

## MENTAL RETARDATION IN THE PHILIPPINES: THEN AND NOW

Concern for the mentally retarded children in the Philippines started way back in 1924 with the enactment of Commonwealth Act 3202 on December 2, 1924 which provided for a residential program for the "care, treatment and training of mentally retarded children". This made possible the creation of the National Center for Mental Retardation. Due to lack of funds, even the deaf, the blind and the orthopedically handicapped children were also housed in this center. In 1960, this center, known already as Welfareville or the Children's Village, was decentralized and the mentally retarded clientele was transferred to a sixteen-hectare compound in Alabang, Muntinlupa, Rizal. On February 3, 1964, the name Welfareville was changed to Elsie Gaches, its donor.

In the meantime, a number of day care centers for the mentally handicapped were established in the 1950's, under the auspices of volunteer organizations which offered clinical services. A pilot school for mentally retarded children was also established at the Institute of Human Relations of the Philippine Women's University, a private university, as part of its Psychology training program. It served as a teaching laboratory for Psychology students.

On June 19, 1954, Republic Act 1179 known as the Vocational Rehabilitation Act, was enacted. The Act provided for the vocational rehabilitation of the physically and mentally handicapped. The Social Welfare Administration through the Office of Vocational Rehabilitation was given the responsibility extending social services in the form of vocational training. It also provided gratuity for clients who are undergoing said training.

Similar rehabilitation centers in other regions of the Philippines were created in 1959 with the enactment of Republic Act 2615. Sheltered workshop for the physically and mentally handicapped was emphasized in Republic Act 4546 dated May 20, 1965.

Meanwhile, Jose Fabella Memorial School which was organized sometime in the later part of the 1920's was dispersed in the 1960's together with Welfareville, into five (5) residential public school units. These are: a) The Don Vicente Madrigal Village, a school for socially and emotionally disturbed boys; b) Marillac, an institution for socially and emotionally disturbed girls;

- c) The Elsie Caches Village, a school for multiple handicapped and mentally retarded children and youth;
- d) The Reception and Study Center, a school for mentally retarded and transient homeless children and youth; and
- e) The Nayon ng Kabataan, an institution for orphans and mentally retarded children.

The establishment of the Special Education Section of the Bureau of Public Schools in 1956 resulted in the organization of special education classes in the regular public schools. Lack of qualified special education teachers made way to the enactment of Republic Act 5250 entitled "Ten-Year Training Program For Teachers of Special and Exceptional Children in the Philippines", in 1968. The University of the Philippines and the Philippine Normal College provided the proper training for these teachers.

The formal training of special education teachers led to the expansion of special education programs in the different school divisions in the country. Program expansion in turn, created a greater demand for more special education teachers. Thus, private universities such as the Philippine Women's University, University of Santo Tomas, Ateneo de Manila, Arellano University and National University began to offer courses in special education during summer and in their evening and Saturday classes. This, in turn, paved the way to the establishment of private schools for the mentally retarded such as the Special Child Study Center, which has just recently closed, St. Joseph of Cupertino, Makati Research and Development Center, The Learning Center, The Learning Center, Celestial Center for Educational Therapy, Madonna Special School (Caritas) and St. Anne's Special School, to date.

Moved and happy about the growing concern of both the public and private agencies for the promotion of the welfare of the mentally handicapped children, the First Lady of the Philippines, Madame Imelda Romualdez Marcos called a meeting at the Pangarap House in Malacañanang on July 15, 1969, to thresh out existing problems. The creation of the Philippine Association for the Mentally Retarded Children (PARC) was the result of this meeting. Another organizational meeting was held on October 2, 1972, with Father Arthur Malin, SVD, as the prime mover. The name of the Association was changed to Philippine Association for the Mentally Retarded (PAR). This meeting led to the First Asian Conference on Mental

Retardation through UNESCO Assistance on November 19-23, 1973, in the Philippines, as host.

It was in this conference that the Asian Federation for the Mentally Retarded (AFMR) was conceived.

On December 10, 1974, Presidential Decree 603 known as the Child and Youth Welfare Code was signed by President Ferdinand E. Marcos. This decree also created the Council for the Welfare of Children under the Office of the President. Its main function is to coordinate the implementation and enforcement of all laws relative to the promotion of child and youth welfare and formulate policies and to develop programs and services for the general welfare of children and youth. It is to the credit of this Council that 1977-1987 is declared the Decade of the Filipino Child. This Council also formulated the National Plan of Action for the Decade. The Decade Program is geared toward the reduction of infant mortality, child mortality, malnutrition in children and the alleviation of the harmful effects of illiteracy, delinquency, poverty and disability.

In 1975, the Division of City Schools, Manila introduced a new scheme in the management of special education programs under the direction of the incumbent Chief of Guidance, Counseling and Special Education Services, Dr. Erlinda G. Lolarga. Special Education classes which were distributed among thirty-one (31) elementary schools were centralized in six (6) "Silahis" Centers, established within a regular elementary school. Each Silahis Center carries representative classes for all areas of exceptionality such as the accelerated classes for the fast learners, classes for the mentally retarded, the visually impaired, the hearing impaired and the speech defectives.

Manila Silahis Centers, which is now considered as the "show window" of the Philippines, as regards innovations in special education, has emerged to be one functional, resourceful, evaluative and progressive force that supports the mental retardation program in the Philippines. Mainstreaming is its ultimate goal.

The National Commission Concerning Disabled Persons (NCCDP) was established in 1978 through Presidential Decree 1509. Its main task is to give

direction, coordination and supervision to all agencies and organizations, government and private, engaged in the work of prevention and rehabilitation of the disabled in the Philippines.

The declaration of 1981 as the International Year of Disabled Persons brought into focus the disability problem. An IYDP Philippine Plan of Action was formulated and identified twelve (12) specific program categories to achieve the objectives of the year. These are:

- (1) disability prevention and early detection which includes improved nutrition for both mother and child, immunization against infectious diseases that cause brain damage, and genetic counselling;
- (2) the rehabilitation services consist of coordination of the service delivery systems;
- (3) provision of educational opportunities; and
- (4) vocational assessment, job training and placement, and social counseling and assistance.

#### Special Education Services

Where before classes were composed of multiple handicapped children, now mentally-handicapped are grouped and categorized according to their educational needs. The uniqueness of each child is the guiding principle that a special education teacher considers before placing a child in the environment that could best satisfy his needs. Below are the various possible placement settings that could be provided to a mentally retarded child:

##### 1. Regular Class

Children with mildly retarded mental development are assigned to regular class programs. There are several possible reasons for this. A child, may, after staying in a special class be ready to be mainstreamed totally in the regular class, or he may be able to perform the fundamental content competencies of the grade and may just require

and receive additional assistance on a periodic basis, such as medical, psychological, speech, or other forms of remedial attention.

## 2. Regular Class Attendance plus Supplementary

### Instructional Services

This kind of setting is also called a resource room program. Here, the retarded child is being maintained in a regular class setting but given regularly scheduled special-instructional programs for a portion of his school day. An individual child or a small group of mentally retarded children are referred to an experienced or well-trained specialist in remedial instruction. This specialist may not be a special education teacher. What is important is for the teacher to be able to evaluate the character of each child's educational problem and plan and deliver a proper program management. The retarded child works with the resource room teacher for at least one period each day on a consistent basis. The amount of time devoted to each child will vary according to the area or subject being managed, its degree of severity, and the problems of the other children.

## 3. Part-Time Special Class

A retarded child with educational problems of such magnitude in terms of number, types, level of difficulty for remediating, and complexity may need placement in a special class. This child may function effectively in a part-time special class program with the remaining portion of the day spent in a regular classroom.

## 4. Full-Time Special Class

A full-time special class may be the best placement for a retarded child, when his performance is consistently poor across school areas, when his social and personal behaviors are sufficiently abnormal to detract from his own development in other areas or to hinder the progress of other youngsters. If the child's mental retardation is obvious, it is best that he should be placed in a full-time special class even

in his pre-school age.

#### 5. Special Schools

There are mentally retarded children who need highly specialized services over long periods of time. A special school may be best for a retarded child who needs psychiatric treatment. A retarded youngster might go to a rehabilitation center within the community in preparation for work in a sheltered workshop program. Another child might have extreme multiple disorders that a special school with complete program of education and therapy is the best possible setting for him.

#### 6. Homebound

In the Philippines, homebound instruction for retarded children who are so infirm that they must stay home, are done by private school teachers. However, private tutoring are also done by public special education teachers outside their official teaching hours. These teachers visit the home of each child and provide appropriate instruction.

#### 7. "In-Patient" Programs

This kind of setting includes the residential centers, institutions, hospitals and halfway houses. Children who are assigned to any of these programs receive whatever instruction is available within their residence. One example of this kind of program is what chronically ill patients in the Philippine General Hospital receive. A special education teacher is assigned to take care of this children and provides the proper instruction.

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