



Mental Retardation



What is mental retardation?

The term “mental retardation” (MR) is used to describe individuals with significant limitations in both intellectual and adaptive behaviour. These limitations may lead to restrictions in daily life functioning such as learning, communication, self-care, social and practical adaptive skills. MR is manifested before the age of 18. The degrees of mental retardation ranges from mild to profound grades. It is also referred to as an intellectual disability.

The term “developmental delay” is used to describe pre-school children whose developmental levels are substantially behind the average expectations of children of the same age in two or more developmental domains. Due to rapid growth and development during infancy and preschool years, their clinical presentations and outcomes can be highly variable. Very often, developmental delay represents an early warning sign of later developmental problems, including mental retardation.



How does mental retardation affects children?

Children with MR may present in different ways depending on the degree of retardation and the pattern of intellectual impairment. They may be slower than other children of comparable age in the areas of motor, language, intellectual, self-care and social skills development.

Preschool children with mild or moderate grade MR can develop varying degrees of social and communication skills, with minimal impairment in movement and sensory responses. However, at this early age those with severe to profound grade MR symptoms may show very limited communicative speech, impairment in sensory motor skills and may have physical handicaps.

School age children with MR may acquire different levels of functional academic and self-care skills. Children with mild grade MR may learn academic and prevocational skills, whereas children with moderate grade MR may learn functional academic skills and be independent in familiar surroundings. Those with severe and profound grade MR may only acquire basic communication and self-care skills. Children with MR have an increased incidence of co-existing medical problems such as epilepsy and cerebral palsy. Hearing and visual impairments are also frequently present.

The most commonly associated developmental problems in children with MR are attention deficit hyperactivity disorder, mood disorders and stereotyped movement disorder. About one quarter of children with autistic spectrum disorder have mental retardation.



Does my child really have mental retardation?

There are conditions that may be confused with MR. These include specific learning disorders, autistic spectrum disorders and specific language impairment. On the other hand, MR can co-exist with some of these disorders.



What causes mental retardation?

In clinical settings, clear organic or biological causes can be identified in approximately 25 – 50% cases, with most of these individuals having severe or profound MR. Chromosomal abnormalities, hereditary conditions, early alterations of embryonic development and acquired brain injury (such as during birth or from infections or trauma) may be the contributing factors. However, 30 - 40% cases have no clear identifiable cause. Most individuals with mild MR do not have neurological complications. The role of adverse environmental influence as a causative factor has not been substantiated.



How common is mental retardation?

Approximately about 1 in 100 of the population has MR, with a male to female ratio of 1.5 to 1. Amongst them, about 85% fall within mild grade, 10% moderate grade, and the remaining in the severe or profound grade range. In Hong Kong, the prevalence rate was reported by the Census and Statistical Department (2001) to be 0.9 to 1.3%. Enrollment statistics for students with MR in 2001/02 from the Education & Manpower Bureau indicated that MR occurred in 0.7 % of the school age population. Amongst the cases diagnosed in 2003 at the Child Assessment Service of Department of Health in Hong Kong, the incidence was 1.8 in 1000 in children aged 1 to 6 years.



What is the mainstay of treatment for children with mental retardation?

Early treatment programs providing developmentally appropriate training activities are important for infants and young children with developmental delay. Fostering positive parent-child interaction is also essential.

For parents, support services including parent talks on play and language stimulation, training in positive parenting skills, access to relevant community service and parent associations are important.

These can help them better understand, accept and cope with the child's condition, as well as enable them to understand their children's rights and methods to obtain appropriate services.



Do children with mental retardation need special education?

Children with MR should attend schools that can provide an appropriate education, with the necessary support services and supplementary aids for both the children as well as their teachers. For some children, special schools are needed for their educational needs.

Some children with MR may need employ assistive devices to help improve their communication skills, environmental control, mobility and activities of daily living. These devices also make it easier for the children to acquire new concepts and information. For instance, children with serious language disorders may benefit from alternative communication systems such as picture communication board or electronic communication devices.



Are there any special education services in Hong Kong to help children with mental retardation?

The Social Welfare Department provides special preschool training to children with special needs. These are provided through early education training centers, integrated programmes within child care

centers and special child care centers.

For primary school placement, those functioning at the higher end of mild grade MR may consider integrated education in mainstream school with intensive remedial support. Other children may need to attend special schools for children with mental retardation, of which some also provide residential care. The school placement and selection will depend on the severity of the mental retardation.



Can children with mental retardation grow up normally?

Although MR is not curable through medical measures, improvements in environmental conditions and the presence of needed support can improve an individual's ability to meet the routine demands of life. As a result, life functioning and adaptation can be improved and the children's potential may be fully achieved.

The Social Welfare Department offers a number of services to adults with mental retardation, aiming at facilitating maximal community participation. Individuals with less severe disability can live and work independently in the community with appropriate support. Some may be able to perform semiskilled work through vocational training or "supported employment" (i.e. placement in a work setting with the aid of an on-site supervisor). Others can work under supervision in sheltered workshops and perform in structured work activities, such as assembly lines or packaging operation.

Some others may be placed in work-activity programs where limited remunerative work together with a schedule of educational, social and recreational activities are organized. Those with profound disability may need continual care and attention in daily activities.



References

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- Baker, B.L. & Brightman, A.J. (1997). Steps for Independence: Teaching Everyday Skills to Children with Special Needs: 3rd Edition. Paul H. Brookes.
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Relevant websites

The Parents' Association of Pre-school Handicapped Children 學前弱能兒童家長會	http://www.parentsassn.org.hk
The Hong Kong Joint Council of Parents of the Mentally Handicapped 香港弱智人士家長聯會	http://www.hkjcpmh.org.hk
Special Education Service, Education and Manpower Bureau, HK	http://www.emb.gov.hk/index.aspx?langno=1&nodeid=238
American Association on Intellectual and Developmental Disabilities (AAIDD)	http://www.aamr.org
The Arc (US)	http://www.thearc.org



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