

# FACTORS INFLUENCING THE EARLY INSTITUTIONALIZATION OF LOW-GRADE MENTAL DEFECTIVES

HANS OLOF ÅKESSÓN, M.D., B.A.

Institute for Medical Genetics, University of Uppsala, Sweden.

## Introduction

Many recent studies have shown that there is a general trend towards early institutionalization of mental defective patients, and in particular with respect to the low-grade defectives. Thus, Goldstein (1959) concluded from a study of public institutions for the mentally deficient in the U.S.A., that after World War II the proportion of young children among the inmates had increased. It was also apparent from this study that more low-grade and fewer high-grade mentally defectives had been admitted, and that, especially for the first group, the average age at admission had decreased. These observations were confirmed by Sabagh and Windle (1960).

Some investigations have been undertaken to study the causes of institutionalization, e.g., by Saenger (1960), but few investigators have tried to analyze the factors which influence early institutionalization. This study was undertaken in order to collect information on different factors responsible for an early admittance.

The material consists of a series of low-grade mental defectives institutionalized during the period 1955-1960 at the Vipeholm Hospital, Lund, Sweden. Only low-grade mental defectives are eligible for this hospital, which has about 1,000 beds. The hospital admits patients from all parts of Sweden.

The clinical records of 298 mentally defective males have been studied. On clinical grounds, all of them have been evaluated to have an I.Q. not higher than 50.

Since most of the mental defectives in this sample come from other institutions and only seldom directly from their homes, their age at the time of their first admission at any institution was recorded (table 1).

TABLE 1

Age distribution at first institutionalization for mentally defective males.

Age group	N
0- 5	77
6-10	111
11-15	49
16-20	20
21-25	10
26-30	11
31-35	4
36-40	5
41 and higher	11
Total	298

**TABLE 2**  
**Mean age at time of first institutionalization in different groups of**  
**low-grade mentally defective males**

Group	Mean age, years	N
<b>Birth data.</b>		
<i>Patients born</i>		
a) before 1935	18.0	110
b) after 1935	8.4	188
c) legitimate	11.8	260
d) illegitimate	12.4	38
<b>Geographical data.</b>		
<i>Patients from</i>		
a) Götaland	12.6	184
b) Svealand	9.9	69
c) Norrland	12.1	45
d) urban areas	9.5	105
e) rural areas	13.2	193
<b>Personal data.</b>		
Patients with convulsive disorders	11.2	82
<b>Family data.</b>		
<i>Patients having</i>		
a) mentally defective parents	8.0	25
b) mentally defective siblings	14.5	32
c) other mentally defective relatives	11.1	33
d) parents or siblings reported to have various psychiatric disturbances	9.7	11
e) other relatives reported to have various psychiatric disturbances	10.8	37
<b>Total:</b>	11.9	298

It should be stressed that a sample from a single institution is subject to certain biases and limitations. No conclusions can be drawn from the proportions within the various sub-groups in table 2. Only the mean age at first institutionalization has been analysed.

## Results

### a) Differences in birth data.

The mean age at the first institutionalization for different groups of low-grade defectives is given in table 2. For the entire group this average is 11.9 years. A division of the material into males born before and after 1935 reveals marked differences in mean age at first admission. In the first group the mean age is 18.0 years and in the second group 8.4 years. This difference is significant ( $t=6.9$  for 296 d.f. and  $P<0.001$ ). Consequently, the low-grade mental defectives in Sweden have been institutionalized at an earlier age during recent decades as compared to earlier periods.

According to Saenger (1960) "broken homes" is an important social factor in institutionalization of low-grade mental defectives. There could also be existing differences between individuals born extra- and intramaritally. The mean age for the first group is 12.4 years and for the second group 11.8. The difference is, however, statistically not significant ( $0.9 > P > 0.8$ ). This factor could thus not be of any importance in this connection.

b) Differences in geographical data.

The patients were divided by place of residence at the time of admission into three regional groups, i.e., Götaland, Svealand, Norrland, roughly corresponding to the Southern, the Middle and the Northern parts of Sweden. No significant differences were found.

Van Es (1959) has reported that institutionalization of mental defectives occurs at a significantly lower age among children from urban as compared to rural areas. Such a difference was also found in this material. The patients from urban areas had been admitted at a mean age of 9.5 years, and those from rural areas at 13.2 years. The difference is significant ( $t=3.4$  for 296 d.f. and  $P < 0.001$ ).

c) Differences in personal data.

Saenger (1960) did not find that secondary physical handicap, unless severe, played any apparent role in commitment. Individuals with severe difficulties in motor co-ordination, cerebral palsy and epilepsy were committed slightly more often.

In this material there were 82 patients with convulsive disorders and their mean age at admission was 11.2 years. The corresponding figure for those without convulsive disorders was 12.2. The difference is not significant ( $0.5 > P > 0.4$ ). Thus, for this group of patients convulsive disorders was not associated with an early institutionalization.

d) Differences in family data.

According to the records several patients had mentally defective relatives. Thus twenty-five individuals had at least one mentally defective parent. These patients had an average age of 8.0 years at time of first institutionalization. The corresponding figure for the patients without mentally defective parents was 12.3 years. The difference is significant ( $t=3.3$  for 296 d.f. and  $P \approx 0.001$ ).

Individuals with mentally defective siblings had not been admitted earlier than those with normal siblings ( $0.2 > P > 0.1$ ).

A total of thirty-three patients had mentally defective relatives other than parents or siblings. The mean age at institutionalization for this group was 11.1 years, and for those without such defective relatives 12.0 years. The difference is not significant ( $0.7 > P > 0.6$ ). Thus the existence of mentally defective relatives other than parents was not associated with an early institutionalization.

Saenger (1960) reported that parental inadequacy in terms of gross emotional instability as measured by standardized interviews of the parents, as well as agency records, is a major factor in institutionalization.

Various psychiatric disturbances among parents and siblings are noted in the records of 11 patients, and among other more distant relatives in 37 of the records. The mean age at institutionalization for the individuals of these two groups was 9.7 and 10.8 years respectively. For either of these two groups, however, the difference is not statistically significant. Thus, in this rather small sample, the presence of various psychiatric disturbances among the relatives of the defectives could not be demonstrated to play any apparent role in early commitment.

e) Differences in parental occupation.

The occupation of the father was noted in the records of 229 patients. These occupations have been divided into three main categories (table 3). The patients in category I have been admitted at a lower mean age than those in categories II and III. The difference is significant ( $P \approx 0.01$ ). A similar difference was reported by Van Es (1959).

TABLE 3  
Fathers' occupation and mean age at time of first institutionalization

Category	Mean age years	N
I. Professional	7.7	26
II. Small business, white collar and skilled manual workers	11.0	109
III. Unskilled manual workers	11.0	94

### Summary

The clinical records of 298 low-grade mentally defective males have been studied in order to collect information on different factors responsible for an early institutionalization.

The study shows that patients have been admitted at an earlier age during recent decades as compared to earlier periods. Institutionalization also occurred at a significantly lower age among children from urban areas than from rural areas.

The existence of mentally defective parents was also associated with an early admittance.

Low-grade mentally defective children of fathers who belong to the professional class were committed earlier than those with fathers in the categories: small business, white collar and skilled manual workers or unskilled manual workers.

There was no association between early admission and the existence of mentally defective relatives other than parents, or the existence of relatives reported to have various psychiatric disturbances.

Regional differences in places of residence, illegitimacy, or the combination of low-grade mental deficiency with convulsive disorders apparently had no effect on early institutionalization.

### Acknowledgment

The records were put at my disposal through the courtesy of Dr. E. Persson, Vipeholm Hospital, Sweden, for which I am much indebted.

### References

- Goldstein, H. (1959). Population trends in U.S. Public Institutions for the mentally deficient. *Amer. J. ment. Defic.* 63, pp. 594-604.
- Sabagh, G. and Windle, C. (1960). Recent trends in institutionalization rates of mental defectives in the United States. *Amer. J. ment. Defic.* 64, pp. 618-624.
- Saenger, G. (1960). Social factors in the Institutionalization of retarded individuals. *Proceedings of the London Conference on the Scientific Study of Mental Deficiency II.* pp. 642-649.
- Van Es, J. C. *Gezinnen met zwaksinnige kinderen. Een medisch-sociologische studie over de invloed op het gezin van de opname van een kind in een zwakzinnigeninrichtung.* Thesis (Utrecht) 1959, pp. 188.