

Joint Conference on Mentally Retarded

Alan George reports on

the **JOINT CONFERENCE AUSTRALIAN ASSOCIATION FOR THE MENTALLY RETARDED (Inc.) and THE AUSTRALIAN GROUP FOR THE SCIENTIFIC STUDY OF MENTAL DEFICIENCY**, held at Burgmann College, Canberra, 13-19th August, 1976.

Joint Conference

The joint conference organised by the Australian Association for the Mentally Retarded Inc. (A.A.M.R.) and the Australian Group for the Scientific Study of Mental Deficiency (A.G.S.O.M.D.) was a milestone in the developing co-operation between these two organisations concerned with care, treatment and research in mental retardation.

Both organisations in the past have held their own annual conferences, but this was the first occasion on which they had come together to conduct a joint conference.

Both groups resolved that they should work together more closely in the fulfilment of their common objectives, and more specifically in the development of an Australian Institute on Mental Retardation.

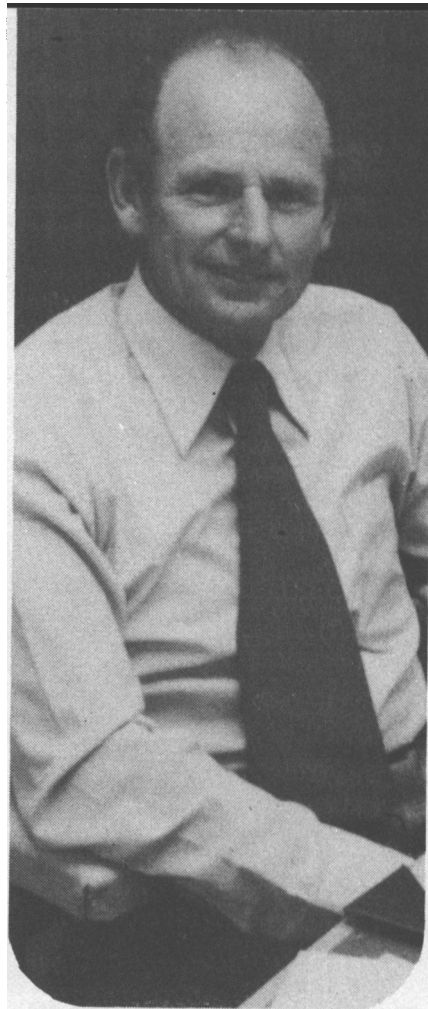
It is hoped that the Institute which will plan and co-ordinate services for Australia's 400,000 mentally retarded adults and children will be established within a year.

More than 600 people attended the Conference from all over Australia, representing both voluntary and statutory organisations. All States were strongly represented and there were also three visitors from Japan.

The Conference was opened by the Federal Minister for Health, the Hon. Ralph Hunt, M.P., and the key-note speaker was Professor A.M.O. Veale, Professor of Human Genetics and Community Health, University of Auckland, N.Z., a member of the Scientific Council of New Zealand and the Society for Intellectually Handicapped.

Resolutions

1. THAT an Australian Institute on Mental Retardation be established.
2. THAT a Parliamentary Committee be established to conduct a National Inquiry into Mental Retardation. Submissions to the Committee to be sought from the



Film presented

During the Conference the High Commissioner of Canada presented A.A.M.R. with a film which depicted a training programme for mentally retarded children, with emphasis on the training possibilities within the child's own home.

At the Conference the following recommendations and comments on conference discussions were tabled. It was agreed that these be referred to the Conference Committee for further consideration by the sponsoring organisations.

grass roots level upwards. It was further recommended that the following areas be encompassed by the inquiry:

- (i) Assess the current situation;
- (ii) Identify and systemise needs;
- (iii) Advise on the development of standards;

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- (iv) Make recommendations for action;
- (v) And that the Inquiry be completed and a public report made available not later than 1 January, 1978.

3. THAT rural members of AGSOMD contact members of local voluntary organisations and conduct joint meetings and seminars.
Note: Names and addresses of AGSOMD members are available from each State Secretary.

4. Recognizing THAT

- (i) **Early intervention** is vital for children with retardation;
- (ii) the professional resources are insufficient to meet the needs of such children and their parents in a face to face situation.

It is recommended:

THAT a committee be formed with the following responsibilities:

- (a) To investigate the possibility and desirability of developing a series of television programs directed towards parents of pre-school children with retardation which will demonstrate ways of providing stimulation and promoting development;
- (b) To explore avenues of financing the project should such a project be deemed desirable and, if so, to ensure such a series is produced.

Mrs. Graham-Taylor and Miss Margaret Anderson were appointed to form a committee as recommended.

4. EARLY INTERVENTION:

As diagnosis at birth ensures a healthy all-round development for retarded children and encourages high achievement levels, the Community must be made aware of the fact that these children **can** and **must** be helped to develop to their maximum potential.

The Australian Capital Territory has good early childhood facilities compared with other parts of Australia.

It is Recommended

THAT more facilities be made available throughout Australia and it be recognised that **Parent Programs** are an essential and important part of a total service.

FURTHER:

THAT doctors and other medical staff in obstetrics hospitals or post-natal hospitals for mother and child (e.g. Queen Elizabeth Nursing Home, A.C.T.) be encouraged to inform mothers of newly born Down's Syndrome babies of all facilities and help available to them.

THAT multi-disciplinary programmes (e.g. as available through Therapy Centre, A.C.T.) be set up for children from birth to three years. These to provide medical, paramedical, education and parent support.

Ms. Jane Vant, AGSOMD was nominated as Convener of a **Committee on Early Intervention**. Members nominated to the Committee were Ms. Dianne McGregor, AGSOMD, and Mrs. Pauline Walsh, AAMR.

OTHER RECOMMENDATIONS REFERRED TO EARLY INTERVENTION COMMITTEE:

EARLY EDUCATION:

THAT children with Down's Syndrome be placed in special pre-schools and also integrated into their neighbourhood pre-school groups for 2 or 3 sessions per week.

THAT Physical Education become an integral part of special education and be funded in such a way that it be a viable part of special education.

THAT this Conference recommend to Government and voluntary bodies that investigation be made into the need for and methods of setting up prevention and intervention services for intellectually handicapped children, modelled upon the itinerant services available to deaf children. Such services to be available from time of first diagnosis.

5. THAT this Conference support Mr. D. Roden in a positive way by urgently requesting that the N.S.W. Premier make available for public

and authoritative scrutiny and debate the Recommendations made by the **Phibbs Review Committee** on the Child Welfare Act of 1939 as applied to mentally handicapped persons **PRIOR** to the proposed new welfare legislation being brought down and new objectives, if any, initiated.

FURTHER:

That a copy of the paper "Retarded Rights" presented by Mr. Roden to this Conference be sent to all State Premiers with the endorsement of the participants in this Conference.

6. DENTAL:

(i) **PREVENTION**

THAT — preventive dental care begin at an early age.

THAT — systemic fluoride be introduced as a proven dental caries control measure.

THAT — oral hygiene should be of as high a standard as possible.

THAT — education in this area be provided for both parents and nursing staff.

The use of electric toothbrushes is advocated although the lack of a heavy duty brush suitable for use in institutions was noted.

THAT — the frequency of carbohydrate intake should be reduced and administration of drugs concomitant with a sweetening agent should be avoided.

It should be noted that certain drugs which may have been prescribed, e.g. DILANTIN, may have deleterious effects on the gum tissues and alternative therapy should be sought.

(ii) **TREATMENT**

The dental surgeon has to consider a number of factors in selecting a treatment program. These are:

- A. Behaviour of the child;
- B. Amount of treatment needed;
- C. Medical and physical condition; *

* In this respect the dentist needs to be able to gather a good and reasonably detailed medical history. He will often seek the co-operation of his medical colleagues.

- D. Number of visits and distance involved;
- E. Patient's learning ability;
- F. Patient's age;
- G. Financial considerations;
- H. Availability of facilities;
- I. Anaesthetic risk. *

* There are new modalities of treatment namely, **RELATIVE ANALGESICS** (light nitrous oxide-oxygen sedation), and intravenous sedation which could allow more flexibility in treatment programming and may avoid the necessity of general anaesthesia.

TREATMENT should be conservatively orientated as the tolerance of dentures of these patients is likely to be poor.

(iii) **PROFESSIONAL TRAINING:**

There is little or no exposure of under-graduate or post-graduate dentistry students to the special considerations in the treatment of intellectually handicapped people.

It is recommended —

THAT more programmes of training in this area be introduced in dental schools.

7. PSYCHOLOGY:

In making the following recommendation the participants in the **Psychology Seminar** made the general comment that they wished to be seen as members of the **diagnostic/care team**.

Recommendation:

THAT psychologist special interest groups be held at all Annual Conferences.

8. EDUCATION AND FURTHER EDUCATION

- (i) **THAT** this Conference strongly recommends that State Departments of Technical and Further Education be urged to better utilise existing courses or

parts of existing courses or to devise appropriate courses, for the vocational training of persons with a physical or intellectual handicap and that **SPECIAL EFFORTS** be made to achieve this result.

- (ii) **THAT** this Conference commends the **Adult Education** programs as a means for the development of evening classes for retarded adults **AND** that the course as outlined by **Mrs. J. Riley** (A.C.T. Evening Class teacher), be used as a model for such classes.

There appears to be a critical need for a higher level of co-ordination between education programs, further education and community placement.

It is recommended —

- (iii) **THAT** rehabilitation counselling be incorporated into programs for intellectually handicapped people to improve this level of co-ordination.

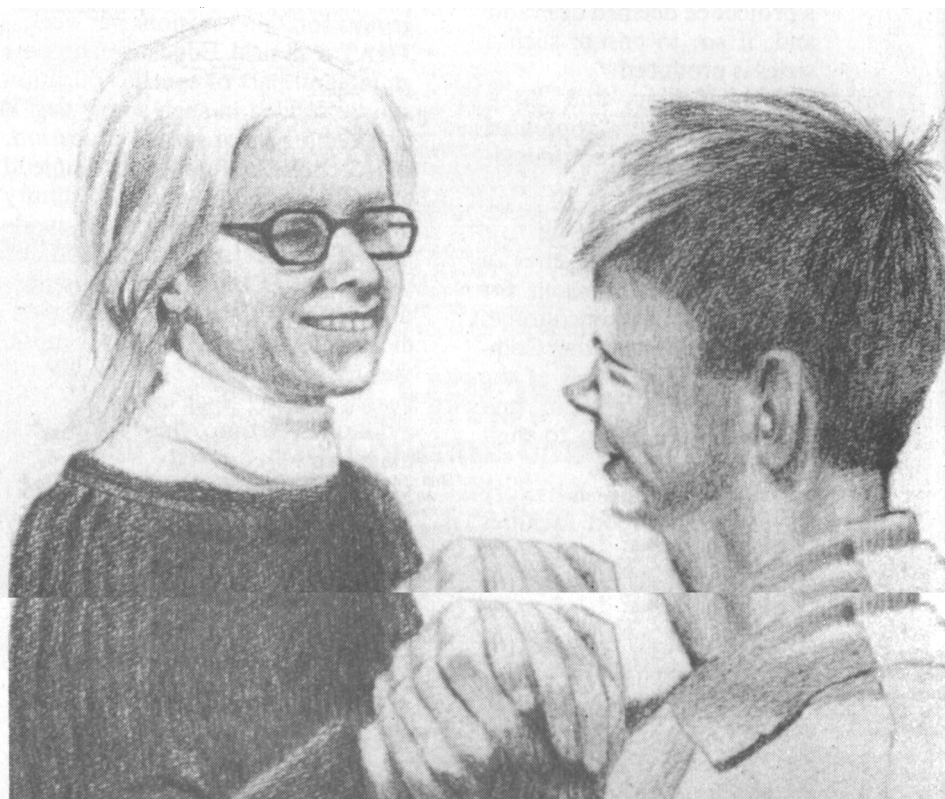
And further —

- (iv) **THAT** this Conference call upon Trade Unions and in particular the A.C.T.U. to

positively encourage programs for the rehabilitation of intellectually handicapped persons which are oriented towards appropriate training and employment.

- (v) **THAT** this Conference urge immediate government support and funding for the proposed **Work Experience Ordinance** and the current **Work Experience Program** for disadvantaged students in the A.C.T. and the extension of such programs throughout Australia.
- (vi) **THAT** this Conference declare that the special interests of people with mild mental retardation have been overlooked by national bodies, governments and society and that this area of retardation is deserving of urgent concern and action.
- (vii) **THAT** this Conference recommend to Federal and State Governments that there be a more flexible approach to the day school leaving age of retarded children up to the age of 21 years as now operates in some Australian States, e.g. South Australian Senior Special Schools, 16-20 years, Victoria, up to 21 years, **AND**

"Normalization" — the pathway to dignity for those suffering mental retardation.



(viii) **THAT** adequate pre-vocational and vocational facilities should be an integral part of school curricula for all children with mental retardation.

A resolution was carried by the meeting that **Recommendations** (i) to (iv) be conveyed to all AAMR State Secretaries and Presidents and to State Secretaries of AGSOMD.

(ix) **THAT** this Conference request AGSOMD to initiate, either itself, or through the Australian Institute of Criminology, a thorough study of numbers of retarded persons in gaols, and the general area of crime and punishment, having due regard for the privacy and dignity of the offender, **AND** that this study should provide a uniform statistical survey and pose questions of cause and cure which may be reported upon and discussed at a future national meeting of AAMR and AGSOMD.

9. RESIDENTIAL CARE:

The following recommendations derive from **Session Papers, Speakers' Comments** and informal discussions:

- (i) **THAT** future research efforts be addressed to looking at styles of adaptation;
- (ii) **THAT** there is need to consider selection and training of persons moving into independent living, especially with regard to time sequence — e.g. should training occur prior to and/or during transition into independent living?
- (iii) **THAT** there is a need to consider if, when and how supervision/support should be withdrawn from persons transferred to independent living situations;
- (iv) **THAT** there is need for a practical, systematic approach including monitoring of processes used;

(v) **THAT** there is need to consider parents' role and concerns in immediate developments.

10. SEXUALITY AND HUMAN RELATIONSHIPS:

- (i) **THAT** a working party be established under the auspices of AGSOMD and AAMR to consider:
 - (a) as a first priority the establishment of an advisory group on the issues of contraception, sterilisation and termination of pregnancy as they are currently operating;
 - (b) the Working Party to consider methods of parent and staff training in human relationships and sexuality for retarded persons.

A number of persons offered their services to form a working party to study the above issues and it was recommended:

THAT this Working Party report back to the A.C.T. Conference Committee, both National bodies and their respective State bodies.

11. RESEARCH:

- (i) From a commitment to the necessity for adequate Planning, Policy Making, and Research it is strongly endorsed:

THAT there is need for computerised data banks on mentally retarded populations within each State and underline the need for rationalisation and uniformity in data collection and storage;

- (ii) **DATA** on mentally retarded persons is not fully compatible with other data such as psychiatric records and **ACCORDINGLY:** **DATA BANKS** on mentally retarded persons should be considered in their own right and stored in their own right.
- (iii) It is recommended **THAT** the AGSOMD Working Party on computerised data on the mentally retarded

should be available for consultation by any groups concerned in the area, particularly an Institute on Mental Retardation or similar national organisation.

Convener: **AGSOMD Working Party** — Mr. Errol Cocks, Mental Deficiency Division, Dept. of Health, PERTH. W.A.

12. PREVENTION:

It is recommended:

THAT Federal and State Governments set aside funds in their next Budgets to establish screening programmes (e.g. genetic counselling clinics), throughout Australia which could be available to people to enable them to discover their likelihood of bearing retarded children. (As X-ray screening has reduced the incidence of T.B. so that large institutions are no longer necessary, so could this be a means of reducing waiting lists and the necessity of maintaining institutions for retarded children thereby freeing funds for other services.)

13. RIGHTS OF RETARDED PERSONS:

This Conference asks:

THAT the Federal Government reaffirm its acceptance of the **Declaration on the Rights of Mentally Retarded Persons** (U.N. General Assembly, 20-12.1971), and to acknowledge that it intends to honour its commitment with practical implementation.

