

REASONS FOR A DIVISION FOR MENTAL RETARDATION AND EPILEPSY. THIS IS TO INCORPORATE ALL OF THE DEPARTMENT OF PUBLIC WELFARE PROGRAM RESPONSIBILITY FOR THESE GROUPS.

#### I. CENTRALIZATION OF PROGRAM RESPONSIBILITY

First we should like to indicate why we feel program responsibility for the mentally deficient and epileptic should be within one unit of the Department of Public Welfare. The law places general responsibility for the welfare of the retarded upon the Commissioner. It is our belief that unless the same unit within the Department is responsible for all program activities there will be a less adequate program provided and that either the duplication or omission of some needed service will be found.

Viewing the state program from our standpoint we see the following elements as composing it:

A community program - Guardianship  
Counseling  
Education of public  
Private residential facilities  
Day-time facilities and recreation  
Clinics

An Institutions

Program - Program of care, training and education  
Placement in community  
Community education  
Clinics (if established)

It is our belief that all these services should be administered as one program: There are of course certain financial aids to which the mentally retarded may be entitled, but the determination of eligibility and payment of aids would naturally rest elsewhere. However individual program planning, or case work services as may be needed would be the responsibility of the overall unit through direction of the county welfare boards, of course.

Another reason for all program planning for the retarded being located in the same unit is that Minnesota has an inter-agency committee on mental retardation. The inter-agency committee has representatives from the Departments of Health, Education and Welfare and the Executive Director of the Minnesota ARC. This is not a policy making body, but it would seem there should be one person who speaks for the commissioner when discussing policies with other agencies. This is true even though his authority may be delegated to section heads in discussing plans with the other departments.

Minnesota also has an advisory committee on the handicapped authorized by the legislature. It is of interest that inter-agency or inter-departmental committees of some type are now recommended to the states by the council of State Governments. Also almost every state commission on mental retardation whose reports have so far been received by the Minnesota ARC has recommended such a body.

## II. DIVISION FOR MENTAL RETARDATION AND EPILEPSY

New for some reasons for a separate division within the Department:

1. The problems involved are sufficiently complicated and broad and the numbers included sufficiently large to warrant a separate administrative unit.

The mentally retarded range from infants to very old persons; in intelligence level they range from the lowest to those almost able to "make the grade" alone; in physical, social, emotional, financial and educational status and needs there is the ~~sense~~ broad range. Thus work with the retarded stretches into practically every field concerned with providing services for individuals and there must be cooperation with a great number of public and private agencies.

The National Association for retarded Children after a study indicates that 3% of the population is sufficiently low mentally to be in need of some special type of service and there is general agreement with this estimate. The New York State Joint Legislative Committee on Mental Retardation in its 1958 report makes this statement: "The large numbers of persons mentally retarded far exceed all other handicapped groups." We have written for this report, but have not received it. We have however, seen a statement made by a member of the New York ARC that the 1959 legislature passed a law setting up a separate unit for the retarded within the State Department of Mental Hygiene.

2. A person with administrative experience, broad knowledge of all phases of mental deficiency and of the highest ability will be required to administer this total program.

The Director of a Division on Mental Retardation and Epilepsy should be a person who has had experience with the mentally retarded and who in ability and preparation in his own field would be on a par with a person holding a similar position in the field of mental illness.

3. The mentally retarded and the mentally ill do not present identical problems.

When the two groups are included in the same program, our observation has been that there is a tendency for the program to be made to fit the mentally ill, and then the mentally retarded must fit into it—that is they simply "tag-a-long".

As an example of this attitude, I am outlining one action which I believe was done unconsciously by Minnesota's Director of the Division of Medical Services. A classification of institution patients was made in order to determine the needed number of psychiatric aids. Your attention was called to this in a previous presentation and the fact that after trying for some two years, I believe, to fit the retarded into the phrasing of the described categories, before leaving the state Dr. Cameron recommended that the superintendents of the institutions for the mentally retarded consider this wording and change it to fit their own categories. This is a small example, but we

believe it is the kind of thing that happens frequently when the mentally retarded become just an item in an overall mental health program.

A review of what is happening in some other states indicates the same problem is encountered elsewhere.

In trying to understand why the mentally ill get most attention, there seem several possible reasons:

- a. All socially non-conforming persons were once thought of as insane, now mentally ill. The mentally retarded concept is relatively new to the public.
- b. Any one of us may become mentally ill.
- c. Mentally ill persons are usually basically competent and may be restored to competency - that is they need treatment for possible recovery. For the mentally retarded there is not recovery to look forward to.

In comparing the programs for the mentally ill and the mentally retarded we are struck by the following: The number of infants and children who are retarded differentiates this program markedly from that of the mentally ill; the mentally ill program emphasizes treatment to get well. The mentally retarded will not get well, but must have in addition to medical care, training and education to help then fit into life even though still retarded. The emphasis is markedly different.

4. There is a nation-wide trend in the direction of a separate administrative agency because of the great and growing interest in the retarded.

Some examples of the above statement follow. The association has requested reports from all states known to have or to have recently had study commissions on mental retardation, but few states have sent these as yet. We hope therefore to have more information on the plans of other states at a later date. First a recommendation from an inter-state agency.

#### The Council of State Governments:

Report and Recommendations of the Conference on Mental Retardation, November 20-21, 1958, Interstate clearing house on Mental Health.

On page 2 there is the following statement:

"Such departments as education, mental health, health, welfare, labor, corrections, and institutions of higher education offer programs and services for the mentally retarded. Within a given state there may be other departments concerned with the mentally retarded. Within each of these departments, there should be a division or bureau for services to the mentally retarded or a special consultant with specific responsibility for the development and administration of these services."

The December 1959 issue of Children Limited, the paper of the National Association for Retarded Children had reports from state ARC groups. Two Associations reported their states now have special units for the

retarded within an overall state department (most institution and overall programs are in a Department of Public Welfare, Department of Mental Hygiene or Mental Health or a Department of Health). The two reported are:

New York - Office of Mental Retardation, established in the Department of Mental Hygiene with a Deputy Commissioner and an Assistant Deputy in charge. (An act passed by the 1953 legislature). A further comment on this development in New York is made by Dr. Stanley P. Davies in a study of the Mentally Retarded made for the New York State Association for Mental Health in the fall of 1959. On page 55 of this report, Dr. Davies speaks of the significance of the appointment by the Commissioner of mental hygiene to the office of Deputy Commissioner of a man thoroughly qualified to administer the program. He then indicates responsibility as follows:

"In addition to direct responsibility for the administration and development of the state schools for the mentally retarded, the Commissioner and the department are in a strategic position with respect to clinical and other community services, through the charge laid upon the Commissioner in the State Mental Hygiene Law to supervise, regulate, and give direction to the development and rendering of community mental health services under county and city mental health boards."

Connecticut - A Division on Mental Retardation, established in the State Health Department with a Deputy Commissioner in charge (Law passed by the 1959 legislature).

The Division has jurisdiction over institutions, community programs--everything but public schools and vocational rehabilitation.

We have now some recommendations from state commissions which have studied the problems of the retarded.

New Jersey: THE STATE'S ORGANIZATION FOR SOCIAL WELFARE is a report of a citizen's commission to study the Department of Institutions and agencies appointed by the governor and financed by the Rockefeller fund. It reported in 1959. On page 23 we find the following:

"The Bureau of mental deficiency is now operated virtually as a separate Division. It would seem wise either to recognize the defacto situation by making the Bureau a division, or to determine that the defacto situation has been permitted to develop in error. We strongly urge the State Board to take early action on this matter. Our Commission favors creation of the new division."

Illinois: REPORT OF THE COMMISSION TO STUDY MENTAL RETARDATION.  
General commission appointed by the Governor 9-5-57 with representatives of the Assembly and public and private agencies. The report was made on 12-22-58

Recommendation I, Page 3 is as follows:

It is recommended that a Division of mental retardation with funds to implement an adequate program be established within the Illinois Department of Public Welfare. The purpose of this division would be to:

'Coordinate the services of the Department of Public Welfare to the state's mentally retarded citizens.

'Focus attention on the problem of mental retardation, as distinguished from the problem of mental illness:

'Carry out the recommendations of this commission as related to the Department of Public Welfare.'"

Indiana: Report of Legislative Study Committee on Mental Retardation. This committee failed to make recommendations other than that the committee be continued. However with its report on its study of the problem it included a memo of recommendations from the St. Joseph County Council for Retarded Children - December 10, 1959. On page 2 of this memo there is a list of recommendations. One of them is as follows:

"Create an office of State Commissioner on Mental Retardation with regional (county) commissioner under him. The State commissioner would be responsible to the Governor and a committee composed of representatives from the State Board of Health, Department of Public Welfare, Department of Public Instruction, the Division of Mental Health, and the Indiana Association for Retarded Children, Inc."

Note: This type of centralization is not what the Minnesota Association recommends, but is quoted to show the extent of thinking along this line.

Oregon: REPORT OF THE LEGISLATIVE INTERIM COMMITTEE ON MENTAL RETARDATION AND EMOTIONAL DISTURBANCE, October 1958.

A bill was drawn for the establishment of an Inter-departmental Board of Health, Education and Welfare, with considerable responsibility for recommending changes (bill begins on Page 89). One reason for this Board was given "There exists a need for a fundamental re-evaluation of the organization of agencies administering Health, Education and Welfare and other social services at the state level." This may not automatically mean a coordinated program under one head in each department, but since the organization is to be re-evaluated, this may happen.

We hope to have other reports soon. Certainly the trend throughout the country is to re-evaluate programs for the mentally retarded in order to make sure their needs are met adequately, and in the most effective manner. We believe that in Minnesota this could best be accomplished by a Division on Mental Retardation and Epilepsy which would include all programs or licensing and supervising of programs for these groups.