

# HELPING THE MENTALLY RETARDED

## II — The Role of a Nurse in Helping the Mentally Retarded

by

SARLA KAPUR

*Child Guidance Clinic, College of Nursing, New Delhi.*

**T**HE prime role of a nurse in helping the mentally retarded children is prevention.

Since we do not know all the causes, prophylaxis is limited. Still there are some prophylactic measures. Prophylaxis starts when the infant takes its shape in the mother's womb, the most important preventive measure is the care of the mother during pregnancy or what is commonly called *Ante-natal Care*.

This includes :

(a) **Diet** : Malnutrition is a possible cause, therefore diet should be nourishing and well balanced. The mother has to feed herself and also the growing foetus.

(b) **Premature birth** is another common cause of mental retardation. Therefore the nurse should take care of the conditions that cause premature birth as :

(1) Prevention of infectious diseases during pregnancy.

(2) Regulated exercises as needed by the individual mothers.

(3) Prevention and early detection of toxæmia (by regular and frequent checking of blood pressure and urine).

(4) Detection and treatment of venereal diseases.

(5) Anæmia (could be taken up with nutrition, but I would like to make a separate mention because it is a very common condition with pregnancy which leads to a number of complications).

Though the doctor examines and prescribes treatment, it is the nurse who gives this ante-natal care. Again it is the duty of the nurse to make an accurate observation of the pregnant women, and

if anything abnormal detected to bring that to the notice of the doctor immediately.

**Care to be taken during confinement.**

(1) Careful management of labour at all stages by noting the progress of labour. If necessary to see that medical aid is given in time to prevent any trauma to the brain.

(2) Prevention of accidents like babies falling at odd places soon after being born.

(3) Prevention of mental retardation should be thought of even when the baby draws the first breath. If the baby does not breathe well at birth, it must be resuscitated by proper methods, the sooner the respiratory path ways of the newborn are cleared, the fewer the chances that the brain will be deprived of oxygen.

(4) The nervous system of the newborn is very sensitive and must be protected from shock of any kind ; therefore the less a newborn baby is handled, the better. This applies to all babies, but particularly to the premature infant whose nervous system is more susceptible to disturbances.

**Prevention during infancy and childhood.**

(1) **Nutrition of the newborn infant.**

Mother needs lot of guidance, particularly if the baby is being fed on other than mother's milk, and also regarding introduction of other foods in the infant's diet.

(2) **Hygiene of the infant.**

If proper care is not taken it might lead to serious complication e.g. proper selection of toys. An infant often puts his toys in the

mouth, toys might have paint that contains lead or arsenic—which can lead to poisoning—and this can in turn lead to mental retardation.

(3) **Prevention of infectious diseases.**

This could be done by immunization e.g. encephalitis is very often associated with mental retardation. Usually the damage done by the disease is discovered too late. However there are forms of encephalitis that are definitely preventable. Whooping cough encephalitis could be prevented by immunizing the child against whooping cough as early as possible.

(4) **Care of the sick child at home.**

Care should be taken to prevent other children getting the infection by proper hygiene and isolation as much as it can be done at home. This will at least reduce the severity of the disease.

In brief—nutrition, hygiene, prevention of infectious diseases and the care of the sick are the ways by which mental retardation can be prevented during infancy and childhood. Here the Public Health Nurse has the maximum opportunity to work as it is she who works with the family and community.

**The role of the nurse in helping to diagnose a case of mental retardation.**

A good case history helps in making the diagnosis, a case history for this purpose should lay special emphasis on the following :

(1) **Condition of mother during pregnancy.**

Did the mother have any heart disease, kidney trouble, hypertension etc.

(2) *Birth and neo-natal history.*

Was the child : — Full term  
— Premature  
— Post-mature

What was the birth weight ?

(3) *Medication.*

Did the mother have any medication like anæsthetics, which have been found to be a factor in anoxia of the newborn—which in turn is one of the causes of mental retardation.

(4) *Kind of labour and the nature of delivery.*

Was the labour precipitated and prolonged ; find out if any instruments were used for the purpose. Who conducted the case—trained or untrained person.

(5) *Development of the child.*

*Motor development*—At what age the child was able to hold up his head, roll over. When did he sit up, stand and walk. This is to compare how far these deviate from the normal.

*Social development*—At what age did he smile, at what age did he recognise his parents, or other members of the family. Is he alert to surroundings ?

(6) *Immunization*

Was the child immunized against small pox, pertussis, diphtheria and tetanus. Special attention should be paid to complications following immunization such as fever, convulsions and coma. Encephalopathy following immunization may be the etiologic factor in mental retardation.

(7) *Medical history.*

Find out if the child had any contagious disease like mumps, measles, chicken pox or pertussis. Did he have meningitis or encephalitis ? It is most significant to know whether the child had convulsions, or high temperature with any infection. Did the child show any unusual changes in his physical or mental development after any of the above mentioned diseases.

*Another very important and reliable way of diagnosis is observation of the child ;* and by this mental deficiency can be detected very early—sometimes even in a new-

born, this is when there are anatomic deviations from the expected normal. Such deviations are present in mongolism, microcephaly and hydrocephaly etc. Here again it is the nurse who is in close contact with the mother and baby and it is her responsibility to watch for these deviations and bring it to the notice of the doctor.

**Diagnosis in infants and young children.**

During the first two years the child can be expected to follow a fairly standard development pattern—unless there are any physical disabilities.

Observation of the child at play is another method of judging a child's physical, social and intellectual maturity.

**Work with parents of the mentally retarded child as a role of nurse.**

(1) The nurse should help the parents to get medical advice early and follow the programme outlined.

(2) The nurse should help the parents in developing the correct attitude towards their mentally retarded child.

(3) The mother should be helped to meet the emotional needs of the child.

(4) The nurse should see that the child is not pushed beyond his capabilities.

(5) The mother should be encouraged not to neglect the normal children because of the retarded child—question of institutionalisation.

Parents of the mentally retarded child go through a variety of reactions and attitudes. They feel confused, shocked, and very bitter about their mentally retarded child. At times so much that they are not willing to accept that their child is mentally retarded. Often I have heard parents saying "It can't be, I am sure he will outgrow it, he is not retarded mentally—he is just a little slow."

This is the time when parents need somebody who would listen to their difficulties and encourage them to express their feelings.

It is the responsibility of the nurse to help the parents. She

should convey the verdict of the doctor—as they would understand best—by telling it in simple words. She should help them to have the right attitude thus enabling them to keep up their morale.

A professional nurse who had undergone a comprehensive nursing education is well equipped to play a very great role, if not the greatest role, by virtue of her professional training as well as the professional manners and interpersonal relationship.

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**List of Child Guidance Clinics in India**

1. The Child Guidance Clinic of the Tata School of Social Sciences, Bombay.
2. The Child Guidance Centre, Gujarat Research Society, Khar, Bombay.
3. The Child Guidance Centre, J. J. Group Hospitals, Bombay.
4. The Child Guidance Clinic of Bombay State Women's Council, Parsee Charitable Dwakhana, Revlin Street, (Poowala Clinic), Bombay.
5. The Child Guidance Centre, Secondary Teachers' Training College, Bombay.
6. Balkan-ji-Bari Guidance Clinic, Bal Bhawan, Charni Road Station, Bombay.
7. Guidance Clinic, Nagapada Neighbourhood House, Dimitemkar and New Nagapada Road, Byculla, Bombay—8.
8. The Child Guidance Clinic All-India Institute of Mental Hygiene, Bangalore.
9. The Mental Hygiene and Child Guidance Clinic, School of Social Work, Baroda University, Baroda.
10. The Child Guidance Clinic of the B.M. Institute of Child Development, Ahmedabad.
11. The Psychological, Educational and Remedial Services, Pritamnagar Vyayamshala, Ahmedabad.
12. The Child Guidance Centre, Bureau of Psychology, Allahabad.
13. The Child Guidance Centre, (under the Jail Dept., U.P.) Agra.
14. The Child Guidance Clinic, Medical College, Amritsar, Punjab.
15. The Child Guidance Clinic, Department of Pediatrics, Civil Hospital, Indore.
16. School for the Delinquent at Hazari Bagh, Patna.
17. Child Guidance Clinic & Handicapped Children's Colony, Jabalpur, M.P.
18. The Psychological Clinic, Department

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