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COMMUNITY PROGRAMME FOR SERVICES TO MENTALLY HANDICAPPED.

Provision of social security in Sri Lanka, with a population of 14.5 million scattered over an area of 25,000 sq. miles, is the responsibility of the State. The major part of this responsibility is discharged through the Department of Social Services. In the task of providing services of different types to the community Department of Social Services gets the assistance of the voluntary agencies as they play an important role in social work in Sri Lanka. In fact before the Government took over the full responsibility of providing social security the voluntary organizations alone provided services to the needy with community support.

Since the establishment of the Department of Social Services in 1948 it is concerned with organising rehabilitation of both physically handicapped and intellectually handicapped. While service for the physically handicapped are fairly well organized, service for the mentally handicapped are still in formative stage.

In the first place for organizing and provision of different types of services and determining target plans for the mentally retarded we must obtain statistics pertaining to the number of such handicapped persons in the country. This is the most difficult task as far as the census of the mentally retarded is concerned. It has to be done by co-ordination of services of any joint Departments and voluntary institutions. Up to the present day we are not aware of exact or near exact number of intellectually handicapped persons in Sri Lanka. The number known today is the number of mentally retarded children and adults admitted to 13 institutions in the country. At present there are 950 mentally retarded persons in 13 residential institutions in the island. All these institutions except one are managed by voluntary organisations with financial grants from the Department of Social Services.

To meet this requirement of determining the number of mentally retarded persons of different age groups the Department of Social Services is launching a plan to get the census of this category of handicapped persons with the assistances of the Department of Sensus & Statistics in the current year. Until the result of this survey is know we cannot be certain about the number. The only way of finding the approximate figure is by assumption based on census figures in these countries. In 1971 survey findings in Great Britain & Ireland reveal 4 severely handicapped persons per 1000 population. If we take this figure as a basis in Sri Lanka there must be 56,000 mentally retarded persons in the age group of 15-19 years. If we take this number as a probable one we can see the magnitude of the problems in Sri Lanka.

Out of this ~~number~~ only 550 are receiving institutional care and training and another 100 are attending day care centres. Therefore it is our enormous task for the Sri Lanka to organise and establish different types of services to the mentally retarded population.

The main services required for the mentally handicapped are the following:-

- (i) Prevention of early detection of mental handicapped so far as practicable.
- (ii) Comprehensive assessment of the mentally handicapped persons' assets and disabilities, and periodic reassessment.

(iii) Co-ordinated advice, support and practical help for their families.

(iv) Education, Social and work training day care and occupation for the opportunity for work according to the handicapped person's individual capacities.

(v) Residential accommodation according to individual needs.

(vi) Hospital medical, nursing and other services for those require them, as out-patients, day-patients or in-patients.

Organisation for prevention and early detection.

At present the possibilities of preventing mental handicap is very limited. But genetic counseling with family planning advice and treatment have preventive treatment and possibilities. The Family Planning Association of Sri Lanka and the services of Health Education and Midwifery to give necessary advice and help detect mental handicap. Doctors and Nurses in general practice and domiciliary health service and hospitals should also be concerned with the problem of prevention and detection, as should social workers.

As soon as any defect is detected or suspected, a comprehensive assessment of the nature of the handicapped or handicaps, and of the needs and problems of the handicapped person and his family is required. Social Services Officers or Voluntary worker with medical personnel should consider medical, educational, psychological and social aspects together. This multi-disciplinary group can arrange to meet in a convenient centre for assessment and re-assessment. Advice and practical help for the family.

Once a case of mental handicap is detected the parents must be told this sympathetically and skillfully. They also need a realistic approval of the services available, including voluntary services and information on how to obtain them. For this in Sri Lanka medical personnel in hospital, social service officers and voluntary hospital social workers are available. But this programme has to be properly organised and a class of medical social workers should be created. Education for children.

Education for CHILDREN

Mentally handicapped children need the stimulus of companionship with other children and adults. Early start to the slow process of social training and education is most valuable. This can start in nursery schools, in special classes, in special schools or in the day nurseries. In Sri Lanka there is only one day centre for mentally retarded in Colombo for this purpose.

All other 12 in number are residential homes where this process is in action.

Social and work training too is done in these institutions. As the number of institutions is not sufficient to cater to all detected cases of mental handicap there is an acute need for trained personnel to man these institutions.

Residential accommodation.

If and when a mentally handicapped child or adult has to leave his family home, a suitable institution or home must be provided. Although in countries residential care is provided with foster parents, in ordinary housing of a group home, or a home specifically for mentally handicapped children or adults, in Sri Lanka we have only 12 residential homes for both children and adults managed by the Department of Social Services and Voluntary Agencies. The programme of the Department is to encourage Voluntary Agencies to establish more homes for the mentally handicapped. ~~xxxxxxxxxxxxxxxx~~

Hospital Services:

Hospitals in Sri Lanka provide only treatment and not residential care. Mentally handicapped children treated in Children's Hospital or in children's wards in other general hospitals and the children's hospitals home are important parts in diagnosis and assessment and early remedial measures.

Hospitals should be stopped to provide all necessary medical, dental and para-medical services. In addition to doctors, dentists and nurses, this may require, according to individual patients, needs, the services of whole-time or part-time psychologists, physiotherapists, speech therapists and other specialists. But all hospitals in Sri Lanka are not provided with these facilities. Only General Hospital, Children's Hospital and base hospitals are provided with these facilities.

Summary of the Programme.

1. Need for the collection of statistics of the mentally handicapped in Sri Lanka.
2. Steps are now taken to do a full survey of the mentally handicapped persons in the island.
3. Awareness of the complexity of the problem and the need for ^{an} multi-disciplinary action to tackle the problem of service to the mentally retarded.
4. Programme is necessary for the co-ordination of different Departments and agencies involved in services for the mentally handicapped.
5. Need for the establishment of more day schools, residential homes for custodial care, educational and social and vocational training for the mentally handicapped is recognised.