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STRENGTHENING MENTAL HEALTH SYSTEMS CASE STUDY WITH RESPECT TO KAMAYANI SCHOOL FOR MENTALLY HANDICAPPED

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ABSTRACT

Intent of writing this case study is to make people aware about the special schools which has made difference to mentally retarded students. In all cultures and society, we can observe mental retardation. There are thirty per thousand mental retardation cases which has been estimated. Around seventy-five percent population have been categorised in mild mental retardation, on the other hand rest twenty-five percent who have Intelligence Quotient as 50 or below have been categorised as moderately, profoundly or severely retarded. In that ten percent of mental retarded people are suffering from medical conditions such as mental illness, Epilepsy or Hyperkinesis. And also four percent of the children who are mentally retarded are suffering multiple handicaps. Large number of children are diagnosed with mental retardation problem at their early age. Lot of preschool, recreation, family counselling session, religious education program, and home training and schools helping youngsters who are mental retarded for future employment. Employers are satisfied and are encouraging the retarded by having a view that whatever a retarded man is capable of doing things is different from what he cannot work on. This is bringing a new approach to thinking, public is realising that in all handicapped people, it is his/her ability that matters- not their disability. Stephen Hawking says disability need not to be an obstacle to success.

KEYWORDS

mental health, mental retardation, special school, corporate social responsibility.

ABOUT MENTAL RETARDATION ORGANISATIONS

A child suffering from this challenge of mental retardation may do well in school but they are requiring individualised support. Luckily, government is responsible for supporting educational requirements for disabled children.

Through early intervention mechanism, children up to three years can be provided with services. With child's family, the staff develops Individualised Family Service Plan (IFSP). This plan will meet the child's unique requirement. This plan also defines the services which the child will receive to get the needs fulfilled. Also IFSP focusses on the family's unique requirements, this will help the family members and parents to help their child. They may charge fee for early intervention service and the charges will depend on the income of the family. In some places, they may help for free.

In cases like children who are eligible for school (comprising of pre-schoolers), they are given related services and special education through school system. Dedicated staff of school work with parents in developing an Individualized Education Program, or IEP. This is similar to IFSP. This is for free to the parents. Children need adaptive skills which helps them to play and live in community. Some of the adaptive skills comprises of:

- Interpersonal communication with others
- Personal care like bathing, dressing and going to washrooms.
- Safety and health
- Home setup living (activities related to setting the table for meal, cleaning the home or cooking food)
- Some social skills like rules of conversation, manners, getting along with the group and playing with others.
- Basic maths for calculation, writing and reading.
- Skills that will help in future, at time of employment

For adaptation of these skills, changes are to be made in the class rooms to help these children.

Special schools were invented to cater the needs need of such children who could not focus on demands of the mainstream (Travancore, 1931, Kurseong, 1918, Chennai 1938).

In Mumbai, first residential home was created for persons with mental retardation names Children Aid Society, Mankhurd, 1941). In 1944, a special school was established. This led to establishment of 11 more homes in other parts of India.

Since independence, various special schools were established in India, which is shown in below table:

TABLE 1: NUMBER OF SPECIAL SCHOOLS

Year	Number of special schools for children with mental retardation
1950	10
1960	39
1970	120
1980	290
1990	1100
2007	More than 3000

Source: <http://www.rehabcouncil.nic.in/writereaddata/mr.pdf>

ABOUT KAMAYANI

In 1917-2008, Mrs. Sindhutai Joshi founded Kamayani for making children suffering from mental retardation, self-reliant at Kamayani Centre, as students finishes their craft sections and upgraded school, the adolescents go through an apprenticeship period in the attached sheltered workshop. They learn decent habits and significance of dignity of labour, determination and completion of job when started. This is done through continuous training through special teachers who are skilled. After years of constant training which is repetitious in nature, small percentage of the mentally retarded people develop work skills and adaptability for independent job.

This is done through constant encouragement from social workers, who acts as a contact person between employee and the employer. Rest of the left retarded people work in the sheltered workshops.

INTRODUCTION

A person is said to be mental retarded when he or she suffers from certain limitation in mental functioning and in some skills like taking care of himself or herself, communicating with others and social skills. They are not able to develop their mind in comparison with the normal typical child. These children take long time in adjusting themselves, long time to learn to speak, take care of themselves and walk, they also take long time in eating and dressing. They have trouble learning at their school. At time there are something's which they are not able to learn and may take long time in learning.

In ancient civilization, we can track the attitude of people towards these people and their treatment (we can see in Rome, Egypt, China, Sparta and the early Christian world). During middle ages, these people were seen as "innocents of God" and humane care was provided either at monasteries or at home. On the other side, people believed that these retarded are visitations of the evil spirit and were subjected to exorcism and suffering.

Beginning in the latter years of the Middle Ages and continuing through the 18th century, many individuals including individuals with mental retardation were persecuted and executed for practicing witchcraft. During the 17th and 18th centuries, which encompassed the age of reason and the enlightenment in Europe and the colonial period in America, understanding of brain function and certain types of mental retardation (e.g. cretinism and hydrocephalus) increased. However, the treatment of individuals with mental retardation seemed to reach an all-time low. Individuals with mental retardation were confined to institutions (e.g. foundling homes, hospitals, prisons). The death rate of children placed in these facilities was appallingly high. People with mental retardation were incarcerated with criminals and individuals with mental illness. A few humanitarian individuals did attempt to improve the prevailing conditions. During the same period, in the U.S.A., dismal conditions prevailed for people with mental retardation.

The history of the systematic treatment of individuals with mental retardation began in the 19th Century. Mental retardation became a conspicuous social problem during this period. As industrialization expanded and grew, opportunities for a simple agrarian existence decreased. With technological advances, jobs became more complex. Mass education became more common. Inability of some children to handle school curriculum led to the identification of mild mental retardation. The first public day-school classes for children with Mental Retardation in the U.S. are generally thought to have started in Providence, Rhode Island in 1894. From 1900 through the 1920s, optimism concerning the prospects of ameliorating mental retardation was replaced by profound pessimism. The first decades of the twentieth century represented the nadir of professional sensitivity towards mentally retarded persons, at least as a class or sub population. Education and training efforts in institutions were largely replaced by custodial care. The belief that mental retardation was caused by environmental factors was replaced by a belief that mental retardation was caused by hereditary factors.

During the 1950s, children with moderate mental retardation emerged as a focus of concern, largely through the efforts of increasingly well-organised parent advocacy groups. An important event during this time was the formation in 1950 of the National Association for Retarded Children (NARC), now known as the ARC (Association for Retarded Citizens). In North America, the emergence of civil rights movement assisted the cause of people with mental handicaps. The 1960's were dominated by a concern for the rights of minority individuals, including individuals with mental retardation. In US, President Kennedy appointed the President's Panel on Mental Retardation in 1961. The panel of experts recommended an extensive eight-point programme in 1962 which covered every aspect of mental retardation from preventive to rehabilitative measures. There is a considerable increase in the literature on the topic of mental retardation throughout the world, and in the recent years the discoveries and methodological innovations have increased. Recent times have witnessed the advent of new directions in educating and training students with mental retardation. There is a trend toward providing community based instruction and programming for these students. Great strides have been made in providing services to infants, toddlers and other young children. Transitional programming is in evidence. New models for making these individuals employable have been introduced. Competitive employment options are replacing the former sheltered employment model. Self-advocacy and consumer awareness, that have empowered people with disabilities globally, have made human services to recognise and restructure their programmes and strategies.

WORK AREAS

VOCATIONAL TRAINING

At times, child suffering from mental retardation are described as bitter blossom. This has been mistaken. With the help of modern training process, retarded children have been engage in some occupations and are contributing in partial economic activities. This can be achieved through establishment of vocational training and there are about 200 institutions in India which offers vocational training. National Institute for Mentally Handicapped (NIMH) has listed number of occupation which can provide employment to retarded like making file covers etc.

SHELTERED WORKSHOP

Venkatesan et al (1992) surveyed that the training which retarded people get is based on sheltered workshop in Indian context. There are 68% of institutions which has vocational training facilities which has shelter workshop. Most of the product are sold in exhibition sale.

PLACEMENT SERVICES

In India there are placement services for mental retarded. Venkatesan et al (1992) surveyed that there are 10 percent of the institute which are providing vocational training are helping adult mentally retarded persons in getting job in open employment setup without much support. There is institution which is helping the retarded to make candle, running Xerox- copier centre, making aggarbattis and chalk, managing petty shops, preparing edible goods and running telephone booths.

FAMOUS PEOPLE WITH MENTAL RETARDATION

1. KIM PEEK

She is an actress; she is known as mega servant of television industry. She has acted in a movie "Rain". Kim has been diagnosed with mental retardation since her birth. She died at age 58.

2. GRETCHEN JOSEPHSON

She has been diagnosed with Down's syndrome since birth. This did not let her to stop in her career. She is famous for her personality as a famous individual, as a successful publisher and writer of many books. She is a great poet too. She wrote a book names "Bus Girl" which has several poems by her. This book also throw light on the suffering and pain she has undergone as victim of mental retardation.

3. CHRIS BURKE

He is a famous actor of ABC channel. He is one of the individual to suffer mental retardation throughout his life. He was diagnosed with Down's syndrome upon his birth. He took initiative himself to decrease the effect of mental retardation in his performance, he enrolled himself in special schools during his adulthood stage. One of his best accomplishment on ABC channel was his program names "Life Goes On".

4. DWIGHT MACKINTO

He is a famous artist and he was also diagnosed with a genetic mental disorder called Down's syndrome at the time of his birth. He is known for his overwhelming success and determination in spite of his challenges that he was suffering. He discovered that his mental illness is affecting his performance at stage of early adulthood.

Disability has affected millions of families around the world in developing countries. It has been found that one in four people in the world are affected by this neurological or mental disorders. It has been estimated that 450 million people are suffering from this condition, this has placed mental problem as leading cause of disability and ill-health across the world.

(http://www.who.int/whr/2001/media_centre/press_release/en/)

In India we have 20 million people suffering from mental retardation, out of which two million are children.

(<http://indiatoday.intoday.in/story/over-20-million-mentally-retarded-people-in-india-deprived-of-their-chances-of-rehabilitation/1/435300.html>)

CAUSES OF MENTAL RETARDATION

There are many caused which doctors have found. Most prevalent are:

- **GENETIC CONDITIONS:** Child inheriting the abnormal genes from their parents. Examples of such genetic conditions are fragile X syndrome, Down syndrome and phenylketonuria (PKU).
- **PROBLEM OCCURRING AT PREGNANCY:** When baby is not developed inside the mother properly, then this mental retardation occurs. Examples: problem could be the way baby’s cell divide as it grows. And if woman consumes alcohol or get infection like rubella at time of pregnancy, which could result in mental retardation.
- **PROBLEM AT TIME OF BIRTH:** baby having problem at time of labour and birth, like not getting adequate oxygen, she or he may get mental retardation.
- **HEALTH PROBLEMS:** May cause due to diseases like measles, whooping cough or meningitis, these can cause mental retardation. If the child is suffering from extreme malnutrition (not eating right amount of food), by getting exposed to poisons like mercury or lead or not getting adequate medical care, this can lead to mental retardation.

It has been proved that mental retardation is not a disease. It can’t be caught from anyone. It is also not a type of mental illness like depression and all. People need to be aware that there is no cure of mental retardation. But through our collective efforts most of the children can learn many things. They just take more time and efforts than other children.

Table 1: Characteristics of Persons with Mental Retardation

<i>Severity</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>Profound</i>
Pre-school	Can develop social and communicative skills, minimal retardation in sensory- motor areas, often not distinguished from those normal until late age.	Can talk or learn to communicate, poor social awareness, fine motor development. Profits from training, self help can be managed.	Poor motor development, speech minimal, generally unable to profit from training, self help little, no communicative skills.	Gross retardation, minimal capacity for functioning in sensory motor areas needs running care.
School age 6–20 years	Can learn academic skills up to approximately 6th grade level by late teens. Can be guided on social skills.	Can profit from training in social and occupational skills to progress beyond 2nd grade level in academic subjects, may learn to travel alone in familiar places.	Can talk or learn to communicate, can be trained in elementary skills and can profit from systematic training.	Some motor development present. Many respond to minimal to limited training in self help.
Adult 21 & over.	Can usually achieve social and vocational skills adequate to minimum, self support but may need guidance and assistance when under social or economic stress.	May achieve self maintenance in unskilled, under sheltered conditions, needs supervision and guidance when under mild social or economic stress.	May contribute partially to self maintenance under complete supervision, can develop self protection skills to a minimal useful levels in controlled environment.	Some motor and speech development may be achieved, but very limited self care needs are achieved.

ABOUT KAMAYANI SCHOOL

The school has 125 children and there are 110 adult students are in the workshop. In the school not only academic but skills for daily living are also taught. The school celebrates all festivals and conducts many competitions in co-curricular activities. It also sends children to participate in various competitions.

Researcher has spent 2 hours on each of her 15 visits. And has learned student- teacher interaction at various level. Teachers are very helpful. They are very patient and supportive. There were classes in school, according to their mental understanding level students were placed. Classes like;

PRIMARY: The class has been customised in such a ways that students of age group 6 to 12 years are taught to learn basic things used in daily basis. The class has a doll house which has small bed, sofa, kitchen, rack to keep utensils, toys, chair table to teach how to greet guest at home. They are taught to keep all things at right place. There were students who were quite restless. To make them calm there was bungee jumping bed. Students were made to dance in group and teachers used to show number of times the same step with patience so that students learn by observing.

Class also has doll house, which has small sofa, table, dining table, bed and kitchen. Students are taught how to keep things at a proper place in home. So that they could help their parents and family members at their home.

SECONDARY: Age group of students is 7 years to 14 years. It’s a home science class, teacher teaches how to do basic day to day activity in kitchen, how they can help their mothers in their daily kitchen activities. Researcher observed that students were cleaning Fenugreek vegetable. Teacher teaches what part of the leaves are to be plucked and separated from rest. Class room also have refrigerator, microwave, mixer grinder and flour grinding machine. Students are taught their functionality, and how they can use it. Students get opportunity to bake cake, cook vegetables, and make flour.

WORKSHOP FOR BOYS: There are 21 boys of age group 18 years to 40 years. This workshop was involved in making the floor mats. So work was assigned to boys like cutting the cloth, stitching the corners and stacking them in order. Teacher in-charge is highly dedicated to work with the students there. Researcher got to know about boy’s back ground and how they behave in situations. Some boys work according to their wish and few of them used to request for more work. There is no target based work. Boys work according to their capacity. Researcher observed that there was one man in his late 30s, who was crying, when asked why he is crying. He replied he is missing his father. There were 3 boys who were consoling him, giving him water. Teacher did not teach them to console, this shows those 3 boys have sense of empathy.

WORKSHOP FOR GIRLS: There are 18 girls, of age group 18 years to 42 years. Researcher learned that teacher in-charge had special bonding with the girls. In case any girl is absent, the teacher personally used to call at their home to enquire about the girl and tries to figure out the reason for absenteeism. Girls were dedicated to work. They demand special attention towards themselves. Those who were not allowed to work on sewing machine, they requested the teacher to teach them to use it. Girls used to share their personal life activities. There is a special bonding that researcher noticed. There was birthday chart on wall of workshop room, teacher in-charge used to get gifts for the girls. She used to distribute the gift on same day. Girls used to get chocolates on their birthday to distribute to other workshop girls. All girls are from Kamayani School before coming to the workshop except two girls, who came directly to workshop. More focus was given to activities related to making purse, bag, door mat and duster. And also calculation so that they could use in their day today life.

Mode of communication of message to their parents is through diaries. Though girls used to communicate verbally, still teacher in-charge used to write in their diaries. On monthly basis, parent's teacher interaction takes place.

Researcher also observed that girls do not fight with each other. In case there is difference of opinion, girls used to communicate to the teacher in-charge.

CULTURAL PROGRAM: All festivals, leader's birthday, important days are celebrated to make students aware about them. Teachers of the school and workshops are assigned work to introduce the day to the students turn wise in advance. They prepare a speech about the day's importance and they communicate on the celebration day. Students prepare songs, dance, and play to make the events more attractive.

Disability day is celebrated on 3rd December every year. The school organised a disability awareness week for public, where students, teachers, staff, parents were invited to be part of the awareness program. Eminent key people who are part of NGO's, hospitals and corporates who have involved themselves in social welfare are invited to be part of the panel. They discuss the issues related to disability prevalent in society, what we can do to accept the disabled people and how we can avoid such problems to occur in near future.

INPUTS BY RESEARCHER

Researcher assisted the teacher in-charge in cultural programs like dance, organising Christmas day celebration, art and craft activity and giving soft skill training to trainee, teachers, and school and workshop staff.

Soft skill training constituted the modules related to general etiquettes, personal manner while meeting a new friend, proper handshake, interpersonal skills, types of communication, non-verbal communication, active listening skills, self-development ways, time management, and stress management.

CHANGES OBSERVED AFTER THE INPUT BY THE RESEARCHER

After soft skills session, researcher observed that audience was able to shake hands properly, they looked confident and they could actually relate their real life with the things the researcher discussed. They were shown relevant videos which could give them real life examples and also researcher organised 2 activities to make the session more interactive and make the audience more alert. Researcher could make out the level of interaction between her and the staff has increased. Principle and the staff gave a positive feedback about the session.

Researcher donated paper crowns to the students and staff on account of Christmas day. Students and staff enjoyed the event, this gave them a sense of pride wearing the crown as they have seen only the kings wearing the crown.

RESEARCHER EXPERIENCE

After joining Kamayani for CSR activity being part of the MBA program curriculum. Researcher could see the other side of the life of mental retarded people. People with disabilities are especially influential, as our hardships in life aren't easily forgotten. People with a disabilities learn so much throughout their lives; life lessons that able-bodied people rarely get to experience.

Having a disability is definitely difficult, but it's also one of the richest classrooms a human can experience, too. Researcher observed that students at Kamayani were so talented that they got opportunity to play in para Olympics games while some students were playing to represent India in various competition around the world. They were good in dancing, singing as well as they could contribute to society. Kamayani gave them platform to work in workshops in making various items which is supplied directly to factories nearby Pune city.

The students have communication problem, but from their end they greet well with others and even mingle with strangers. They like to get recognised and are very lovable. They are obedient and well mannered.

They are like you and me who want to be part of society. If this is thought and kept in mind, we all will be same level.

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