Craft work;
8. Detergents soap making;
9. Gardening (Horticulture);
10. Handloom;
11. Leather work;
12. Mat-weaving;
13. Printing and Book-binding;
14. Pottery;
15. Sericulture;
16. Tailoring and Ready-made garments;
17. Type-writing.

Day-Care Services

Mentally ill patients discharged from the hospital and mentally retarded persons who are residents of Bangalore city are availing of the Vocational Rehabilitation Training Services and Occupational Therapeutic Programme in the form of Day-Care programmes in the Occupational Therapy and Rehabilitation Centre. It helps them to undergo different vocational training programmes and thus helps them in their future job-placement.

In 1973, cash incentives to patients by way of monthly payment was introduced in order to motivate the patients and the mentally retarded to take interest in their respective assignments and to reinforce the positive changes in the behaviour.

In addition to the monetary assistance mentally disabled persons are also provided with lunch, coffee and snacks when they come to the rehabilitation unit. Bus concession (75%) facilities to travel in the government run city-buses to attend the training programmes as Day-Care persons is also provided. On an average, about 200 mentally ill and mentally retarded persons are attending the Occupational Therapy and Vocational Training Programmes daily.

The NIMHANS renders clinical services, conducts training programmes and carries out research in various branches of mental health and neuro-sciences.

Currently the following training programmes/courses, are offered at the Institute. The academic year of NIMHANS starts on the first of September every year.

1. M.D. (Psychological Medicine);
2. M.Ch. (Neurosurgery);
3. D.M. (Neurology);
4. D.P.M. (Diploma in Psychological Medicine);
5. Ph.D. (Clinical Psychology);
6. M.Phil (Medical and Social Psychology);
7. M.Phil (Psychiatric Social Worker);
8. M.Phil (Neurophysiology);
9. D.P.N. (Diploma in Psychiatric Nursing);
10. D.P.N. (Diploma in Neuro-Nursing).

The candidates from all over India and some from outside are admitted to the various courses at this Institute, have the benefit of obtaining the residency scheme scholarships, and fellowships.

What 'Nursing Profession' Can Do?

— To make the public aware of the fact that mentally handicap being essentially a social problem. It is the duty and responsibility of the society to extend its active support to various efforts, being made to ensure the welfare of mentally handicapped and bring them into the mainstream of national life.

— To encourage the parents to provide maximum opportunity to their mentally handicapped child to develop personal growth, physical development and development of cognition.

To help in socialization of mentally handicapped children by conducting group activities like picnic, sports, etc.

— To assist in the development of vocational skills.

— To assist in organizing and conducting self-help group for the parents of mentally handicapped.

— To expand the services of the Nursing and Parent counselling programmes to enable the parents to manage the day-to-day problems.

— To conduct camps, exhibitions to educate the public about mentally handicapped measures.

— To influence the positive attitude towards mentally handicapped through mass-media of communication.

About 3 per cent of the general population belongs to mentally handicapped category. About 3-4/1000 have severe mental handicap that warrants intensive care in a protective environment. There are very few social security measures and on-job training and job-placement facilities for mentally handicapped due to lot of socio-economical constraints on the part of government and also the 3 per cent mentally handicapped groups are minorities among the handicapped groups (10 per cent).

But one should remember that mentally handicapped grow and will grow but slowly. They can and will learn but slowly. So "Help the Mentally Handicapped."

Platinum Jubilee Fund

There is the proposal to construct guest rooms above the TNAI Headquarters for use of nurses visiting Delhi on short visits. A 'Platinum Jubilee Fund' has been launched for this purpose. Members are requested to donate generously by money order or bank draft in the name of Trained Nurses' Association of India.
