

Sri Lanka and its mentally retarded people

Sri Lanka is a tropical country with a land area of 25,000 sq. miles and a population of 14.5 million. The economy is based mainly on agriculture. Like all the developing countries in the Pacific region Sri Lanka too, ails from the problems of poverty, unemployment, inflation etc.

Since the independence of the country, all successive governments had strived hard to establish a welfare state not second to any other developing country in the region. Education and medical facilities are provided free of charge to the entire community whilst the low-income groups are provided with food subsidies and other relief. In addition to these general welfare measures the Govt. carries out special welfare programmes for the benefit of the disadvantaged groups of the community such as, children, women, the elderly and the disabled, too.

The disabled group comprises of five or more categories namely:

- (i) the visually handicapped;
- (ii) hearing handicapped;
- (iii) orthopaedically handicapped;
- (iv) mentally retarded and
- (v) multiple handicapped.

The welfare programmes pertaining to the disabled are being carried out by the state in collaboration with the non-governmental organizations. Out of the public expenditure the Govt. annually allots 55% for the maintenance of the welfare programmes for the disabled alone. Expenditure incurred by the non-governmental sector cannot be accounted since it varies from one organization to the other.

When we glance through the last few years of the history of welfare services to the disabled in Sri Lanka, an unprecedented development in the service programmes in past 1960's could be clearly identified. The social workers, medical personnel, sociologists and psychologists have thrown more insight into this field during this period and as a result a new knowledge has been gathered. Improvement in the services, changes in the approaches and attitudes towards the disabled could be attributed to this development. It is during this period that the mentally retarded category had been able to attract the attention of the social workers. As a result a new service component

had emerged and the people, the social workers were taught to differentiate between the mentally retarded and the mentally ill. However, it took some more time to lay adequate emphasis on the other factors that lead to the all round development of a person such as, education, social development and vocational training.

Causes for this slow growth could be identified as follows:-

- Firstly, mental retardation when compared with other disabilities is rather complicated and a lay person could not easily understand or identify.
- Secondly, caring for the mentally retarded is difficult than caring for the other types of disabled. Their needs are vivid and difficult to meet. It demands trained care takers. It demands more attention, special facilities etc. which makes the service rather expensive.
- Thirdly, less occurrence - Numbers being small, the attention is less. According to a rough head-count taken by the IYDP Secretariat the number of mentally retarded in 1981 was 30027 out of a population of 14.5 million.

However, there is a service scheme though not very comprehensive, that is in existence at present for the welfare of the mentally retarded, which is being implemented jointly by the state and the non-governmental sector.

Basic components of the service package are -

- (a) Residential facilities.
- (b) Training facilities.

A few years ago the service schemes were more inclined to provide residential facilities but now the trend is to concentrate more on training in social and economic activities. At present there are 15 such institutions in the country, catering to the needs of nearly one thousand children and adults.

These institutions which are situated in close proximity to the capital and in some major towns of provinces could be categorized into three, considering their nature, objectives and type of programmes.

- (a) Residential Homes.
- (b) Day care centres.
- (c) Sheltered work-shops.

The main objective of the residential homes is to provide residential accommodation for the inmates. But in almost all these institutions, some kind of training programme, either educational, social training or vocational training is being carried out. Maintenance of such institutions are done by the non-governmental organizations with the assistance received from the Government.

Day - care centres for mentally retarded are a rarity in Sri Lanka. At present there are only two such institutions for the whole country. Some of the reasons for the absence of day care centres may be that the concept of day schools for the mentally retarded has not been accepted by most of the parents, the problem of providing suitable transport facilities, the problem of caring for the severely retarded child and the non-accessibility for the services by a majority who need such services. Although, many agree with the fact that the day care centres are best for the mildly and moderately retarded children, Sri Lankan social workers have not given much thought for that, due to the above stated factors. Total number of mentally retarded children who follow programmes at these two day care centres is about 60.

Sheltered work-shop is rather in a new concept that has been absorbed into the social welfare programmes for the mentally retarded very recently. At present there are two such institutions run by the state and voluntary sector respectively. Main objective of these institutions is developing vocational skills in the mildly retarded or the trainable youth, with a view to engage them in some kind of income generating activity. The vocations which do not require any intelligence, thinking or memory power are being selected to be taught in the institutions. These two institutions cater to the needs of nearly 75 mentally retarded youth of both sexes.

As you would observe the welfare service programmes for the mentally retarded cannot be considered as comprehensive since it lacks certain important components of a satisfactory welfare scheme. These lapses could be named as -

- (a) Limited number of service recipients.
- (b) Absence of detection, prevention and referral systems.
- (c) Lack of opportunities for integration.

Having realized the short-comings of the existing service schemes the Government has initiated a number of new programmes to remedy the situation. During the IYDP a lot of publicity was given to this subject with a view to create an awareness among the public. With the help of the community the Government expected to expand the scope of service schemes to enable to cater to the needs of a large number. It could be stated that this effort brought some results.

Also, the Government, with the assistance of the non-governmental sector and the foreign organizations involved in welfare activities launched several programmes on detection and prevention of mental retardation, during the IYDP. Institutions and personnel such as maternity clinics, Health care workers were being used very effectively to enlighten the mothers on referral systems.

Generally, the responsibility of providing services to the mentally retarded is placed with the Ministry of Social Services. The welfare programmes carried out by the various non-governmental organizations are subjected to the supervision of the Ministry.

Sri Lanka offices who have been trained by JICA and mentally retarded association are engaged with the training of the staff in the mentally retarded institutions and some are directly working in the institutions as Superintendents. On behalf of my Country and the Department of Social Services I would like to express my sincere thanks to the Japanese Government, JICA and M.R.Association for rendering such a valuable seminar to my Country.

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