

## Status of Mental Retardation in the Philippines

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### I. Introduction:

Of all the major ills that beset mankind, none imposes a heavier burden upon more people than the arrested development of the brain that results in mental retardation. While normal citizens are expected to assume productive roles to achieve growth and well being of our society, there will always be a portion who cannot cope up to the expectation and demands to fulfill their role - they are the mentally retarded.

It is said that if the 3% of the population is mentally retarded only 2% are severely retarded and totally dependent while 98% comprise the educable and trainable retarded group who can still be prepared for partial or total social and vocational adequacy to enable them to contribute to national development.

However, in a country where a great portion of the rural population is still in the clutches of ignorance and poverty, the disabled including the mentally retarded often gets trapped between over protection and negligence.

A person with impairments is usually regarded and treated as "abnormal" by the family and the community, thus, he may grow up with out truly growing and may succeed only in becoming a bigger burden in his family.

Aggravating the situation is the fact that the country's limited health and social work services and facilities are consequently available only at municipal halls or health centers usually located in the town centers. How about the rest of the Philippines estimated 2.5 million disabled child tucked way in many of the country's 7,100 islands and islets?

Currently disabled persons in the rural areas have had to take long inconvenient trips over dirt roads in order to ask for government and professional assistance.

To the average Filipino farmer or laborer who has to feed at least 5 children on a yearly income of U.S. \$798.00, such trips are veritable gambling losses. They take quite an amount of time, effort and money and are not always guaranteed to be fruitful. And even if medical advice and drug prescriptions are handed out during the free consultations, where will be the parents get the money to buy, other needs so they tend to keep the disabled member of the family at home, try to take turns minding him while themselves remaining regrettably ignorant and superstitious about the situation, and depending on the nature of disability, wallow in varying degrees of shame and guilt for such a liability in the family.

The community is not of much help either. Disabled in the areas is synonymous with subnormal, if not subhuman. At best, the disabled could be the object of pity and over protection, at worst, of ridicule and utter neglect.

It was the recognition of this situation that brought various agencies together to launch an all out efforts in the care, training and rehabilitation of the retarded. Experience has shown that all but the profoundly retarded can respond to the right kind of care and training.

Among the existing facilities for the care and treatment of the mentally retarded is the residential program under the Ministry of Social Services and Development, established upon the enactment of Commonwealth Act. No. 3203 on December 3, 1924. Diagnostic and clinical services are provided by a team headed by a consultant psychiatrist.

In 1969 a daycare program for trainable mentally retarded was established as an extension of this residential program in collaboration with a private agency.

A number of day centers for the mentally retarded were put up in the 1950's under voluntary auspices which offered clinical services. Among this is the Special Child Study Center, established in 1956. The Foundation for the Retarded and White Hut Children's Center were established a decade later.

In 1956, the Ministry of Education and Culture, Bureau of Public Schools established the Elementary Guidance and Special Education Service which provides for the organization of Special Classes for the mental retardates. After this date, Special Education for Mental Retardation was gradually integrated into the regular public elementary schools in the Division of City Schools for the Greater Manila Area.

The Philippine Mental Health Association offers diagnostic services, likewise, the Psychiatric Department of Hospitals

Finally, President Ferdinand E. Marcos signed the Presidential Decree 603 known as the Child and Youth Welfare Code which embodies the rights and responsibilities of children and Youth in the country.

In 1979 a National Commission Concerning the Disabled was created whose primary objective is to formulate the National Rehabilitation Plan envisioned to insure the protection of the rights of the handicapped, provide services for their needs and promote their integration into the mainstream of society.

It also conducted sectoral dialogues to initiate a more coordinated and organized sector serving the mentally retarded to assist in the formulation of the National Rehabilitation Plan through a more cohesive approach.

It is easily seen that these facilities are concentrated in the Metro - Manila Area. Since 75% of the total population are living in the rural areas, it would be seen that a great percentage of the mentally retarded are in the small barrios or towns through out the archipelago, and therefore are not reached by any service.

## 2. Definition of Mental Retardation:

It is a condition of impaired or incomplete mental development which limits the person's ability to learn and put learning to use. It ranges from the severe to the mild, from individuals handicapped to the point of total helplessness to those who cannot keep up with a regular school program but can learn sufficiently to become self-supporting and socially independent. Its most common signs are:

1. Delayed development in teething, walking, talking
2. Lack on inquisitiveness and desire to investigate
3. Persistence of infantile habits beyond the age
4. when they are usually dropped.
4. Slow progress and failures in school, not explained by other factors.
5. Difficulty in understanding and following instructions
6. Preference for playing with younger children
7. Poor memory and short attention span
8. Difficulty in learning through abstract means
9. Difficulty in finding and keeping employment.

3. How widespread is mental retardation in the Philippines:

United Nations experts on mental retardation estimate at least 3% of any given population are mentally retarded. Based on this percentage, it is estimated there are 1.3 million mentally retarded in the Philippines; and approximately 30,000 children born annually are mentally retarded. The handicap is equally prevalent in other parts of the world. Thirty out of every thousand children and adults in the Philippines are retarded, more than those affected by any physical handicap. Obviously, mental retardation is a national problem requiring a national solution.

4. What are the implications of mental retardation?

Mental retardation means failure in school, drop-outs, joblessness, and sometimes trouble with the police. It also means family dislocation and dependency. Translated in terms of pesos, the Philippines is denied several million peso-worth of economic output due to underachievement, underproduction and complete or impartial incapability of the mentally retarded.

5. Who does mental retardation strike?

There is no way to know ahead of time which children will be born to become mentally retarded. They are born of average, brilliant, and dull parents, into highly educated and illiterate families alike. All racial, religious, social, economic, and national groups are affected.

6. What is the prognosis for mental retardates?

With proper help, 84% of the retarded (all ages) can be educated in the basic skills of reading, writing, and arithmetic (some reach grade VII levels) and can be gainfully employed as adults in unskilled and semi-skilled work. Another 14% can be trained to take care of themselves - their personal needs and to simple tasks at home or in sheltered workshop; as adults they will be semi-dependent. Only 2% will require round-the-clock-care throughout life.

7. What causes mental retardation?

More than 120 causes are known and others are suspected. Mental retardation results when there is incomplete development or destruction of tissues of the central nervous system. Sometimes the brain does not develop before birth. Over-exposure to X-rays and certain illnesses, infections, and glandular disorders during pregnancy may result in a child's being mentally

retarded. A premature child is also more predisposed to mental retardation than the full term baby.

Extraordinary prolonged labor, pelvic pressure, hemorrhage or lack of oxygen may injure the baby's brain. A child's full mental development may be arrested after birth by an accident, poisoning, glandular disturbances, chemical imbalance, and common childhood diseases associated with high fever. Recent research also points increasing to extreme educational cultural and environmental deprivations during early childhood, usually associated with poverty as causes of mental retardation.

8. Can mental retardation be prevented?

Mental retardation stemming from certain causes can be prevented. Instances of chemical imbalance which will result in serious damage to the brain can now be overcome by special diet. Caesarian operation lessens the hazards of brain injury due to prolonged labor. When parents blood types are known to be incompatible, immediate blood transfusions can be given to the infant. Pregnant women can be vigilant to avoid exposure to the infections that may cause their children to be retarded. Through research now underway, it is hoped that the causes of mental retardation will be known more precisely and the means of elimination and overcoming more of them will be developed.

9. What is needed to fight mental retardation?

A comprehensive program for the mentally retarded is based on the demonstrated fact that the MENTALLY RETARDED CHILDREN CAN BE HELPED. It includes community clinics which identify and evaluate the retarded, and provide specialized treatment services including medical treatment, social casework, parent counselling, psychological therapy, speech correction and occupational therapy. It also calls for home visiting counselors and teachers; nursery classes; special school and training geared to the degree of retardation; social and recreational programs, vocational training centers and sheltered workshops for adults able to work, public education, integration of the retarded in society, including placement in regular employment; protection and guardianship as required; residence centers; half-way community houses; training of professional personnel, development of lay leadership, research into the causes, prevention and effective education and rehabilitation techniques for the retarded.