

Country Report

1. Name of Training Course: THE GROUP TRAINING COURSE IN MENTAL RETARDATION IN FY 1995
2. Name of Participant: ANNIBAL COELHO DE AMORIM
3. Name of Country: BRAZIL
4. Name of Your Organization: THE PEDRO II PSYCHIATRIC CENTER / NATIONAL SECRETARY OF HEALTH ASSISTANCE OF THE HEALTH MINISTRY / RIO DE JANEIRO BRAZIL

5. Organization Chart:

Participants are requested to outline their function of the organization and their own job. I was recently nominated by the Ministry of Health of The Federative Republic of Brazil as Director of a Public psychiatric hospital which assists adults with different conditions (among them we have several "long term patients" with mental retardation) who were abandoned by their relatives long time ago and being taken cared of by the institution.

Two years ago our hospital planned a project entitled " community center which has been gradually implanted and it is expected to be a social resource for different projects related to citizenship of the psychiatric population. The project also delivers leisure and multiple social-cultural activities for the population served at the hospital as well as for the people living in our neighborhood.

Last year the hospital put together a community based program for adolescents with mental retardation and psychosis who need social and personal reinforcement. The project (entitled " Lives ") is expected to deliver social competence to this kind of population in one of the slums near to the hospital.

6. The current situation and trends in rehabilitation services

Participants are requested to outline the status of educational, welfare/social and medical systems and services, financial aids and voluntary activities for people with mental retardation in their own country.

The vast majority of Brazilian educational institutions for people with mental retardation relies upon the efforts of two branches of specialized societies : The Brazilian Pestalozzi Society and The APAE'S (The Association of Families and Friends of Exceptional Children), both spread all over the country and financially supported by the government and society. These societies contribute in the field of special education and rehabilitation services, providing day-care units, special classes, therapeutical approaches, sheltered workshops, etc. As far as I know there are few community based services established for people with mental retardation in Brazil, not even the so-called group homes or supervised community programs due its highest financial costs and the poorest economical conditions of the families involved.

Most of the people being served at specialized institutions are assisted on a daily basis and it is common to interview poor families in our hospital unit asking for long term housing for their relatives with multiple handicaps, mostly due to the lack of social economical conditions, which generally determines the need of finding a proper housing facility to assist them, instead of having them coming back home after being assisted in the institutions.

Unfortunately voluntary activities are not so common among us, but there are few attempts to put them together especially amongst the societies of families and friends of exceptional children.

My personal experience of pursuing grants or international funds for research are very disencouraging in our country. Some of our achievements in the field of mental retardation depends in our own efforts finding out where to finance projects and how to improve the conditions of oneself work without proper financial support.

Most of all opportunities of participating in International exchange programs are rare and the only real means of providing unique experiences to be shared with our colleagues and or the persons we serve.

7. Participants are requested to state their own philosophy on rehabilitation services for people with mental retardation and problems to solve when making the philosophy an actuality

First of all it is important to state that my philosophy on rehabilitation services for people with mental retardation should be based upon the principle of dignity of being different. I support a hundred percent programs such self-advocacy activities or supporting living alternatives where these persons may enhance their social skills without depending all the time on their team personnel.

We should look for community living environments where persons with developmental disabilities cope with their efficiency, overcoming their limitations. It is very difficult to set up independence and society integration goals, when the real world challenge people with physical barriers in the streets, housing or even in their own backyard. How could we possibly talk about integration when free participation is generally denied for persons with mental retardation, most of the times hardly discriminated by society. Unfortunately we live in a world in which one values for the standards of a super competitive society; those who do not fit properly are put aside.

We should pursue means of balancing this competitive society patterns as an alternative to include more and more people with different abilities. Persons with developmental disabilities should be respected in their special needs and provided with the same degree of dignity a so called normal person receives.

During the two year program at a community based program in The United States of America I was exposed to the finest efforts of persons fighting back their labels (retarded, disabled, impaired, etc), by standing up for their rights and struggling with the system.

"We are people first," they say.

After working with them as advisor of a self-advocacy group I should say I learn a lot. They taught me to withdraw and let them take their own steps, assuming responsibilities, even if they could fail, because through the improvement they will finally get what they really want...freedom in the pursuit of happiness

My last concern is dedicated to the issue of the language of deficit, therapeutic professionals use, which is gradually infirming our culture and mostly serious, poisoning the lives of persons who happen to be special, only.

8. Participants are requested to describe community-based rehabilitation programmes provided for people with mental retardation in their countries, if any

As I said before, as far as I know there are not many community based rehabilitation programs provided for people with mental retardation in Brazil.

After a two year program at Bancroft community based program (New Jersey/ United States of America) and returning back home, me and my wife, Fatima Cavalcante, we started a pilot housing day program for persons with developmental disabilities and or with psychiatric impairments.

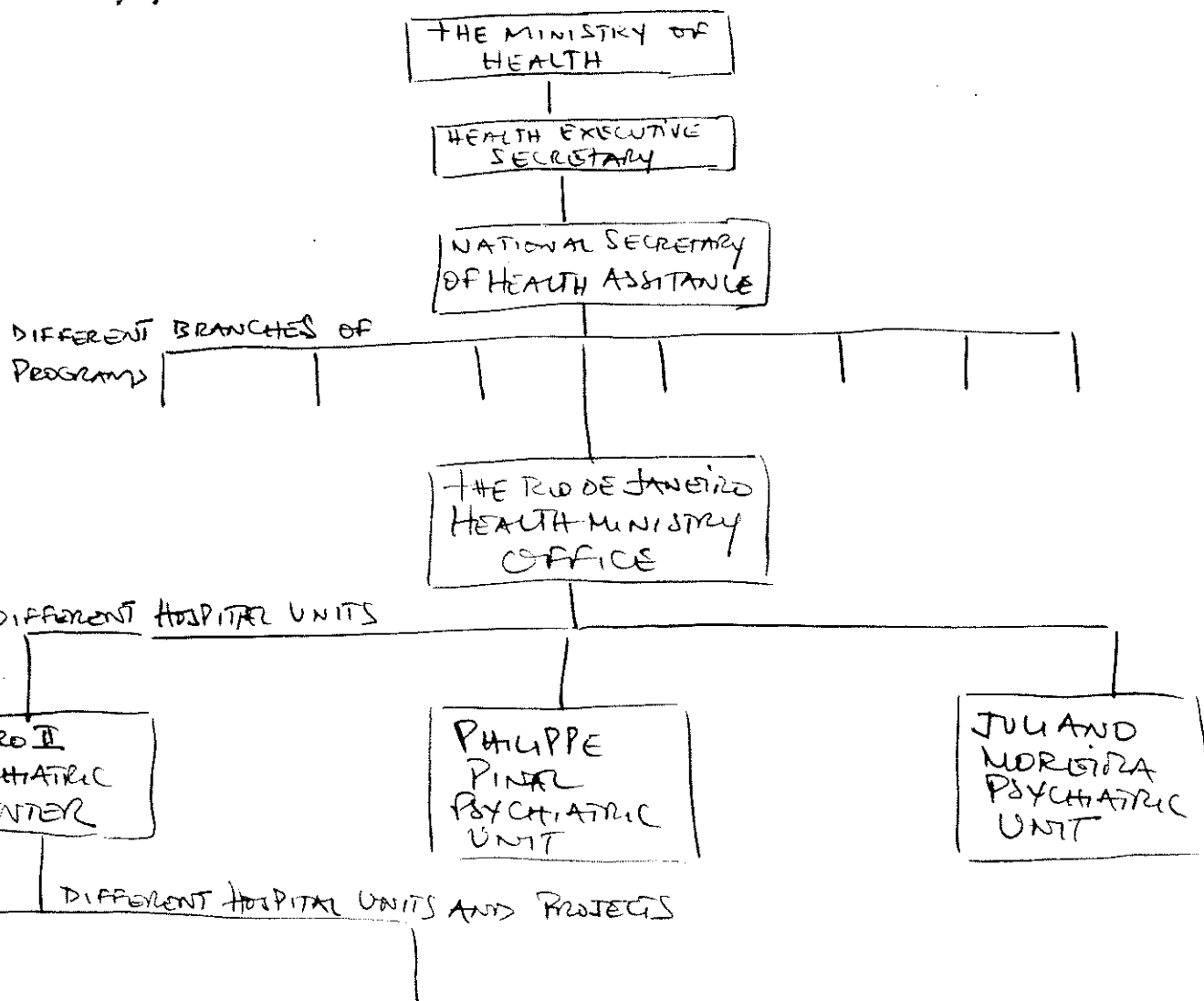
In this program the population engage in social competence activities to master their skills and abilities, coping with the difficulties of living in a society which is not prepared for them and does not accept them at all.

Despite the lack of financial support and the few human resources we have, the Pedro II Psychiatric Center and its different projects (such as LIVES and ACTIVE LIVES) sustain and retain the dream of a society in which respect and dignity should be personally drawn by the persons with special needs.

We intend to improve the quality of the programs offered in our services for the persons with mental retardation and the Japanese International Cooperation Agency (JICA) and this training award will be a great opportunity of a cross cultural sharing experience.

9. Service delivery system and relevant laws and regulations

Participants are requested to draw an organization chart or flow chart (starting from sections at the lowest level) for every agency in their country which is responsible for service delivery systems.



Notes: It is advisable to use audio visual aids such as films, slides, pictures, etc., when presenting the country report.