

PLACEMENT OF MENTALLY RETARDED CHILDREN: HOME OR INSTITUTION?

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For many years, planning for mentally retarded children frequently has raised the issue of whether or not a child should be placed out of the home for some form of care, education, or treatment. At times the issue has been one of whether or not the family can survive the strain of caring for a retarded child who may present difficult management problems, or require complex nursing care. Occasionally the presence of a high degree of community pressure in the form of isolating or stigmatizing the family of the retarded child may be a factor.

Until recent years, when placement of a child out of the home has been deemed necessary for whatever reasons, the chief resource has been the State institutions for retarded. Presently, however, in addition to the State Schools and Hospitals, there also exists a large array of facilities including boarding homes, specialized private non-profit institutions, and modified nursing homes. The actuality of the need for placement has been modified by the development of special education classes in the public schools for "educable" and "trainable" retarded children, and also, more recently by the establishment of privately operated state subsidized Day Activity Centers.

The Minnesota State Department of Public Welfare has been directly or indirectly involved in the development of many of these facilities and programs. The direction of the State Schools and Hospitals is a responsibility of the Welfare Department Medical Services Division, The Medical Services Division's Section on Mental Retardation and Epilepsy discharges the responsibilities of the Commissioner of Public Welfare for persons committed to his care as mentally retarded. The Child Welfare Division is responsible for the standards and licensing of private institutions, foster homes, and Day Activity Centers for mentally retarded persons.

As awareness has increased of the enormous variety of medical, psychological, and social needs of mentally retarded children and their families, and as facilities have developed in response to these needs, decisions about care, education, and treatment have become extremely difficult to make. In an effort to provide some guidelines toward making these decisions, the Department of Public Welfare has issued a policy statement based on a few fundamental principles which may be expressed as follows:

1. Separation of a retarded child from his parents is an extremely serious decision with respect to the well-being both of child and parents.
2. Minimizing the effects of this often traumatic experience requires skillful and time-consuming work on the part of the family physician, pediatrician, and social case worker.
3. The decision to place a child out of the home should be a joint one, involving the parents, the family physician, and the case worker.

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4. The determination of what facility to use should be based on a thorough medical, psychological, and social work study of the child and family, and a knowledge of the variety of facilities available to the child and family. This often requires the combined efforts of the pediatrician, psychiatrist, psychologist, social worker, and public health nurse.
5. If the child must be removed from his home, he should be placed in the facility closest to his home that can meet his needs.

The policies based on these principles are stated in a bulletin issued by the Commissioner of Public Welfare on July 26, 1965, as follows:

- "1. No child should be considered for placement out of the home without a comprehensive evaluation not only of the afflicted child but also of the family and community resources. Ideally such an evaluation is coordinated and multi-disciplinary and includes pediatric, psychological, social, and psychiatric studies. Mental health centers, the Child Development Centers at Fergus Falls and Owatonna, the services of the University of Minnesota, and services still in the development stage can be utilized for this purpose, as can purchase of locally available service.
- "2. Commitment to guardianship as mentally deficient is not a necessary or desirable step in all cases. A non-committed person is entitled to the same services as a person under guardianship. A person need not be committed as a prerequisite to admission to a state institution for mentally retarded. If commitment is desirable, it can be done at any time in the retarded person's life and need not be done when the retardation is first discovered.
- "3. A final decision on placement should not be made until the parents have been told of the variety of facilities and services available and given the maximum opportunity to consider their feelings both about caring for their child who is retarded and about possible separation for shorter or longer periods of time. When separation is necessary in order to resolve a crisis, or to provide adequate nursing care or supervision, placement should be in a facility as close to home as possible to allow frequent contact between parent and child. Placement should not be considered as a permanent step.

- "4. In an instance in which placement outside the home is urged that is considered inappropriate by the county welfare agency, such a placement should be discouraged until reasonable case work effort has been made to help the parents completely assess their situation. In some instances, a temporary placement may be necessary while case work continues. If the parents continue to insist on a long-term placement, a foster home placement is more desirable than institutional placement.
- "5. Case planning for the retarded should be done as much as possible at the local level among those agencies that will be dealing directly with the person."

Each of these policies has a direct relationship to the general practitioner or pediatrician when he suspects or diagnoses mental retardation. The role that the physician takes under these circumstances may affect the entire family positively or negatively for many years. 1 The information about developments in the area of mental retardation has reached various professional groups slowly and unevenly. Parents, therefore, often are demoralized by contradictory statements from physicians, psychologists, and welfare workers even within their own communities regarding the desirability of institutional placement.

For example, until recently Down's Syndrome ("Mongolism") when discovered at birth has been understood to be adequate basis to insist that the afflicted child be placed in an institution immediately. Studies of such children, however, reveal that given the stimulus of parental relationships they may be capable of considerably more mental and emotional development than heretofore was realized. Although residential care may become necessary at a later age, the possibility of a more constructive adjustment is greatly increased if the child spends its early years in its own home. In the case of Down's Syndrome, then, parents may be advised by the physician who delivered their child to apply for admission to an institution for mentally retarded immediately. On contacting their county welfare agency, however, they may be told that such children will not be considered for admission until they are much older. From this point on, whomever they see may be unwittingly placed in the position of passing a judgment on the two advisors, but nothing that he says may really resolve the uncertainty of the parents. More subtle degrees of mental retardation, or mental retardation in association with behavior problems in older children often make for even more complicated and difficult decisions in which the advice of the family physician may be relied upon heavily.

Few physicians are likely to have the time to remain familiar with all developments in the field of mental retardation or to organize personally a total evaluation and treatment program for their mentally retarded patients. Available to the physician however, are the assistance of the county welfare departments, community mental health centers, the staffs of the nearest institution for mentally retarded, the local public health nurse, the resources of the State Department of Public Welfare, and the resources both state and local of the Associations for Retarded Children. The latter organizations contain many parents who may be particularly

helpful because they have successfully faced the problems associated with having mentally retarded children.

This article is intended primarily to alert the physicians of Minnesota to these Department of Public Welfare policies and underlying philosophy. Questions which these policies raise that are not answered in the article should be directed to the Medical Services Division of the Department of Public Welfare, where they will be welcomed and responded to immediately.

This is very thoroughly discussed in a publication of the Group for the Advancement of Psychiatry titled, Mental Retardation: A Family Crisis--The Therapeutic Role of the Physician, Copies of this report can be obtained for \$.50 from: Publications Office, Group for the Advancement of Psychiatry, 104 East 25th St., New York, N.Y., 10010. Another helpful publication is Mental Retardation; A Handbook for the Primary Physician issued by the American Medical Association. Copies can be obtained for \$40 from: American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610