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CHAIRMAN'S ADDRESS

In place of the Editorial the Editor is pleased to be able to report some passages from the Address by the Chairman, Dr. T. Crowley, to the Midland Society for the Study of Mental Subnormality at the Annual General Meeting at Lea Castle Hospital, 4th March, 1967.

The new services that Local Health Authorities were asked to provide in the community by the 1959 Mental Health Act were quite independent of any expansion envisaged in the hospital service. And the hospital service was an old one. Would it not have been better planning to start quite fresh? You cannot modernise an old structure successfully—you must build anew. I think a great opportunity was lost of founding a new service for the mentally handicapped which could have included all the services and agencies involved, both public and private, state and voluntary, in one comprehensive scheme which would cater for the mentally handicapped from the cradle to the grave. It would have been a national scheme.

Would it not have been wise to have instituted an independent authority?

At present our hospitals are still isolated units and the training methods adopted depend on the attitudes and views of the senior psychiatrists. We admittedly are grouped in regions but have little contact with one another. Each ploughs its own furrow in the field of mental subnormality without any regional or central direction or advice except on administrative matters.

Look at the problems we face and the number of Ministries involved—Ministry of Health, Education, Labour.

Liaison between the Hospitals and the Local Authorities depends on personal relationships and attitudes and they vary greatly from area to area. Some Local Health Authorities are forward planning, others backward, others not overtly interested.

The local authority services are also isolated from one another and the facilities they provide depend to a large extent on the attitude the M.O.H. takes to the problem of mental subnormality and his influence on the concerned committees.

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Rehabilitation of the mentally subnormal should not be thought to be the placing of an adolescent or adult defective in employment after a period in a hospital or a training centre. Rather should it be thought of as a process starting when we first become aware of the child's existence at as early an age as possible and this

depends on the services that communities offer e.g. child welfare services, maternity services, and G.P. services. These services can also contribute to prevention of disabilities.

When diagnosis is made early, steps can be taken to remedy physical defects and to prevent further deleterious effects and, depending on the intellectual defect, a programme for that child's future can be sketched out and a tentative prognosis arrived at.

It is at this stage also that parent counselling can be important. Parents can be full of guilt, disappointment and even shame. Shame and guilt are more evident when it is an only child—they may feel inadequate. When the handicapped child is a second or later child they know that they have produced a normal child and there is not the same feeling of inadequacy.

It is in these circumstances that counselling can be important, explaining the reasons for the condition in the infant whether P.K.U., Mongolism, birth injury or brain damage. A happier home can be produced and acceptance of the child. The parents' anxieties and emotional problems are relieved.

There is not enough of this done— hospital clinics and Local Authority clinics can help here but they are quite a new thing.

The child is now in the machine as one might say and hereon the services that we provide should be at his disposal, whether medical, psychiatric, psychological, educational or vocational.

His future development now depends on his intellectual capabilities and whether or not he has any other disabilities such as blindness, deafness, paralysis or other physical disability.

For the next few years of his life he may receive some form of training.

He may go to a normal school, a special class in an ordinary school, a junior centre run by a Local Health Authority—a hospital, where he may go to the hospital school. Many hospitals have schools and the staff, with a few exceptions, are "occupation supervisors." Young women attracted to the work may be appointed with no knowledge of teaching methods but if they remain keen may be seconded for training at one of the colleges.

But is this training sufficient? My personal view is that it is not. I feel that with the many recent advances in teaching methods only trained teachers should be employed, who should take a special course in the education of the mentally subnormal, either full or part time after qualifying. In my view it is the duty of the local education authority to provide this special education (vide para. 33 of the Education Act 1944) and our hospital schools would then be maintained or assisted by the L.E.A.