

# *The Journal of* MENTAL SUBNORMALITY

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## EDITORIAL

Much effort is nowadays being put into the implementation of the modern demand for improved standards of community and hospital services for the subnormal. New purpose-built Training Centres for junior and adult subnormals are being planned by many authorities to take the place of the totally inadequate provisions in church halls and community centres which have sufficed so far, and many hospitals are following the fashionable trend of replacing the traditional "institutional" occupations by industrial work obtained on a contract basis.

It is inevitable that this improvement and increase in training and occupation facilities lead to demands for more and better qualified staff. No longer is it acceptable that anybody without relevant experience and training is put in charge of handicapped people who, in order to function to the best of their abilities, require a maximum of skill by the teachers and instructors. There is a justified demand to give those patient and enthusiastic staff in hospitals and training centres the necessary theoretical knowledge which would enable them to approach their work in a more imaginative and purposeful and less pedestrian and haphazard way than at present.

Recent figures published by the Scott Committee (1) show that the situation requires urgent action. It appears that in 1959 scarcely 400 staff out of over 2,000 possessed a qualification which related specifically to the teaching of the severely subnormal (N.A.M.H. Diploma). Since that time the demands for staff have increased considerably and the Scott Committee has come to the conclusion that an annual intake of up to 300 teachers and instructors is required. The N.A.M.H. turns out approximately 120 "diplomates" each year and there is obviously a large gap between demand and supply. Moreover, the Scott Committee, after having sifted the available evidence for some two years, is of the opinion that a one-year course does not suffice and suggests a two-year course to be organised by a Central Training Council.

The syllabus of such a two-year course is obviously of the greatest importance, and the Scott Committee has been brave enough not to stick too closely to its marching orders but to comment on the contents of such a course. Some very important points emerge, reflecting modern thinking and pointing the way for future developments. The artificial dividing line between junior and adult centre will disappear once "the two programmes are arranged so that the process of education, training and work is continuous." It is also refreshing to see that the Committee has

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1. "The Training of Staff of Training Centres for the Mentally Subnormal," H.M.S.O. 1962.

become aware of the growing trend of turning the adult centre into a little factory, and expresses the hope that "the creation of an atmosphere of productivity does not exclude everything else." It insists that the training centres for the adults should "continue to provide an educative atmosphere" and that there is great need for educational and psychological research which has bearing on the syllabus and training of staff.

It is discouraging and disturbing to see that the Central Health Services Council picked on this point and rejected the Committee's recommendations because "divergent expert views" and "lack of any agreement on the orientation and content of the course" make it "unrealistic to expect that the recommendations could be fully implemented immediately." As far as the report itself is concerned there is no lack of agreement and it puts forward a well reasoned case. To argue that action has to be postponed until experts agree among each other, is tantamount to saying that no action is ever envisaged — because experts will never agree in all respects. In many ways mental deficiency practice has always been a matter of much trial and error, guess, intuition, experience — and little was based on research. This is inevitable, when decisions have to be made quickly which affect the fate and happiness of human beings. One cannot wait until research has caught up with the immediate need. Surely, when there is a clearly recognized and not disputed demand for the training of those whom we entrust with the care of the mentally handicapped, it is senseless to suggest postponing this training until divergent expert views have been brought more closely in line. By now, much knowledge, experience and even research results are available to provide a basis and a starting point for such a training course and it is odd that development and progress should be postponed until "one or more pilot schemes . . . would yield useful information." The proposed Central Training Council's main task would be to bring this mass of evidence somehow into a coherent whole and to instigate research where gaps show. New evidence will lead to revision and rethinking, but this will, one hopes, go on indefinitely and no one would rashly state at a given time: Only when we know enough about the subject can we begin to teach.

The depressing feature about this useful report, representing a considerable amount of work, is the fact that it is rejected so ungraciously, on such flimsy grounds, in a preface of three paragraphs. If it had been stated: This is all well and good, but it will cost an awful lot of money and we cannot afford it — this would have been comprehensible and honest. To say: Let's wait until somebody produces some results from an experiment before we start to train staff, and in the meantime let us build up a nation-wide community and hospital service though we have no qualified people to run it, is, to say the least, shortsighted and would be ludicrous if the situation concerning the training of the mentally handicapped were not so grave.