DEPARTMENT OF HEALTH, WELFARE AND PENSIONS – A Report back on the A. J. van Wyk Committee Report:

POLICY ON THE CARE OF THE MENTALLY RETARDED

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OPSOMMING

Sedert die publisering van die A.J. van Wyk Komitee-verslag in 1967 is 'n nuwe era in die versorging van geestesvertraagdes betree – een wat die klem laat val op die geestesvertraagdes se moontlikhede en dus op aktiwiteite gerig op opleiding van geestesvertraagdes van alle ouderdomme.

Die wegbeweeg van 'n geslote gesondheidsisteem na 'n oop sisteem het meegebring dat daar ruim geleentheid vir wedersydse kommunikasie en interaksie tussen die Sorg- en Rehabilitasie-sentra en die gemeenskap is. Die diens vereis totale integrasie met die ander gesondheidsdienste omrede die geestesvertraagde pasiënt die dienste van die algemene gesondheidsdienste net so nodig het as die psigiatriese diens.

Verder vereis die diens 'n buigsamer dienslewering en groter verskeidenheid fasiliteite om 'n gesinsgesentreerde benadering te openbaar – en sodoende is die aanvraag na 'n groter mate van gemeenskapsbetrokkenheid aangewese.

1. Historical review:

SOUTH Africa has always been intensely aware of those members of its population who suffer from mental retardation. Special provision was made for them in the Mental Disorders Act, 1916, and because there was no known form of therapy, they together with mentally disordered patients, were placed under the administration of the Department of the Interior. The earliest institutions were in fact called "Training Schools" and it is apparent that children were trained and to a certain extent educated since these contained their own schools and vocational workshops.

The first indication of State interest was the "Report of the Inter-Departmental Committee on Mental Deficiency" (Union Education Department, 1928), also called the Van Schalkwyk Committee. The investigations of this Committee determined certain criteria for dealing with various types of retardation which were included in the Mental Disorders Act.

At this stage there were only 2 separate institutions for the feeble-minded, viz. Alexandra near Cape Town and Witrand, Potchefstroom, which catered only for White patients. Subsequently Umgeni Waterfall and A.J. Stals were established to cope with the ever increasing numbers.

With the passing of time and in the light of modern knowledge, it became necessary to once more examine the situation. To this end the Minister of Health appointed a Committee in February 1965, to inquire into the care of mentally deficient persons, and to make recommendations concerning –

(1) the extent of the problem concerning mentally retarded ("verstandelik vertraagde") persons who are ineducable:

(2) the policy to be adopted by the Government concerning this problem, particularly with regard to the following aspects:-

(a) The fact that some of these children are trainable (criteria will have to be determined);

(b) the provision of facilities for the training (where possible) of these children and where necessary and desirable for their accommodation;
(c) the responsibilities of the various Government departments arising from any recommendations that may be made;
(d) how the various private institutions and day occupation centres (with and without hostels) are to be linked up with the entire organisation. (Special attention will have to be given to their financial needs – compare the State-aided schools under the jurisdiction of the Department of Education, Arts and Science);

(3) the financial, and if any, legal implications of any recommendations that may be made;

(4) such other aspects which may have a bearing on the matter.

In 1967 the "Report of The Committee of Inquiry into the Care of Mentally Deficient Persons" (A.J. van Wyk Committee Report) was published and a brief summary of the recommendations as they affected the then various government departments, is as follows:

(a) The Department of Health will remain responsible for the care and accommodation of all mental defectives who are not trainable, as well as those who, although trainable, display behaviour problems which make them unsuitable for placement in training centres or sheltered employment. It will also remain responsible for those persons who have attended training centres but have not benefitted therefrom.
(b) The Department of National Education will assume responsibility for the education, training, hostel care, staffing of training centres and transport, where necessary, for all trainable children. It will also, in consultation with the Departments of Labour and of Social Welfare and Pensions, decide, after the training period, which of these should be sent to sheltered employment, protective workshops or the open labour market. Those who have not benefitted by training must be committed to institutions under the care of the Department of Health.
(c) The Department of Social Welfare and Pensions will be responsible for the registration of all homes which are run by voluntary welfare organisations, called "registered homes" in the report, as well as the protective workshops under the management of voluntary welfare organisations. These will have to be regularly inspected by the professional staff of the Department which will also appoint social workers at the three Government institutions.

The Report of the Committee was indeed welcome and filled a very great need in the future care of mentally deficient persons, especially those who are trainable and can contribute towards the economy of the country. Although the recommendations were made in respect of Whites, these were by implication extended to cover all the different racial groups.

2. **Recent developments:**

2.1 **Department of Health, Welfare and Pensions**

As mentioned above the Department has the overall responsibility of caring for all mentally retardates of the pre-school age and for a selective group thereafter.

Within the framework of the Mental Health Act, 1973 (Act No. 18 of 1973) and keeping the A.J. van Wyk Committee Report in mind, policy for the mentally retardates are formulated on a national level by the Sub-committee on Psychiatry in accordance with the Health Act, 1977.

Hospital care is at present offered at 6 Care and Rehabilitation Centres of which a 600 bed centre, which forms part of Oranje Hospital, Bloemfontein, is in the process of being commissioned (See Table 1). Criteria for admission to hospital care are:

- preferably not before the age of 3 years unless gross deformities are present;
- when of school going age a certificate for exemption from the Provincial Education Authorities is compulsory;
- persons over the age of 18 years should be assessed for sheltered employment before consideration is given for admission.

Centres are in future planned for a maximum of 240 patients in order to retain individualised care. Ward units are planned for 30 beds. Except for patients needing special provision for physical handicaps or needs, the wards are furnished to provide a homelike atmosphere and to promote sensomotory stimulation. The addition of an interior decorator to the planning team of the Department, gave momentum to the implementation of this policy. The interior decorator is seconded on a part-time basis to the Department by the Department of Public Works.

Clothing for the patients also received renewed attention, concentrating on attractive, easy to dress patterns taking into account retarded motory skills.

All in-patients undergo genetic examination and follow-up care is offered to their families, if necessary. Provision is also made for a revolving door system where patients can be hospitalised for school holidays in order to give parents a much needed break.

Some centres provide day-care in the form of play centres.

The treatment of the mentally retarded is slowly gaining momentum, showing a much needed interest of health professionals other than the traditional doctor and nurse team. The expertise of the other professional groups can enrich the lives of the patients and assist in changing the image of the care of mentally retardates from a static long-term care to a dynamic acute service.

One of the interesting developments in this field is the specialised community services that were first started by Alexandra Care and Rehabilitation Centre. A home visit service to mentally retardates

is offered in the Cape Town area. It is envisaged to extend this concept to all psychiatric community services in the country. Another form of community care provided by the Department is the Single Care Grants. At present 4 497 patients benefit from these grants. The philosophy underlying these grants is one of providing the financial back-up to parents for the additional needs of the child, i.e. for special diets, additional washing, special clothing, hiring of domestic assistance. The grants should not be seen as covering all expenses of the patients. Parents are responsible for the care of their children but because of the special needs of these patients, which usually result in additional expenses, the grants are usually a welcome addition.

With the rationalisation, the previous Department of Welfare and Pensions' responsibilities regarding the mentally retardate, should also be mentioned. At present 19 homes are registered with the Department catering for 933 sub-economic patients (1979).

2.2 Department of National Education

Apropos to the A.J. van Wyk Committee Report specific responsibilities have been delegated to this Department. The Mentally Retarded Children's Training Act, 1974 (Act No.63 of 1974) made legal provision for the White trainable school going mentally retardates. Three schools have been established on the hospital grounds of the Care and Rehabilitation Centres. Thirty-four additional schools are in operation each catering for ± 100 pupils.

2.3 Department of Coloured Affairs

With the A.J. van Wyk Committee Report being made applicable to the Coloured population, no special Act makes provision for this service other than the Coloured Persons Education Act, 1963 (Act No. 47 of 1963). One school is in operation at A.J. Stals Care and Rehabilitation Centre with 8 other schools registered to take 100 pupils each.

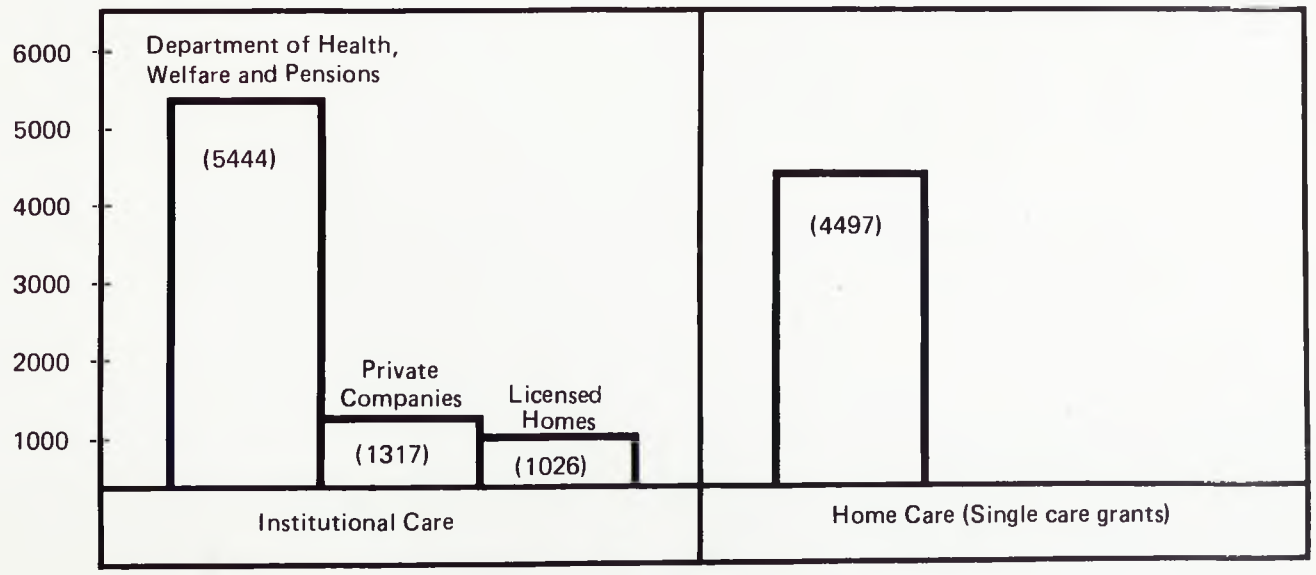
2.4 Department of Indian Affairs

Legislation concerning the education and training of mentally retarded children is limited to the Act to provide for control of Education of Indian persons by the Department of Indian Affairs, 1965 (Act No. 61 of 1965). Four centres are registered to take 410 pupils.

2.5 Department of Education and Training

Likewise, in accordance with article 8 of the Education and Training Act, 1979 (Act No. 90 of 1979) the first private school was registered with this Department this year at Randwest Sanatorium with the appropriate name of "Etumeleng" meaning "to be happy".

Table 1. Number of untrainable, ineducable mentally retarded persons in institutions and the number of persons receiving single care grants as on 31 December 1979.



(Statistics: Department of Health, Welfare and Pensions).

2.6 Private Sector

As with the care of long-term handicapped persons, community involvement remains extremely important.

Twenty homes are registered with the Department of Health, Welfare and Pensions catering for a total population of 1,026. These Homes are subsidised by the Department of Health, Welfare and Pensions. (See Table 1).

The S.A. National Council for Mental Health, as the specialised welfare organisation, has since its inception, been particularly involved with the care of the mentally retardates in collaboration with the Department of Health, Welfare and Pensions. The Council has investigated the need for work and housing facilities for the mentally retardates.
The following table illustrates the tremendous need as was highlighted by the survey:

TABLE 2

NEED FOR ACCOMMODATION AND WORK FACILITIES FOR MENTALLY RETARDATES KNOWN TO DEPARTMENT OF HEALTH, WELFARE AND PENSIONS, MENTAL HEALTH SERVICES AND PRIVATE COMPANY HOSPITALS IN 1980

	Accommodation With Treatment		Accommodation Without Treatment		Total Accommodation Needed		Open Labour market		Sheltered Employment		Protected Employment		Total Work Facilities Needed
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
WHITES:													
Transvaal	230	187	274	1099	504	1286	63	35	56	85	278	327	844
Cape Province	170	145	120	82	290	227	12	12	163	102	200	180	669
Natal	28	18	6	3	34	21			11	3	45	26	85
Orange Free State	32	13	9	7	41	20			34	15	15	9	73
TOTAL	460	363	409	1191	869	1554	75	47	264	205	538	542	1671
COLOUREDS:													
Transvaal	20	12	21	12	41	24			14	7	7	4	32
Cape Province	102	58	338	159	440	217	2	3	115	116	253	96	585
Natal	69	42	10	14	79	56			61	88	88	71	308
Orange Free State											1		1
TOTAL	191	112	369	185	560	297	2	3	190	211	349	171	926
ASIANS:													
Transvaal	6	3			6	3	2						2
Cape Province	38	23	2		40	23			1		146	101	248
Natal	4	4	14	5	18	9			9	3	5	2	19
Orange Free State												1	1
TOTAL	48	30	16	5	64	35	2		10	3	151	104	270
BLACK:													
Transvaal	63	93	49	180	112	273	6	5	18	164	85	174	452
Cape Province	41	24	43	10	84	34	1		92	51	40	30	214
Natal		1	2	1	2	2				3	12		214
Orange Free State	10	3	48	10	58	13	19	13	39	38	57	26	192
TOTAL	114	121	142	201	156	322	26	18	151	253	195	242	885

At present a further 1,317 patients cared for in private company hospitals that are subsidised on a per day per patient basis. (See Table 1)
Another example of community involvement are the many parent groups that have been formed as well as voluntary groups attached to Care and Rehabilitation Centres, e.g. Friends of Umgeni. The need that these groups fulfil emphasises the diversified services needed by the mentally retardates and the important role that the private sector can play for these patients in Centres as well as support to their famlies.

3. Conclusion

As in other overseas countries, South Africa has moved to a new era of bringing services for the mentally retarded closer to the community and moving away from large institutions to small dynamic units. The shift of emphasis was brought about by the realisation of the potential of the mentally retarded and therefore placing the emphasis on structural training activities.

With the emphasis on prevention of mental retardation which requires a team effort by all health professionals, especially our colleagues in obstetrics, pediatrics and genetics, the importance of early intensive therapy seems to be a priority.

Furthermore, apart from the needs of the mentally retardate which cover a wide spectrum, it also affects the family life making a family-centred approach necessary. The services for the mentally retardate require a psychiatric service that is fully integrated with other health services because so often the patient needs their services as much as he needs the services of the psychiatric team.

Of particular importance is the role that the S.A. National Council for Mental Health has played in bringing about this change in philosophy, thus giving impetus to the tremendous opportunities for community involvement that services for the mentally retardates offer.

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3. Statistics: Department of Health, Welfare and Pensions.