

COUNTRY REPORT

1. Name of training Course: THE GROUP TRAINING COURSE IN MENTAL RETARDATION IN FY 1996
2. Name of participant: FRANCISCO JOSE POSADA RODRIGUEZ
3. Name of country: EL SALVADOR
4. Name of your organization: CENTRO DE INVALIDECES MULTIPLES , INSTITUTO SALVADOREÑO DE REHABILITACION DE INVALIDOS

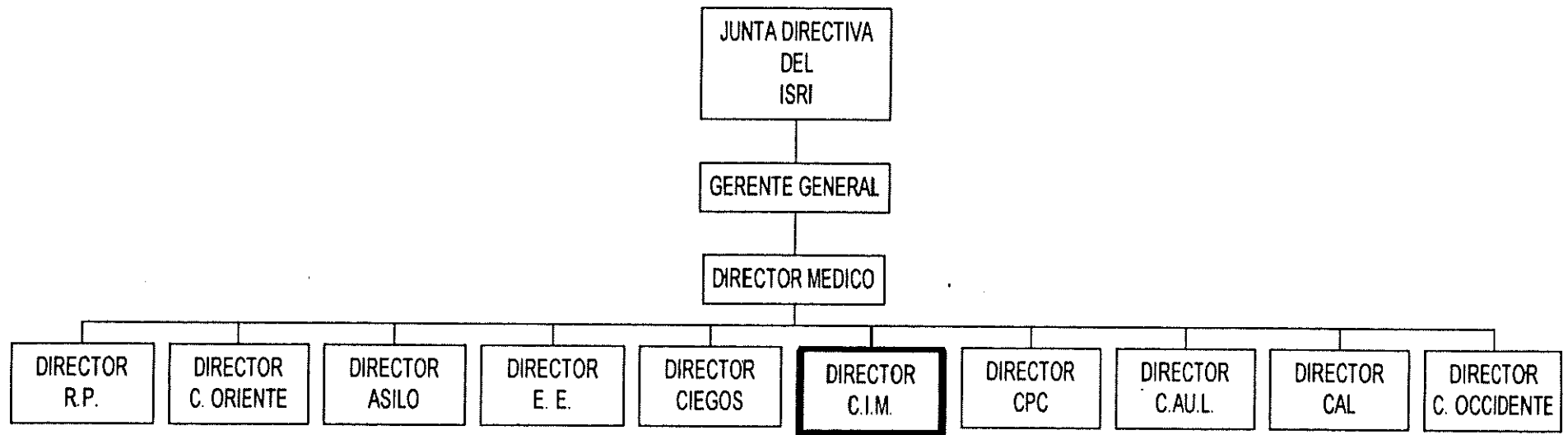
5. Organization Chart:

The Centro de Invalideces Múltiples (CIM) is one of the ten centers which conform the Instituto Salvadoreño de Rehabilitación de Invalidos (ISRI). The objective of ISRI is the attention of disabled people for their Integral Rehabilitation, (physical, psychological, emotional, educational, social and vocational) in order to incorporate them to productive life. ISRI also gives attention to old age people. The ten centers of ISRI are Centro de Audición y Lenguaje (deaf patients), Centro de Parálisis Cerebral (Cerebral Palsy patients), Centro de Ciegos (blind patients), Centro del Aparato Locomotor (locomotion diseases), Centro de Rehabilitación Profesional (Professional Rehabilitation) , Centro de Educación Especial (Mild Mental Retardation education), Centro Asilo de Ancianos (Old Age people), Centro de Rehabilitación Integral de Oriente (East Subsidiary), Centro de Rehabilitación Integral de occidente (West Subsidiary) and Centro de Invalideces Múltiples .

CIM's objective is the attention of children between the ages of 0 to 7 years with any of the following problems: Neurological High Risk, Psychomotor retard, Mental retard, Multiple disability (not cerebral palsy), Chromosomal-Linked Disease, Genetic Disease. There is also at CIM a special section for the attention of children up to 12 years of age with moderate & severe RM. and children with Autism. The procedure used to treat children who attend CIM is divided in two phases: The first one consists on the early identification for multidisciplinary team which is integrated by Pediatricians, Neurology Pediatricians, Endocrinologist, Psychiatrists, Orthopedist and Psychologists. The second phase consists on the Early intervention, Speech Therapy, Physical Therapy, Occupational Therapy, Educational Therapy and Music Therapy, which are chosen depending on the patient's needs.

I am Director of this Center and my function is to plan, direct, organize, coordinate, control the activities and personnel who works in the different areas of attention at CIM. Also, I have to formulate objectives, politics, plans, projects and programs to ensure the attention given to patient is at the highest level. I am also a member of Technical Consultative Council of ISRI.

ORGANIGRAMA DEL ISRI



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.

Mental retardation services in El Salvador are provided by the government through ISRI and special education schools run by the Ministry of Education. Services are financed exclusively by the government budget.

The ISRI provides services to children under 7 years of age with mental retardation. Nevertheless, it can also provide services for children up to 12 years old with moderate and severe mental retardation.

The children with mild mental retardation over 7 years of age are transferred from CIM to the Centro de Educacion Especial (CEE) or to special education schools which are part of the Ministry of Education, where they receive special education until they can be integrated to regular schools in an Integrated classroom. Those who are not able to integrate to regular schools are transferred to the Centro de Rehabilitacion Profesional for vocational training.

There is currently no special institution to attend children over 12 years of age with moderate and severe mental retardation.

There is also one non-governmental organization (NGO) that assists the children by financing services and other indirect services, but does not provide educational services directly.

Private schools also give attention to children with retard but usually after normal school hours are over.

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.

I think there are no disabled people, instead there are people with special or different needs. This means that they cannot achieve certain activities, not because they do not have the ability to do it, but because their surroundings are not designed to satisfy their needs.

For example, in a world where doorknobs are located at 2.5 Mts. of height, I, a person of 1.88 Mts. will not be able to reach the knob, so, in this world I would be a disabled person. The truth is that the world is not made for my needs.

We can see that society demands more of children with mental retardation or physical problems than of regular people. And this is what makes them disabled.

I firmly believe that every person with mental retardation has a potential capacity that can be developed, for each of them to achieve a better quality of life. In our country it is hard to find people willing to accept this situation and able to find these capacities. Most people think these persons are not capable of learning.

I do not believe in placing people with mental retardation or physical problems in long term institutions, since that makes them more dependent and it discriminates them from the rest of the society.

I believe that the problems, that people who work with children with special needs are extensive, ranging from global to personal. First, society labels these people as "different", treating them with pity, rejection and sometimes fear; this makes the physical surroundings, politics and everything around them turn into a very hostile environment.

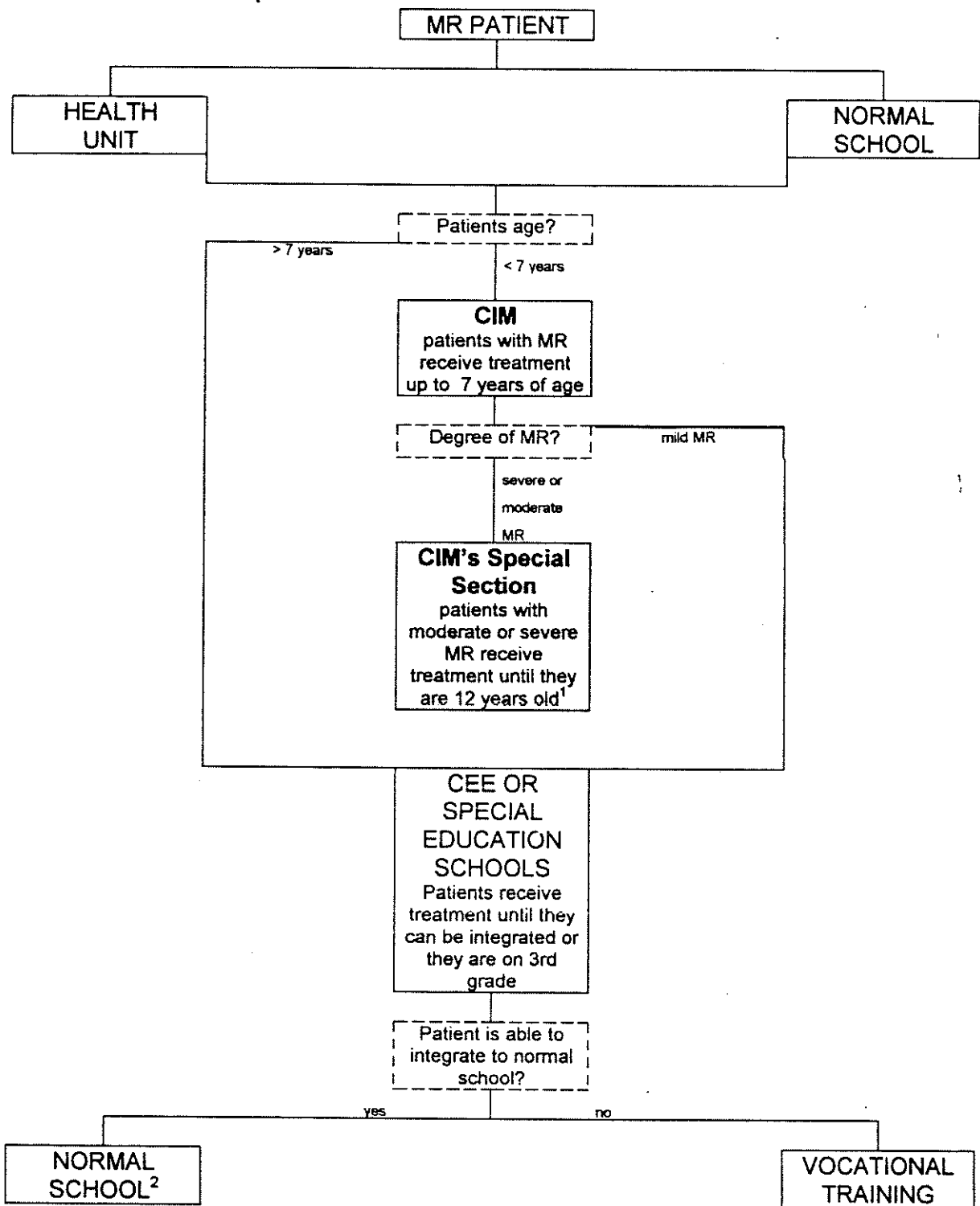
Moreover, in our country there is not a stated politic concerning Rehabilitation and there are only few laws, that are supposed to protect people with special needs, which usually are not followed. These individuals are perceived as non-productive, having a disadvantage when they need to find a job. Moreover, the parents or caregivers usually overprotect these individuals which make them dependent, not allowing them to develop their full potential.

Lastly persons with mental retardation do not develop their capacities thinking they cannot, because that is what was transmitted to them.

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

There was one initiative in 1991 to begin work with C-B R, which resulted in establishment of a inter-institutional committee of C-B R, integrate by members of the Ministry of Health and Human services, ISRI, Ministry of Education and one NGO. Nevertheless, the committee is not longer working.

9. Service delivery system relevant laws and regulations.



¹ Patients over 12 years old with severe or moderate MR do not have a special center or institution to attend. They are left to the care of their family.

² After this phase, patients are left to the care of the normal school teachers, which do not have any special training or assistance.