

# The British Journal of MENTAL SUBNORMALITY

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## EDITORIAL

Once bandwagons are set into motion, their momentum tends to carry them into the pointed direction without giving much opportunity, perhaps not even inviting it for adjusting their courses, slowing them down and evaluating the relationships between the desired objectives and actual attainments. It had usually taken such a long time and strenuous, prolonged efforts by amassed progressive forces to dislodge conservative, outmoded traditional usages that it is considered base ingratitude, perhaps influenced by some sort of vested interests and aversion to change, by the rigidity of age or "establishment" positions, if some of the older people mumble words of caution and exhortation regarding the need to monitor the results of the avalanche which is threatening to extinguish everything in its path. Yet, at the risk, nay, certainty, of being labelled a traditionalist, a defender of indefensible conditions, who concentrates on small points which will take care of themselves once the great important issues such as organisation, administration, career structures, etc., have been sorted out, let us once more come back to an important theme - the mentally handicapped person himself.

It has been stressed in these pages that the predominant objective of all our efforts must be the "Personalisation" of somebody, who has so far really only been looked at as a conglomeration of many deficits, the consequences of which could be ameliorated to some extent by giving specialised teaching and training. Personalisation is a positive concept because it is based on the belief that handicapped people have the potential to live as persons, who can decide, choose, prefer and reject on their own on a much higher level than we have credited them with in the past because we did not guide them to opportunities of this nature and that even now we aim far too low in the present progressive "revolutionary" times. Approaches referred to as "Normalisation," "Social Education," "Industrial Therapy," etc., provide only appropriate, essential frameworks for working our way towards the desired aim of "Personalisation" but too often they tend to be viewed as the final objectives denoting the ultimate limitations of possible achievements.

There is, one suspects, among many of the decision makers, a carefully suppressed pessimism about the "cost effectiveness" or should one say more kindly, the "energy effectiveness" of all the upheavals in the mental handicap provisions which are unquestionably and justifiably needed, but which cannot really be balanced against successes, cures and appreciable lasting improvements. There is also the feeling that once the gap between "normal" citizenship and rejected human beings has been decently made less obvious, then the quality and quantity of the care provisions required, will simply have to be monitored as in the case of other human service facilities because we have done what is necessary by letting the mentally handicapped share what the mainstream of society receives as its right. Suggestions that one specialised service for one specialised field might offer greater advantages than participating in the community services of different departments on different levels, are rejected and fought with great vehemence by a number of determined well wishers who have rightly been horrified by the practices of people who have never genuinely been accountable in the past for the consequences of their actions. This is a point which is all too frequently overlooked in the haste with which the baby seems to disappear down the plug-hole together with all the very, very dirty bathwater which had never been effectively changed. Perhaps there might be some merit in looking at the accountability of the providers of services for the mentally handicapped - not only to control whether the handicapped have enough chairs to sit on and bathrooms and toilets with privacy, but also whether the staff are working conscientiously and effectively towards objectives of personalisation which would assist in the development of their charges and not only in their physical well being.

Let us be clear about one thing - concern for the mentally handicapped should not express itself by handing out the same box of goodies to everyone irrespective of his needs, but must consist in defining the specific objectives to be aimed at and how their attainment can be furthered best

We have drawn attention to the confusion between objectives and means in a previous editorial and argued that going another way does not necessarily end at another destination. One feels this point has to be *laboured even more in the face of plans and proposals which, by uncritically adhering to a general principle, tend to sacrifice the essence of positive constructive mental handicap work.*

The editorial in the June issue has drawn attention to the unsatisfactory proposals for the training and education of staff, contained in the Enquiry report into Mental Handicap Nursing Care (Jay Committee). The more definite proposals which have now emerged from the Central Council of Education and Training in Social Work (C.C.E.T.S.W.) make it quite clear that the present qualification of the one year specialised Diploma course established by the Training Council for Teachers of the Mentally Handicapped is to be replaced by a Certificate in Social Service (C.S.S.). There is much one could say about many of the details of the proposals which do certainly not represent a substantial improvement in knowledge and expertise on the present arrangements and there had already been plans for full time 2 year courses, but one significant aspect in particular must be highlighted. The shifting of the emphasis from "teacher" in a "Social Education Centre" to a "member of staff" in a "Day Centre" is ominous - no, it is a retrograde step. Of course, it fits neatly into the pattern of providing the same type of community service to the mentally handicapped as to other handicapped people, i.e. education by teachers, humane hostel and occupational services by the social work department. This convenient, all too pat division of responsibilities under established headings, disregards completely the comprehensive, all inclusive nature of developmental work with the mentally handicapped which demands an integration of effort which "normal" services are unable to provide in practice.

In recent years we have seen that numerous unsatisfactory situations had developed in many hospitals and institutions when nurses were asked to teach, though they had been trained to nurse, when teachers were expected to take on self-help training (i.e. toileting, dressing, etc.) though they had been trained to teach and when social workers encroached on the areas of work of nurses and teachers, and psychologists interested themselves in workshop and education practices. The diversification of specialised approaches - though it opened windows on problems, the existence of which had not even been suspected, produced at the same time a host of new complications among staff relations, which has drained a quite considerable amount of energy away from the mentally handicapped himself

The course of action, which is being proposed now, is going to lead in exactly the same direction - a diversification of effort, a lack of continuity, a passing of the buck, a time and energy wasting of sitting around a table to keep lines of communication open (and to deter inroads on one's own professional territories). Instead of ensuring that the level of knowledge, expertise and interest of all staff is gradually raised to provide the necessary conditions for constructive, concerted involvement in developing the mentally handicapped person, we are beginning to emphasise departmentalisation more and more as the easiest way for avoiding conflicts in responsibilities - and try to hold the various ingredients of this cake mixture together by something called "team spirit."

The active advancement of the mentally handicapped person - child, adolescent, adult, - is an active exploratory, intuitive, systematic, highly personalised process which requires the knowledgeable involvement of all people concerned and even though we give the label "education" to this task, it must not be confined entirely to educators during specified hours only. Whatever leading role the person with a specialised training will play in such a situation, we must ensure that people, specialised in other ways, will have sufficient knowledge that they can be expected to involve themselves in the developmental work and that they become accountable for their contributions in all areas.

There is a useful piece of research<sup>(1)</sup> which needs to be followed up but which already now suggests how much could be achieved by utilising all staff in the developmental environmental situation. In Unit A, caring for profoundly retarded men, staff did not speak much with other residents and the majority of their remarks consisted of orders of one kind or another. The sterile life in this Unit was reflected in the language used by the residents, "only one remark by staff in fifty received a reply." In contrast Unit B, also housing profoundly retarded men, was staffed by care personnel who chatted with the residents and gave fewer direct orders with the result that residents "were more than ten times as likely to reply to staff."

Observations and reliable research results of this kind, encouraging and direction pointing as they are, must not simply be mentioned in passing in a crowded training syllabus which outlines what is being done by other disciplines, but it must be part of a substantial common core in the training of all staff dealing with the mentally handicapped. It is simply not good enough to devote one or two sessions

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(1) N. V. Raynes, M. W. Pratt and S. Roses (1979). *Organisational Structure and the Care of the Mentally Retarded*. London, Croom Helm Ltd.

to aspects such as language training, stimulation, etc., without giving also time to actual teaching of the particular contributions which will be expected from people not directly specialising in these areas.

The mentally handicapped will certainly benefit by no longer being discriminated against - by being included in the general provisions - but this belated act of justice may easily back fire, if we do not recognise at the same time that the objective of Personalisation is something we have to work towards with determination. With the mentally handicapped it does not happen as a bonus in course of development but has to be nourished, coaxed and brought out by a skilful and purposeful utilisation of all environmental factors. It is here, in this field, where all of us must be accountable, where we have to put the emphasis of teaching and training, of the utilisation of staff resources and the definition of detailed objectives and of planning the ways and means by which all people concerned can play their part.

The mentally handicapped person - child and adult - will not benefit by a sort of equalitarianism which attempts to ensure that he does not miss out if, at the same time, this approach deprives him of the specialised educational intervention on a broad and deep front which, he alone among other handicapped people, requires so desperately and intensively. The mental handicap contents of a Certificate in Social Service is, most likely, not sufficient, perhaps not even relevant to the educational requirements of the task and does not seem to compare well with the Diploma to be phased out in 1980. Would it not be reasonable, as suggested in the opening paragraphs of this editorial, to monitor the effectiveness of different training schemes before introducing generally untried training arrangements of a quite different character?

Having succeeded in changing our overall policies towards the mentally handicapped in, as we hope, the right direction, we must also consider what additional, different factors have to be built into our developmental schemes. We must really not be afraid of taking a deviant course - by not following the general pattern in all aspects - if it helps to reach our objectives sooner and more effectively. The excitement of breaking away from past mistakes, must not deprive us of our critical faculties so as to retain and improve positive achievements which have already been made.

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#### ERRATA

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A Survey of Adult Patients in Four Hospitals for the Mentally Handicapped

We apologise for leaving out in part of the edition the name of one co-author:

B. E. OLIVER, M.B., Ch.B., D.P.M., M.R.C.Psych.

Two labels to be pasted over the title on page 33 and on the back page are enclosed with this issue for those subscribers who did not receive the amended copies.

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