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

Dr. P.H. Henning
Director (Mental Health Service)

Miss A. Bruwer
Deputy Chief Nursing Officer (Psychiatry)

Mr. A. Hilliard
Under Secretary (Mental Health Services)

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 wegbeveeg van ’n geslote gesondheidsisteem na ’n oop sisteem het meegebring dat daar ruim geleentheid vir wedersydse kommunikasie en interaksie tussen die Sorg- en Rehabilitasie-sentre 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 sensory motor 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 retarded, 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.

<table>
<thead>
<tr>
<th>Department of Health, Welfare and Pensions</th>
<th>Private Companies</th>
<th>Licensed Homes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5444</td>
<td>1317</td>
<td>1026</td>
<td>6000</td>
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</tbody>
</table>


December 1980
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

<table>
<thead>
<tr>
<th></th>
<th>ACCOMMODATION WITH TREATMENT</th>
<th>ACCOMMODATION WITHOUT TREATMENT</th>
<th>TOTAL ACCOMMODATION NEEDED</th>
<th>OPEN LABOUR MARKET</th>
<th>SHELTERED EMPLOYMENT</th>
<th>PROTECTED EMPLOYMENT</th>
<th>TOTAL WORK FACILITIES NEEDED</th>
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<tr>
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<td>274</td>
<td>1099</td>
<td>504</td>
<td>1286</td>
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<td>145</td>
<td>120</td>
<td>82</td>
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<td>7</td>
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<td>TOTAL</td>
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<td>409</td>
<td>1191</td>
<td>869</td>
<td>1554</td>
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</tr>
<tr>
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<td>5</td>
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<td>273</td>
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<tr>
<td>Cape Province</td>
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<td>10</td>
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<td>TOTAL</td>
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<td>142</td>
<td>201</td>
<td>156</td>
<td>322</td>
<td>26</td>
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</tbody>
</table>

3. Conclusion

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 families.

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.

BIBLIOGRAPHY
1. Information received from Departments of: Health, Welfare and Pensions; Indian Affairs; Education and Training.

WHO IS THE RIGHT PERSON TO LOOK AFTER THE MENTALLY RETARDED?

Val Ehlers
Tutor, Head Office, Department of Health, Welfare and Pensions

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 full 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 in-service 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?

BIBLIOGRAPHY

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