

## 7. Mexico

Ms. Adriana Gómez Díaz

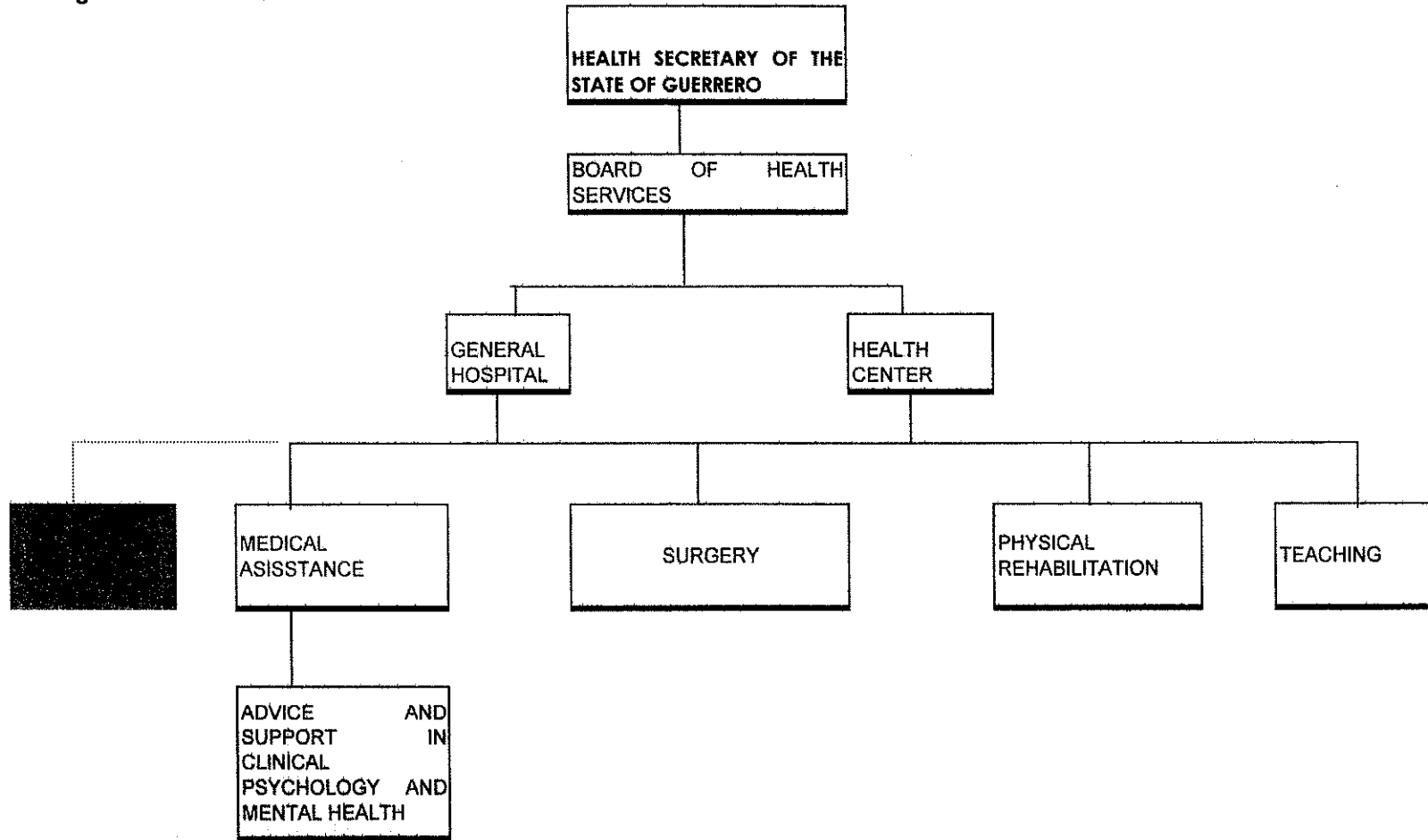
# Intellectual Disabilities

## Country Report

1. Name. Adriana Gómez Díaz
2. Country. México
3. Name of your Organization. State Services of Health, Guerrero.
4. Outline functions of your organization.

- To promote people's physical and mental well being to contribute to the full exercise of their capacities.
- The continuation and the improvement of the quality of human life.
- The protection and the increase of the values that cooperate to the creation, conservation and enjoyment of conditions of health that contribute to the social development.
- The extension of solidary attitudes and responsible for the population in the preservation, conservation, improvement and restoration of the health.
- The enjoyment of services of health and of social attendance that satisfy effective and appropriately the population's necessities.
- The knowledge for the appropriate use and use of the services of health.
- The development of teaching and scientific and technological health research.

5. Organization Chart



NOMINEE'S FUNCTION



INSTITUTION AND FUNCTION TO BE CREATED AND OPERATED

## 6. Current situation and tendencies in the rehabilitation services.

Since 1985, in Mexico City, a space dedicated to the mental health was created assisting the following populations: Minors in state of abandonment, malnourished or abused; minors offenders; the alcoholics, drug abusers or individuals under conditions of vagrancy; pregnant women or nursing; elderly in abandonment, marginated or subject of abuse; impaired by blindness, visual weakness, deafness, muteness, language problems and other disabilities, such as the intellectuals; indigents, people that for their extreme ignorance, in state of abandonment committed offences and they require assistance services; economically dependent relatives of those who are private of their freedom and have been in situation of abandonment; inhabitants of the rural or urban areas that lack of the indispensable for their subsistence, as well as people affected by disasters.

Therefore, the work is approached under 4 lines of research:

- a) Psychiatry, consists of 20 projects located in 7 areas: mental health of the marginated, addictions, social transgressions, community and disasters, family and mental health of their members, psychopathology of the population and epidemic studies.
- b) Neurology, integrated by 9 projects in 6 areas: neurobiology, neurophysiology, alterations of the human communication, neuropharmacology, neuropathology and epidemic studies.
- c) Pediatrics, 6 projects in 4 areas: dysfunctions of the learning, growth and development, social pediatrics and genetics of intellectual disabilities.
- d) Coordinated research of intrainstitutional support and interinstitutional cooperation, constituted by 5 projects.

Keeping in mind the great effort that has made the federal government to provide these services to the population, one of the major concerns is the centralization of services, for which the inhabitants of the states of the Mexican Republic suffer the cost of expenses to receive this attention, due to the traveling and lodging that necessarily carries out. Of there the interest of promoting the creation of centers of

mental health in the states, inside general hospitals of third level of medical attention. This exercise will be favored with the training of specialists in specific populations, as it is the case of people with intellectual disabilities.

7. Own philosophy on rehabilitation services for people with intellectual disabilities in the country.

a) Antecedents.

In our country, great part of the activities in the field of the infantile mental health and of the adolescence have been related to the handling of learning problems or mental deficiency.

It was at the beginning of this century that in Mexico the interest began of creating spaces to assist what they called in a first moment "mentally retarded". Later on, federal institutions founded others of the same issue, until finally the departments of mental hygiene were created inside hospitals of third level, dedicated to the study of the alterations of the mental health.

On the other hand, before the fact that the mental dysfunctions of the children and adolescents should be approached from a multidisciplinary perspective, in 1977 a program of therapeutic intervention was instituted for children with simultaneous orientation to parents, when 58% showed learning, behavior and emotional dysfunctions.

b) Own Philosophy.

In view of the seriousness of the problems of mental health and their serious repercussions in child, adolescent and adult, the most urgent is to recognize the existence of dysfunctions on time and to proceed to convenient measures. This dysfunctions can be: the bad nutrition in the incipient stages of the infantile development; the lack of the boy's intellectual and emotional Stimulation due to social

factors as misery, overpopulation, the lack of sanitary services, the unemployment and underemployment; the abandonment of the children by the mother; the lack of nurseries and foster homes, etc.

All these factors when they rebound in a child that also has had genetic problems, neonatal hypoxia or anoxia, it causes low school yield and the integration from the patient to groups with antisocial tendencies as delinquency, drug abuse and alcoholism, with the consequent social and economic costs.

It is necessary and urgent to promote the sensitization and information to teachers, educators, leaders of the community and authorities to offer the inclusion in their responsibilities the attention and the handling of the mental problems of the children and the adolescents.

I am convinced that the country for its development, requires of healthy children, adolescents and adults. The focus should have three aspects: 1) preventive measures from pregnancy, later in the maternal-infantile care and surveillance and control of child and adolescent development; 2) integrative approach in development in which all the related aspects converge to achieve a physical and mental well being. In this item, a sine qua non condition is the parental and family support; 3) multidisciplinary service in which diverse disciplines should work together (Medicine, Sociology, Education, Culture, etc.). In summary, the follow up of development.

#### 8. Rehabilitation community-based programs for people with intellectual disabilities.

The Centers of Multiple Attention (CMA) inside the Sector of Special Education of the Secretary of Public Education are the only service scholarized of rehabilitation in the government sector. They offer basic education (initial education, preschool and primary) and labor training for children and young with disabilities and special educational necessities that have as better educational option to consent to the curriculum in the frame of the General Law of Education.

The Objective of CMA is to provide the service of schoolarized and formal basic education with justness, quality and relevancy to the school population with or without disabilities and special educational necessities, to favor its educational, school and social integration.

The objective of the education in CMA is that the development spread, reaches the minor as soon as possible and that the school degree corresponds with its chronological age following the plan and effective study programs.

The attention in CAM looks for the development of the child's potential with an integral sense. To achieve the activity is carried out in a rich atmosphere in learning opportunities, inside a stimulating and adequate atmosphere to the age of the students.

The attention in CAM has a transitory character, because the expectations is the integration from the students to the regular educational services or the labor system.

The CAM offers the educational service starting from 3 modalities: complete day, special schedule and alternating shift with the regular school.

The CAM is open to all children with or without disabilities and with special educational necessities that request the educational service in the levels of Early Intervention, Basic Education (preschooler and primary) and Formation for the Work (Labor Training).

Levels of attention. -

Early intervention. (Of 40 days born, up to 5 years). Offers an educational service attention to special educational necessities of students with or without disabilities, by assesments and early attention of those minor presenting high risk, development disturbances and/or some disability signs (neuromotor, intellectual, auditory, visual, etc.)

Basic Education. (Ages: 5-17 years). The attention is based on the regular curriculum of preschooler and primary, using methodological, didactic, materials, technological and communication resources, necessary to the learning of programmatic contents.

Labor Training. It is carried out by means of training modules, based on the norms of labor competitions. It is offered to guarantee that at the egress the students are able to incorporate to the work field and that they obtain enough economic remuneration to satisfy their necessities.

#### 9. Service delivery system and relevant laws and regulations.

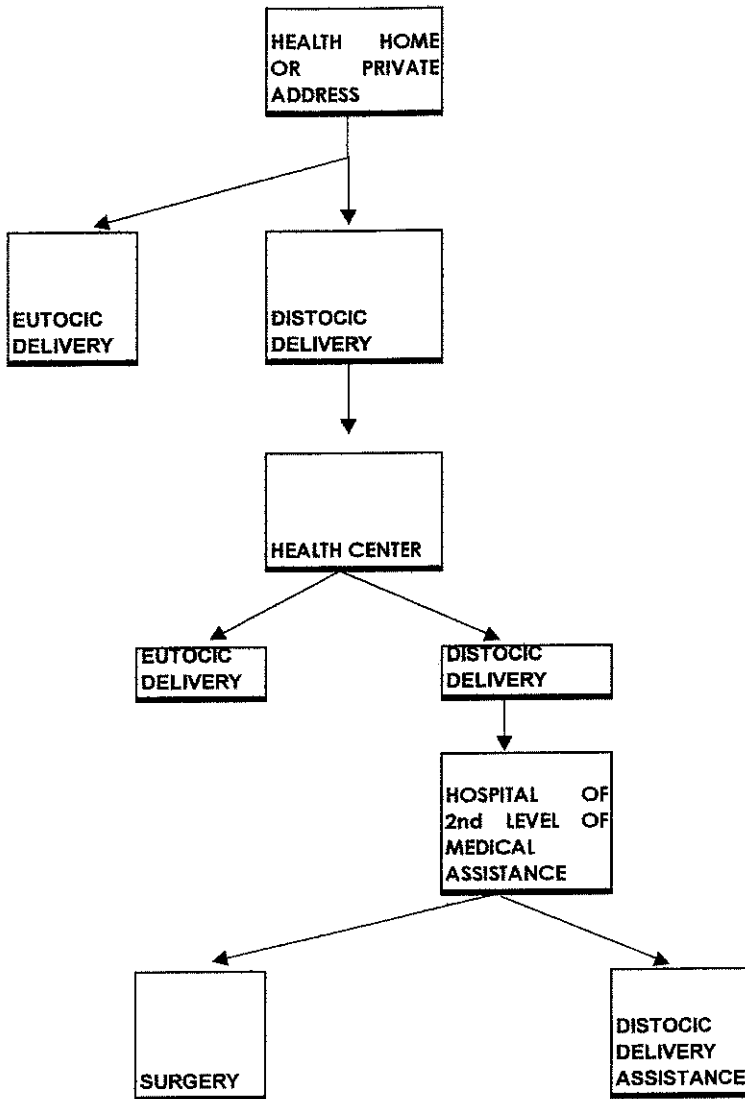
Mexican laws regulate that this service is in all the centers of primary attention to the health (Centers of health) and in hospitals of second level. Therefore, the delivery service is in the first level of primary attention and in Emergency and Gynecology Services of the second level of medical attention institutions, but the law also allows that this service is given by empiric midwives that assist people in its home or at "homes of health", keeping the norms of hygiene and training for the empiric midwife.

According to the chapter V, Article 61 of the General Law of Health that refers to the "Maternal-infantile Attention", the following actions are understood:

- The woman's attention during the pregnancy, the childbirth and the puerperal;
- The boy's attention and the surveillance of their growth and development including the promotion of the opportune vaccination and
- The promotion of the integration and of the family well being.



9. Service delivery system and relevant laws and regulations  
 ( Draw an organization chart or flow chart starting from sections at the lowest level for every agency in the country which is responsible for service delivery system).



EUTOICIC = Normal without or minimal complications

DISTOCIC = Abnormal with complications that require special assistance.