Furthermore, apart from the needs of the mentally retarded which cover a wide spectrum, it also affects the family life making a family-centred approach necessary. The services for the mentally retarded require a psychiatric service that is fully integrated with other health services because so often the patient needs their services as well as what 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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WHO IS THE RIGHT PERSON TO LOOK AFTER THE MENTALLY RETARDED?

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A committee was set up in Britain in 1975 under the Chairmanship of Mrs Peggy Jay to look into the staffing of mental handicapped residential care in the National Health Service. Part of the task was to consider the Briggs Committee's recommendation that "...a new caring profession for the mentally handicapped should emerge gradually". The findings and recommendations of the committee were however radical and far-reaching, involving an enormous shift in financial resources and causing much concern and outcry from the nursing profession which considered the new category of care given as a threat to their existence.

The declared philosophy of the committee is sound and should be taken into consideration by all those concerned with the care of the mentally retarded. Briefly it is this:

That all mentally handicapped people have the right to be treated as individuals, to live life to the fullest and to have access to the same services as normal people. As a result of these principles mentally handicapped people will at times incur risks, which they should be allowed to take. The staff who care for them should have the right qualities and attitudes to enable mentally handicapped people to live a rich life. The staff should be supported in their demanding job because they need to be homemakers, they will need to get on well with other professionals in the field and they will need to work closely with parents and families. Their aim should be to help the handicapped to develop to his utmost potential in every way - socially, emotionally, physically and intellectually. It was felt that the training of nurses fell far short of these ideals and this posed the question . . . what sort of training was needed? This training would have to be something special, offering the unique skills, knowledge and attitudes which would enable the residential care worker to give the best kind of care to the mentally handicapped person. The essence of the training would be to teach the skills common to all forms of residential care, with a specialist component devoted to mental handicap. The category considered would not be a nurse but a social care worker trained under the national education department and not under the Nursing Council.

The move toward community care should be accelerated and the mentally retarded should ideally live in his family home. There should also be support available for the family. For those unable to be cared for by their families fostering, or a small local home should be the alternative. The adult retarded should have some choice in the matter of whether to stay in a home or move out into the community.

British Nursing journals have, over the last year, borne witness to the controversy and insecurity which the Jay Committee Report has aroused in the ranks of the nurses caring for the mentally retarded. The year of suspense was ended when Social Services secretary Patrick Jenkin told the House of Commons that there would be no immediate fundamental changes in the present training arrangements. "This is not, in our view, the time to abandon a well-tried form of training for nurses - who will continue to provide the majority of mental handicap care staff for some time to come - for one which is comparatively new and vigorously opposed by nurses and major voluntary organisations," he said.

He did however ask that the organisations responsible for the training of nurses and social workers set up a working group to look at ways of introducing common elements in training and give advice on common inservice training courses. The Committee's recommendation that the mentally retarded be cared for in small units in the community has been accepted but implementation will take longer than it was hoped because of current restraints on public spending.

All those concerned with the care of the mentally retarded would do well to study the Jay Committee report. There are many aspects to ponder . . . are nurses the right people to care for the retarded? Are large institutions the answer to residential care? Are we helping the retarded to develop to their utmost in every way?

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