

**Facts
on**

***Mental
Retardation***

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
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What Is Mental Retardation?

The modern definition accepted by the American Association on Mental Deficiency describes mental retardation as "significant subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior." In less technical terms the mentally retarded person is one who, from childhood, experiences unusual difficulty in learning and is relatively ineffective in applying whatever he has learned to the problems of ordinary living.

How Prevalent Is Mental Retardation in the United States?

An estimated three per cent of the population of the United States—or more than six million individuals—are believed to be mentally retarded.

Slightly more than 100,000 babies born each year are likely to join this group. By 1980, natural population growth is expected to increase the total to more than 6.8 million, unless far-reaching preventive measures can be discovered and employed.

Mentally retarded persons are found among every race, religion and nationality; every educational, social and economic background. The condition is four times more common than rheumatic heart disease and nine times more prevalent than cerebral palsy. It affects 15 times as many people as total blindness. It disables 10 times as many children and adults as polio did before research provided the Salk vaccine. And one out of every 10 Americans has a direct involvement with the problem by virtue of having a mentally retarded person in his or her family.

The vast majority of mentally retarded persons are mildly retarded. They are handicapped members of our society. However, if they are helped to achieve a satisfactory degree of social and vocational independence, they may no longer be labeled as mentally retarded during adulthood.

Although a significant number of moderately, severely, and profoundly retarded children are found and given help in early childhood, many more are overlooked or improperly diagnosed. The infant mortality rate among these groups is suspected to be high but is difficult to document since, frequently, a baby may not clearly show his retardation. Indeed, he may not for months or even years after birth.

Once a mentally retarded child has reached the age of five or six, he has a good chance of achieving a normal life expectancy. In fact, the life expectancy today of mildly retarded persons is about the same as that of nonretarded individuals. For the other levels, particularly profoundly and severely retarded persons, it is substantially less. However, even this trend is being reversed, thanks to antibiotics and other modern lifesaving treatments. For example,

Inflammation of the brain associated with childhood measles is another cause, now preventable.

As time goes on, more people who were originally placed in the "undifferentiated" category are found to have specific diagnosable causes of their mental retardation. However, even today, no clear diagnosis of cause can be made in the majority of cases, and in most of these there is no demonstrable pathology of the nervous system.

Undoubtedly among the mildly retarded there are many people whose development has been adversely affected by non-specific influences such as inadequate diet, inadequate prenatal and perinatal care and lack of adequate stimulation toward growth and development through learning opportunities.

Mental development, like physical development, is promoted by the right kind of activity and stimulation, and is retarded when it is lacking. Indeed, the two tend to interact. In this process the years of early childhood, when the nervous system is maturing and language developing, are very critical.

How Many Mentally Retarded Persons Are Actually Brain Damaged?

The term "brain damage" has not been adequately defined and is used differently by different people.

Destruction of brain tissue or interference with brain development in the infant or young child frequently produces mental retardation as well as cerebral palsy, convulsive seizures, hyperactivity and perceptual problems.

Such damage accounts for a substantial fraction of moderate, severe and profound mental retardation. Although it cannot be definitely shown in most cases of mild mental retardation, the extent of its contribution is not known, and expert opinion is divided.

Several factors may be at work in the same individual. For example, the premature infant is more vulnerable to brain damage. Prematurity is more common among mothers who receive inadequate prenatal care, and inadequate prenatal care in turn is more common in the underprivileged groups in our society. These same children are also more frequently exposed to inadequate postnatal opportunities for growth and development and to other factors contributing to psychological and cultural deprivation.

The extent of psychomotor, perceptual and sensory

What Can Be Done for Those Who Are Retarded?

Where prevention has not been effective and retardation has already been established, specialized training and rehabilitation are necessary.

Of the estimated six million retarded persons of all ages who need mental retardation services at some time during their lives, about three million can be considered "substantially handicapped" in that they have a long-term, continuing need for special services.

Secondary handicaps such as impairment of speech and hearing, seizures, emotional maladjustment and the like must be treated and reduced to the minimum.

Special educational and vocational opportunities must be made available, and help and advice given to parents in managing day to day problems.

All of these efforts must be based on accurate diagnosis at the earliest age level possible.

Among the services which should be available are specialized diagnostic facilities, home nursing programs, parent counseling, specialized nursery and day care centers, special classes in public and other day schools, religious nurture, camping and other recreational programs, vocational training, sheltered workshops, specialized employment services, income maintenance where necessary, foster homes and boarding care, and specialized living arrangements.

Thus, as a cause of lifetime disability and as a social, educational and medical problem of unique extent and complexity, mental retardation presents an outstanding challenge to science and society in the United States and throughout the world.

What Provisions for Mentally Retarded Persons Exist in Residential Institutions?

Approximately 200,000 mentally retarded children and adults now receive around-the-clock supervision, training, and care in residential institutions, most of them under state auspices, in the United States.

There are one or more publicly administered residential facilities in each state, but the quality of care, as well as the capacity, in relation to need, varies markedly from state to state.

Some mentally retarded children and adults are also mentally ill and are therefore cared for in mental

What Urgent Steps Are Required Now To Meet the Needs?

1. Research in biomedical fields relevant to prevention and treatment.
2. Research in the behavioral and social sciences relevant to prevention of socio-cultural forms of mental retardation and relevant to techniques of education which will more effectively develop the fullest potentials of which each retarded individual is capable.
3. Orientation of physicians to the early diagnosis and positive management of mentally retarded youngsters in their care.
4. Extension of parent education services to provide practical assistance to mothers in the everyday problems of rearing a mentally retarded child.
5. The extension of specialized diagnostic facilities so that they are reasonably accessible to all population groups in all parts of the country.
6. Extension of public school programs for all retarded children, especially in those states which have heretofore provided inadequate legislative and financial bases for these programs.
7. Recruitment and effective training of approximately 50,000 new teachers.
8. Development of improved techniques for selective placement of the mildly and moderately retarded youth and adult in gainful employment, tied with interpretation to employers of the assets and limitations of the mentally retarded employee.
9. Extension and improvement of opportunities for sheltered employment of those incapable of entering the competitive employment market.
10. Modification of laws governing the civil status of mentally retarded persons.
11. New approaches to protective services, guardianship, social guidance and economic security for the mentally retarded adult who cannot contribute substantially to his own support.
12. Development of diversified residential facilities close to the main stream of community life and professional service and adapted to the various individual needs apparent among the mentally retarded children and adults in need of residential care.
13. Effective planning and coordination of major public and private activities at national, regional, state and local levels.

retardation in the United States, the major areas of concern that offer the most hope, the resources that must be mobilized, and the relationships between the federal government, the states, and private resources in promoting prevention and amelioration.

In response to this mandate the panel presented a report to the President in October of 1962. The report was entitled "A Proposed Program for National Action to Combat Mental Retardation."

The report covered broadly the topics of research in scientific manpower, prevention, clinical and social services, education, vocational rehabilitation and training, recreation, residential care, planning and coordination, legal problems, and public attitudes.

It inaugurated an era of increased federal action in research, prevention, professional training and construction of facilities for the retarded.

What Is The President's Committee on Mental Retardation?

The President's Committee on Mental Retardation was established in May, 1966. The Secretary of Health, Education, and Welfare is chairman; members are the Secretary of Labor, the Director of the Office of Economic Opportunity and 21 distinguished men and women.

The executive order establishing the President's Committee on Mental Retardation assigned it three tasks: 1. To advise and assist the President on evaluation of the adequacy of the national effort to combat mental retardation, coordination of federal activities in the field, liaison between federal activities and those of other public and private agencies, and development of public information to reduce the incidence of mental retardation and ameliorate its effects. 2. To mobilize professional and general public support for mental retardation activities. 3. To report to the President at least annually.

For more information, write directly to: The President's Committee on Mental Retardation, Washington, D. C. 20201.

it also has had as its aims public education, career motivation, governmental affairs and leadership development.

At present, Youth-NARC is trying to effect change in the lives of thousands of mentally retarded individuals. As Youth-NARC has stated in its creed, "We are joined together to learn how to live better, how to work with others and to give of ourselves to serve mentally retarded persons. We believe in the worth of each other and have fun in proving it."