

FACTS AND FICTION
ABOUT
MENTAL ILLNESS
AND
MENTAL RETARDATION

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A Discussion Guide

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Facts

Facts

FACTS AND FICTION about MENTAL ILLNESS

FACT or FICTION?

1. **Mental health and mental illness are two completely different states, and a person has either one or the other.**
(After discussion refer to page 5)
2. **Mental illness and emotional disturbance are not the same.**
(After discussion refer to page 5)
3. **Mental illness is inherited.**
(After discussion refer to page 5)
4. **Even if a person has a good home environment with a concerned and understanding family, he may become mentally ill.**
(After discussion refer to page 6)
5. **Persons who deviate from the normal pattern of socially acceptable behavior are mentally ill.**
(After discussion refer to page 6)
6. **Intelligent persons are more likely to develop a psychiatric disorder than are persons of lesser intelligence.**
(After discussion refer to page 7)

7. Persons who show signs of mental illness need more self-control. If they applied themselves they could "shape up" and "snap out of it".
(After discussion refer to page 7)
8. A mentally healthy person is usually happy rather than moody, and is a popular, likeable person.
(After discussion refer to page 7)
9. There are clearly definable types of mental illness and each fits into a specific category.
(After discussion refer to page 7)
10. Dr. William Menninger expressed undue concern when he said, "The problem of mental illness is not that it cannot be cured, but rather that the label remains."
(After discussion refer to page 7)
11. It is not necessary that all mentally ill persons be removed from the community and treated in a psychiatric hospital.
(After discussion refer to page 8)
12. If a person requires hospitalization for mental illness, it is desirable that he remain in the hospital as long as possible because the longer he stays, the less likely he will be to return to the hospital at a future date.
(After discussion refer to page 9)
13. Because state psychiatric hospitals are overcrowded and offer few programs for patients, they should be

avoided except for long-term chronic patients who require primarily custodial care.

(After discussion refer to page 9)

14. Few persons who are hospitalized for mental illness need the security of locked wards.
(After discussion refer to page 10)
15. The 1967 Hospitalization and Commitment Act is an administrative legal document primarily concerned with the way people enter or leave a hospital.
(After discussion refer to page 11)
16. Volunteers at state hospitals can and do play a part in the patients' therapy.
(After discussion refer to page 11)
17. Persons who have been mentally ill are poor job risks.
(After discussion refer to page 12)

FACT

1. Mental health and mental illness are part of a continuum on which all persons move up and down at various times in their lives. Mental health can be summarized with the word "balance"—human beings are able to lead reasonably satisfying and productive lives when they have achieved a workable balance between their personal capacities and the demands made on those capacities by the world in which they live. This balance is never perfect; it is affected by physical, psychological, and environmental factors.

Mental illness can be described as inappropriate, irrational, or unrealistic behavior. In most physical illnesses, there is something wrong or abnormal with parts of the body; in mental illness, it is the behavior of the person which is not "normal".

A psychiatric disorder may be characterized by exaggerated and abnormal feelings of inadequacy and tensions from coping with real or imagined problems of life, or in loss of ability to deal with reality.

2. There are many kinds and degrees of mental illness, some mild, some severe, but all to some extent render a person either incapable of leading a "normal" life as defined by the society, or a satisfying life as defined by himself or those closest to him. The latter most often is described as "emotional disturbance". When the condition becomes serious enough to affect the person's behavior or ability to think rationally, it is termed "mental illness". The term "psychiatric conditions" includes both mental and emotional disabilities.

3. There is no one cause of mental illness. Research indicates that a person's mental health may be affected by

physical, psychological, and environmental factors. Any one or a combination of these factors may produce illness. Even a family with several members afflicted with mental illness does not necessarily indicate an inherited factor. Cultural and social factors in the living environment may play a large part, as well as the person's own physical and emotional makeup.

4. While no one would argue with the fact that a good family relationship and a good home environment is desirable—just as cleanliness is desirable for physical health—these do not insure that a person will never suffer from mental illness. Many causes still are not clearly established. We do know that it has to do with the person's own physical and emotional well-being, as well as his environment.

Parents play a vital role in the emotional growth of their child but, in most cases, they are not solely nor necessarily responsible if the child develops an emotional disturbance. Guilt feelings sometimes keep parents from obtaining help for their child when they see symptoms developing. Children, just as adults, are subjected to many emotional experiences. It should be remembered that, as with any childhood illness, it is important to understand what has happened, and to obtain treatment.

More attention has been given in recent years to the emotional problems of children. The National Association for Mental Health estimates that 500,000 to 1,000,000 children are affected.

5. This is not true. There are as many definitions of "normal" within society as there are subcultural groups. What may be acceptable in a rural community may appear deviant to inner city groups.

More important measures of mental health are how an individual fits within his own society or cultural group; how he feels about himself; how he adjusts to change; how he accepts his own limitations; how he accepts the differences of others; how he accepts society's rules and recognizes the rights of others.

6. Intelligence is not a factor in mental illness. A psychiatric disorder can occur equally as often in less intelligent persons as in highly intelligent, creative individuals.

7. A person afflicted with symptoms of mental illness needs professional help as much as someone who has symptoms of pneumonia. Refusal to seek such help on the part of the individual or his family is just as unwise in either case. Neither is capable of "self-control" of the illness; it is not weakness, but wisdom that spurs a person to obtain treatment.

8. A mentally healthy person does have times when he is "blue", angry, confused or depressed. The difference is his ability to cope with the situation and regain his perspective within a reasonable length of time. Popularity—being liked by everyone—is not necessarily a sign of mental health.

9. Today there is less emphasis on categorizing illnesses than on treating them. Of course, it is useful for professional persons to define a condition for purposes of effective treatment, but more and more attention is being paid to the behavior and how to change it rather than to the diagnostic label.

10. Dr. Menninger's concern is justified. When a person has recovered from mental illness, he frequently finds that the label stays with him. Too often, an uninformed public still considers mental illness a disgrace and a permanent

disability in all cases. It is interesting to note that long after a person has had a mental illness, the fact is still referred to in conversation about that individual. Such social pressure may make life and adjustment more difficult for the former patient.

Unfortunately, some newspaper articles on crime will indicate whether a person was a former mental patient. This seems to imply that every mentally ill person has criminal tendencies. Nation wide studies show that the percentage of individuals who have suffered from mental illness and were connected with crimes was extremely small compared to the general crime rate. An informed public can help reduce the stress on a mentally restored person, and thus reduce the possibility of recurring illness.

11. Only those who require a controlled environment 24 hours a day—or intensive treatment—need hospitalization. In the past, the psychiatric hospital was often the only place where treatment was available. Current treatment of psychiatric disorders has placed increasing emphasis on limiting and reducing hospitalization, and on treatment of persons at community mental health centers, and in day-night hospitals. Only when these types of treatment are unavailable or insufficient to cope with the disturbed behavior of the individual is full time hospitalization necessary.

Today there are mental health centers throughout the state which provide treatment for persons in need of professional help—but not requiring hospitalization—and staffs of local county welfare departments are increasing their skills and understanding in aiding persons with psychiatric problems.

Also, there is an increased number of private and public agencies; clergy, physicians, psychologists, and social

workers who are able to provide treatment and counseling to persons with emotional problems, thus enabling them to remain in the community where their experiences and contacts can remain as close to "normal" as possible.

12. The function of the psychiatric hospital has changed considerably in recent years. Today it is recognized that the role of any hospital—including those for the mentally ill—is to treat the patient and return him to his home and community as soon as possible. A patient should remain in the hospital only as long as its programs can meaningfully contribute to his treatment and his rehabilitation. Prolonged hospitalization can be debilitating rather than rehabilitating, and may even contribute to what has been called "institutional neurosis", characterized by a loss of individuality and initiative, an attitude of defeat, a fear of the "outside world", or over-dependency.

Following treatment the patient should have the opportunity of readjusting to community life as soon as appropriate. This means that the community will play a part in the patient's recovery—by the manner in which his family, friends, and co-workers accept him and permit him to regain his confidence and sense of belonging.

13. This statement may have been true 20 years ago, but it is certainly not true today. In the past 17 years, Minnesota's state psychiatric hospitals have reduced their populations by over 50 per cent. Therefore, the crowded conditions, as they once existed, no longer are present. (Unfortunately, there is still overcrowding in the state hospitals for the mentally retarded.) Also during this time period, the psychiatric hospitals have developed programs of care, treatment, and rehabilitation consistent with current concepts and philosophy regarding mental illness and mental hospitals.

Today, every state hospital has an active rehabilitation department, including recreational, occupational, and industrial therapy; education programs; group therapy; nursing and medical services; and a variety of selective programs and projects in which patients may choose to participate. Some state hospitals have incorporated the "day" or "night" hospital with its program to better meet the needs of certain patients who may need to spend part of each day in the hospital, but who also may benefit from spending part of the day away from the hospital.

It is hoped that the state hospital will be seen as an appropriate and effective community resource for persons needing the services it can offer. For some it may be short-term hospitalization; for others a longer period of time may be indicated. The state hospitals are attempting to meet the needs of persons requiring hospitalization, regardless of length of stay.

14. Only a very small percentage of mentally ill persons are temporarily potentially dangerous to themselves or the community, and these are readily identified. In recent years, it has been proven that expectations play a large part in how individuals act. The hospital with locked doors says to the patient: "We do not expect you to be responsible" . . . "We consider you more of a prisoner than a patient."

A very restrictive environment does not prepare people to take responsibility for themselves and to cope with life. In the past, hospitals based their expectations on the abilities of the least capable mentally retarded person or the most severely disturbed psychiatric patient. If one person left without permission, it was assumed that the hospital was "too open" for all the patients and doors were quickly locked. Today, the majority of hospital pop-

ulation is expected to be more responsible, and it lives up to this expectation.

15. While the law is concerned with legal procedures, and by its very title indicates specific concerns for the manner in which persons enter the hospital and are retained there, it is composed of other factors of equal significance. It is concerned with the human and legal rights of persons in the hospitals. It removes some of the old procedures which treated mentally ill persons or mentally retarded persons as "criminals".

Older practices assumed that any and every person committed (through the court process) was incompetent and therefore should be denied certain basic civil rights. The 1967 Hospitalization and Commitment Act assures that all patients will retain their civil rights, regardless of how they are admitted to the hospital, unless there is a special finding of incompetency. It has brought Minnesota into the 20th century in its treatment of mentally ill and mentally retarded persons.

16. Volunteers play an important role in the lives of hospitalized mentally ill and mentally retarded persons. They provide a contact with the "outside world" so that patients can improve their ability to function in the community. Patients are fully aware that volunteers are not being paid to visit them, but come as friends without obligation. Volunteers help patients achieve a feeling of self-worth and dignity, and also aid in their re-socialization.

Volunteers have another important role: to carry information about the hospital back to their friends in the community. They are involved as citizens in a social concern, and are in a position to be informed and to inform others. They are aware of the patients' needs and the needs of the hospital to carry out its program.

Volunteers find a high degree of satisfaction in knowing that they make a difference in the life of even one ill or handicapped person, and in the influence they carry in making this a better world in which to live.

17. This is a misconception. Individuals who have recovered from a psychiatric disorder are no more of a job risk than those who have recovered from a serious physical illness. They can be better employes than some persons who have problems but have never sought help.

Great concern about the hiring of former mental patients represents unwarranted or unjustified attitudes, based on those instances where a person failed on a job and happened to have had a mental illness. Somehow the failures are what we hear about, rather than the successes.

FACTS AND FICTION about MENTAL RETARDATION

FACT or FICTION?

1. There is no difference between mental retardation and mental illness.
(After discussion refer to page 17)
2. Mentally retarded persons are very much alike.
(After discussion refer to page 17)
3. Mentally retarded persons have the same emotional needs as other people.
(After discussion refer to page 17)
4. Mentally retarded persons are not bright enough to know they are different or to understand when people talk about them.
(After discussion refer to page 17)
5. Mental retardation usually can be recognized at birth.
(After discussion refer to page 18)
6. Children who are slow learners are generally found to be mentally retarded.
(After discussion refer to page 18)
7. The intelligence quotient is not an effective method

of determining whether a person is mentally retarded.

(After discussion refer to page 19)

8. Mental retardation is a permanent condition.
(After discussion refer to page 19)
9. Few mentally retarded persons are hospitalized.
(After discussion refer to page 19)
10. A state facility is not the only resource available for mentally retarded persons.
(After discussion refer to page 20)
11. Placement of a mentally retarded child in a good home environment will not make him "normal".
(After discussion refer to page 21)
12. What mentally retarded children need is a simplified version of regular school classes.
(After discussion refer to page 21)
13. Most mentally retarded persons can benefit from training or special education.
(After discussion refer to page 21)
14. A mentally retarded child can learn to read.
(After discussion refer to page 21)
15. Mentally retarded persons can be trained to be self-supporting citizens.
(After discussion refer to page 22)

16. Mentally retarded persons are poor employees.

(After discussion refer to page 22)

17. Most mentally retarded persons are not dangerous to the community.
(After discussion refer to page 22)
18. Of the nearly six million mentally retarded persons of all ages in the United States, more than half are in state residential schools for the retarded.
(After discussion refer to page 23)
19. About 10 per cent of the general population is mentally retarded.
(After discussion refer to page 23)
20. Approximately 90 per cent of mental retardation is due to hereditary factors.
(After discussion refer to page 23)
21. The cerebral palsied are mentally retarded.
(After discussion refer to page 24)
22. Children who have convulsions are mentally retarded.
(After discussion refer to page 24)
23. Parents of a mentally retarded child should decide not to have more children.
(After discussion refer to page 24)
24. Brothers and sisters of a mentally retarded person, of non-hereditary causes, should still fear having

children of their own.

(After discussion refer to page 24)

25. It is possible for mentally retarded persons to have normal children.

(After discussion refer to page 24)

26. Sterilization would solve the problem of mental retardation.

(After discussion refer to page 25)

27. Cases of mental retardation can be prevented.

(After discussion refer to page 26)

FACT

1. Mental retardation and mental illness are two distinct conditions. Mental retardation is incomplete mental development. Mentally retarded persons are those whose normal intellectual growth was arrested at some time before birth, during the birth process, or in the early years of development.

Mental illness can be described as inappropriate, irrational, or unrealistic behavior. In most physical illnesses, there is something wrong with parts of the body; in mental illness, it is the behavior of a person that is not "normal". A psychiatric disorder, an emotional disturbance or the more serious mental illness, may be caused by physical, psychological or environmental factors, or a combination of all three.

While mental illness is not necessarily related to intelligence, it is possible for a person to be both mentally ill and retarded.

2. There are many degrees of retardation, ranging from the very mild to the very severe. Mentally retarded persons are individuals and are quite different from each other. More than anything else, the recognition of this individuality points to the need for accurate diagnosis, appropriate planning, necessary treatment, and individualized education and training.

3. Only the intellectual capacities of the mentally retarded person have been impaired and, in some cases, his physical health. The mentally retarded person experiences the same emotional needs as do others—for love, security and understanding, and he suffers the same feelings in situations of rejection, indifference or frustration.

4. With the exception of the very severely retarded who represent only a small minority, mentally retarded persons

are often aware of their limitations compared with those around them. Many times they are frustrated in attempts to satisfy the demands of others who cannot accept them as individuals with unique characteristics.

Many of us have had to learn to live with our inability to draw, to do higher mathematics, to manage work requiring higher manual dexterity. All persons have some limitations and we usually are aware of them. This could be said for most mentally retarded individuals. We always need to remember that their hearing is usually no more impaired than ours, and that they generally comprehend the conversation and the feelings being expressed.

5. The severely retarded child is usually recognized at birth or shortly thereafter because he fails to respond to the usual stimuli and environment as does a normal baby.

However, most other cases of retardation are not recognized until the child fails to learn in school. This indicates the importance of the growth and development factors in diagnosing mental retardation.

6. There are many reasons why a child may have learning difficulties. All slow learning children should be studied by a psychologist who can determine if referral to other specialists is needed. What may appear to be mental retardation may actually be a hearing or speech impediment or defective vision—most of which could be detected and corrected through contact with the appropriate specialist.

Learning difficulties also may be due to emotional disturbance. A study of the child's growth and development, together with the use of highly specialized techniques by the examining team, should enable the diagnosticians to differentiate between problems due to lack of normal

development, physical disability, or disturbed mental functioning.

It may be that the slow learner is mentally retarded. If this is true, placement in a special class may help develop his abilities to the fullest extent possible.

7. It is generally recognized by skilled professionals that the intelligence quotient cannot be accepted as the sole index of mental capacity. Many inexperienced persons accept the IQ as final evidence of normality, but this is too limiting, and other testing devices also should be utilized.

The IQ may be a helpful guide, but the symptoms associated with mental retardation also should be considered before final diagnosis is made.

8. Today, the definition of mental retardation describes an individual's *current* or *present* state of intellectual functioning and social adjustment. Thus, a person's intellectual status may change as a result of changes in social standards or conditions, or as a result of changes in his level of intellectual efficiency. This level of efficiency must be determined in relation to the standards or characteristics of the person's cultural and age group.

Training and treatment can help improve the level of efficiency of a person designated as mentally retarded. Ongoing research in mental retardation seeks to identify specific physical causes of the condition and the basic problems of behavior and learning processes. Research has shown that there are more than 200 conditions and diseases which can cause mental retardation, and there are many more causes which are unknown. Continued research is needed in an effort to prevent, alleviate, and treat retardation.

9. Most mentally retarded persons are *not* hospitalized, nor should they be. In many instances, retarded persons

can be successfully cared for at home as contributing members of the family and the community. The public schools offer special education classes for children. There are an increasing number of day activity centers and sheltered workshops in many communities for those who need special working conditions. Others are capable of holding positions in the competitive work world.

There are different degrees of retardation: mild, moderate, severe and profound. It is generally estimated that about one in 30 retarded persons is either profoundly or severely retarded, and will need constant care or supervision throughout his life. The other 29 can function at varying levels of success in the community.

10. Many community resources are available for mentally retarded individuals. Day activity centers and day schools offer activities for children and adults which promote greater independence, develop better health habits, offer an opportunity for social and intellectual stimulation, and help develop physical coordination. Special education classes also are provided by public school systems.

Vocational evaluation and training is provided at sheltered workshops, work adjustment centers, and occupational training centers located in many communities. Group living facilities also are available.

Social and recreational programs, including camping, are sponsored by local Associations for Retarded Children, day activity centers, and other community agencies and organizations.

In the event that placement in a state facility is necessary, it should be considered a temporary treatment and training plan rather than a lifetime plan. Today, the goals of the state facilities are aimed at returning the retarded person to his community as feasible.

11. A mentally retarded child cannot become "normal" by being placed in a good home environment. He may show the results of good training and may more nearly reach the accomplishment level in accordance with his potential for development, but this must not be confused with the growth of intelligence.

12. Mentally retarded children need specialized training, not merely a "watered down" regular course of study. The most successful training programs are those which are devised to meet the individual and particular needs of the mentally retarded child. The program should be one essentially of "clinical teaching". A mentally retarded child is a very slow learner and therefore must have the material presented to him in small steps and at a psychologically appropriate moment. Learning must be highly motivated, and small steps provide for the elimination of gaps in the teaching process.

In today's public school, a minimum of two to three per cent of the children are in need of special education because of mental retardation. Some educators would place this percentage even higher. Special education or an adjusted course of study is the right of every child who cannot benefit by the school program which is designed to meet the needs of the greatest number of children.

13. There are only a few mentally retarded individuals who cannot be helped through training. The level of accomplishment may be very low for some and the progress very slight—such as training in toilet habits, dressing, and feeding—but they can be helped.

14. Many mentally retarded children can be taught to read to some extent, but there is a difference between the ability to pronounce the words on a page and a comprehension of the text. Educators feel that entirely too much

emphasis is placed upon academic learning in schools for the mentally retarded. Unless the child will find the ability to read a useful process, the time spent in the laborious teaching of a mentally retarded child to read could be spent to greater advantage by giving him training in other areas, such as self-help and social skills, manual skills, and bodily coordination.

15. Although social and economic adjustment may not be at a high level, many mentally retarded persons need not be totally dependent upon the community. There are numerous mentally retarded individuals in every community who are successful graduates of sheltered workshops and other training programs.

During the past 25 years, institutions have developed as a goal the return of well-trained individuals to the community. According to the National Association for Retarded Children, two million mentally retarded persons are employed today, primarily in the service industries and routine office work occupations. Revolutions in understanding and education have helped give mentally retarded persons a chance to demonstrate—to others and to themselves—their worth as individuals.

16. Nothing could be further from the truth. Mentally retarded persons can do many routine tasks much better than normally intelligent persons. They are proud of their ability to contribute to the world and find great satisfaction in their work. When properly trained for a job they feel competent to do, they make fewer job changes, have a lower absence rate, are more punctual, and are generally more conscientious than the average worker. Employers are learning that hiring mentally retarded workers is not charity. It's good business.

17. A mentally retarded person is not potentially danger-

ous. He is generally a non-aggressive individual rather than a dangerous one. Very few offenses against society are committed by mentally retarded persons. A study, covering an 18-year period, of 32,000 admissions to penal and correctional institutions as well as training schools for juvenile delinquents, reveals that only nine per cent were mentally retarded.

18. Actually, the figure is less than five per cent—according to the President's Committee on Mental Retardation, only 200,000 mentally retarded persons are in state facilities. It must be remembered, however, that the specialized institutions serve many more than this number, for there is a steady movement of population with many trained individuals returning to the community each year. An additional 20,000 retarded persons live in private residential facilities.

19. The most common figure cited, one based on expert opinion, is three per cent of the total population. However, it is estimated that not more than one per cent of all mentally retarded persons are known to state or community agencies.

20. This is an entirely mistaken notion. Mental retardation can occur in any family regardless of social, economic or educational background.

However, according to the President's Committee on Mental Retardation, three-fourths of the nation's mentally retarded are to be found in the isolated and impoverished urban and rural slums, where living conditions retard both physical and mental growth and development—crowded housing, malnutrition, lack of education, and other environmental factors contribute to cultural deprivation. But mental retardation resulting from these conditions is not hereditary.

Some cases of mental retardation are due to heredity. In addition to genetic and environmental factors, retardation may be caused by difficulties during pregnancy, stress at birth, or conditions after birth, including childhood diseases which may result in brain damage.

21. As a group, the cerebral palsied are not mentally retarded, although some may be diagnosed as such. It is estimated that about six out of 10 are of normal mentality.

22. There are a great many children subject to convulsive disorders who are normal in mentality. The same is true of adults. Some are, of course, mentally retarded.

23. While the shock of having a mentally handicapped child is a great one to all parents, this does not necessarily indicate that they cannot produce normal children. The majority of cases of retardation are not due to hereditary factors. However, it is recommended that a genetic counselor be consulted before the couple has more children. It often is possible for such a counselor to determine if the retardation is hereditary or due to other factors.

Generally, if there is no previous history of retardation in the family, there is a low risk of recurrence after the birth of one retarded child.

24. If there is no question as to the heredity factor, the presence of a brother or sister who is mentally handicapped should not discourage prospective parents. As with any other pregnancy, adequate prenatal and after-care should be obtained as this is vital to the normal growth and development of every child.

25. This is true. Once again, genetic counseling is a useful procedure in determining whether the retardation is due to heredity or to other factors. If not hereditarily retarded, a person may have intellectually normal children.

It must be remembered, however, that retardation due to cultural deprivation or other environmental conditions may be perpetuated if the child also is reared under such conditions.

26. This statement must be accepted as false. Because of the many causes of mental retardation, both known and unknown, it cannot be eliminated through sterilization.

In considering sterilization, a physician or genetic counselor should be consulted. He often is able to determine whether the retardation is hereditary or due to other causes. Recent studies indicate that mental retardation is hereditary in only about 25 per cent of the cases. Therefore, sterilization would not be an effective method of prevention in the majority of retardation cases.

Motives for sterilization should be carefully considered. Selective sterilization to prevent birth of a hereditary mentally retarded individual might be argued as being beneficial. However, sterilization of a retarded person raises ethical questions as to whether such action is justified. Some authorities feel that sterilization should be used to prevent illegitimacy, while others feel that social training and education is a more appropriate solution.

Other factors to be considered are family and religious beliefs, as well as the ability of the persons involved to accept the results of sterilization.

The question of sterilization is a very personal one which must be resolved on an individual basis. Each decision is governed by varying circumstances; there can be no "rule" on which to base all judgments.

Recently, birth control methods have offered a possible alternative to the permanency of sterilization. Under proper medical supervision, such methods may be recommended,

particularly for mildly retarded persons who may eventually improve sufficiently to become able parents.

27. There are certain preventive measures which can be taken to reduce the incidence of mental retardation. Genetic counseling, before conception, may indicate the presence of genetic abnormalities which might produce a mentally retarded child.

Many states, including Minnesota, now require that all newborn babies be tested for phenylketonuria (PKU), a chemical imbalance. PKU is a hereditary cause of retardation and, if discovered early, can be corrected and thus prevent retardation. Another preventive measure is the early vaccination of pregnant women to prevent contracting German measles which may affect the fetus.

According to the National Association for Retarded Children, the nine months before birth and the months immediately after birth are perhaps the most important in the life of a child. It is for this reason that the importance of prenatal and child care cannot be overly stressed.

RESOURCE MATERIALS

Literature

MENTAL RETARDATION

Minnesota Association for Retarded Children
1911 Nicollet Avenue South
Minneapolis, Minn. 55403

Division of Mental Retardation
Social and Rehabilitation Service
U.S. Department of Health, Education and Welfare
4040 North Fairfax Drive
Arlington, Va. 22203

National Institute of Child Health and Human Development
National Institutes of Health
Bethesda, Md. 20014

National Institute of Neurological Diseases and Blindness
National Institutes of Health
Bethesda, Md. 20014

Children's Bureau
Social and Rehabilitation Service
U.S. Department of Health, Education and Welfare
330 Independence Avenue S.W.
Washington, D.C. 20201

Rehabilitation of Disabled
Rehabilitation Services Administration
Social and Rehabilitation Service
U.S. Department of Health, Education and Welfare
Washington, D.C. 20201

Bureau of Education for the Handicapped
Office of Education
U.S. Department of Health, Education and Welfare
Washington, D.C. 20202

President's Committee on Mental Retardation
U.S. Department of Health, Education and Welfare
330 "C" Street S.W.
Washington, D.C. 20025

Secretary's Committee on Mental Retardation
U.S. Department of Health, Education and Welfare
Washington, D.C. 20201

The President's Committee on Employment of the Handicapped
Washington, D.C. 20210

Joseph P. Kennedy Jr. Foundation
Suite 402
1411 "K" Street N.W.
Washington, D.C. 20005

MENTAL HEALTH and MENTAL ILLNESS

Minnesota Association for Mental Health
807 - 13 Avenue South
Minneapolis, Minn. 55404

Information Services Branch
National Institute of Mental Health
5454 Wisconsin Avenue
Chevy Chase, Md. 20215

Center for Studies of Child and Family Mental Health
National Institute of Mental Health
5454 Wisconsin Avenue
Chevy Chase, Md. 20215

Children's Bureau
Social and Rehabilitation Service
U.S. Department of Health, Education and Welfare
330 Independence Avenue S.W.
Washington, D.C. 20201

Rehabilitation of Disabled
Rehabilitation Services Administration
Social and Rehabilitation Service
U.S. Department of Health, Education and Welfare
Washington, D.C. 20201

The President's Committee on Employment of the Handicapped
Washington, D.C. 20210

Publications Division
The Hogg Foundation for Mental Health
University of Texas
Austin, Texas 78712

American Medical Association
Department of Health Education
535 North Dearborn Street
Chicago, Ill. 60610

RESOURCE MATERIALS

Films

Film Library
Minnesota Department of
Public Welfare
Centennial Building
St. Paul, Minn. 55101

Film Catalog

Minnesota Association for
Mental Health
807 - 13 Avenue South
Minneapolis, Minn. 55404

*Catalog of Selected Films
for Mental Health Education*

National Association for
Retarded Children
402 Lexington Avenue
New York, N.Y. 10017

*Catalog of Audio-Visual Me-
dia and Material on Mental
Retardation*

National Clearinghouse for
Mental Health Information
National Institute of Mental
Health
5454 Wisconsin Avenue
Chevy Chase, Md. 20015

Selected Mental Health Films

RSA Information Service
Division of Mental Retardation
Social and Rehabilitation Service
U.S. Department of Health,
Education and Welfare
Washington, D.C. 20201

*Mental Retardation Film
Guide*

Children's Bureau
Social and Rehabilitation Service
U.S. Department of Health,
Education and Welfare
Washington, D.C. 20201

Selected Films on Child Life

"FACTS AND FICTION ABOUT MENTAL ILLNESS AND MENTAL RETARDATION"

The purpose of this booklet is twofold --

- * To stimulate thinking and discussion about mental illness and mental retardation
- * To provide information on these subjects.

The booklet is intended for use as a discussion guide. It was written with the purpose of stimulating the participants to think about the subject matter -- rather than to simply provide them with information. It is hoped, through this method, to involve the members of the group and to assist them in thinking through and analyzing their own thoughts or feelings related to these subjects. By asking the groups why they have answered the questions a certain way, they might discuss and discover certain attitudes which they have, and perhaps clarify many of the misconceptions which still exist today relating to mental illness and mental retardation.

Each 'statement' in the booklet should be presented and discussed separately, allowing time for the participants to decide if it is a 'fact' or 'fiction' and to explore the reasons why they feel one way or another -- before turning to the answer.

Even if there is agreement in the group on a given statement, the discussion leader should encourage the participants to explain the reason why they chose the answer they gave. Obviously, there will be less discussion if there is agreement in the group, than if there is a difference of opinion. If the discussion leader can think of certain ideas, stereotypes, or attitudes which he or she would like to present as a further challenge to the group, this might help to stimulate additional discussion.

The time devoted to a discussion of each 'statement' will vary, depending on how much agreement there is on it and how far the group wishes to go in discussing or exploring that one statement. Here the discussion leader will have to use judgment in terms of the amount of time allotted for covering the booklet.

"Facts and Fictions" has been divided into two parts, one dealing with mental illness and the other with mental retardation. This was done in order to try to clarify some of the confusion which still exists today in the minds of many with regard to these two types of mental disorders.

In developing the booklet we have selected statements about which there seems to be some confusion, disagreement, or doubt. Obviously, there are many others which could have been included and which may come up in the course of discussion.

TO THE DISCUSSION LEADER --

Suggestions on the Use

of

"Facts and Fiction

about

Mental Illness and Mental Retardation"

Resource Material

If the discussion leader wishes additional material on mental illness, mental retardation, or the state program, the following booklets are available for purchase from the Documents Section, State Department of Administration, Centennial Building, St. Paul 55101:

"In Search of Balance" (mental health/mental illness - 70 cents)
"A World of the Right Size" (mental retardation - 70 cents)
"Minnesota's Mental Health-Mental Retardation Program in Perspective" (\$1.00)

Single copies are available without charge from: Education and Manpower Development Section, Medical Services Division, State Department of Public Welfare, St. Paul 55101.

Also, the following two color, animated films are available on loan from the Film Library, State Department of Public Welfare:

"A World of the Right Size" (19 min./mental retardation)
"How Are You?" (14 min./mental health and mental illness)

Prints may be purchased from: Communications Division, Nebraska Psychiatric Institute, 602 South 44th Avenue, Omaha, Neb. 68105.

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