

DURATION OF STAY AND WORK PERFORMANCE OF MENTALLY HANDICAPPED IN A DAY CARE CENTRE

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SUMMARY

Work performance and duration of stay of 79 mentally handicapped persons attending a day care centre was evaluated and correlated with demographic and clinical variables. Work performance was below average in 37% and average in 30%. No definite relationship was established between duration of stay or work performance with any of the demographic or clinical variables.

Introduction

There is remarkable change in the outlook of Professionals regarding the rehabilitation of mentally handicapped persons. Becker et al. (1979) reported that at least 40% of moderately mentally retarded could be trained in competitive occupations. That mentally retarded subjects can be adequately trained into vocational skills is also being reported (Salberg et al. 1980, Walls et al. 1981, Becker et al 1981). The importance of additional research concerning the efficacy of occupational therapy in treating psychiatric disorders is acknowledged by leaders of the profession (Yerxa and Gilfoyle 1976; Fidler 1983; King 1978). Affleck and McGuire (1984) have emphasised that the aim of the rehabilitation services should be to obtain the best level of functioning of which the patient is capable in spite of his impairments. These should take into account besides self care and domestic responsibilities, money

management and occupational outputs also. It was found that mentally retarded persons require occupational preparation on specific areas (Powel 1959). Watts and Bennet (1977) had examined the bearing of previous work performance on employability after rehabilitation. Work performance scores were found to be predictive of future employability of Morgan and Gopalswamy (1983). Incidentally, there are very few day care Centres in our country. This study examines the work performance and duration of stay of mentally retarded persons attending the occupational therapy centre and its correlation with various demographic and clinical characteristics.

Material and Methods

The study was conducted by including all mentally retarded individuals who were admitted to the day care centre during the period of five years from 1979-1983. In

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order to get adequate, consistent and uniform information the details were recorded on a semistructured proforma. The proforma included demographic variables as age, sex, marital status, education and previous occupation. Duration of stay was also recorded for all cases. Only cases who had a definite diagnosis of mental retardation as per I.C.D. 9 (WHO 1978) were included. The IQ was taken from the case file report done by the clinical psychologist in the referring unit. Work performance was assessed using Griffith's Scale (1975) every month by the Occupational Therapists, Nursing Staff and the Vocational Instructors by mutual concurrence. For this study average of 3 months functioning were taken, which included one month prior to, and 2 months after starting the study. Work performance was rated on the basis of scores on the Griffith's Scale: (less than - 30 very poor, 31 - 60 below average, 61 - 90 average, 90 - 110 good, 111 - 125 very good).

Results

The sample consisted of 79 patients attending the Rehabilitation Centre of NIMHANS. The characteristics of the sample are shown in Table 1. About 90% of patients were male and 80% belonged to the age group below 30 years. Regarding education 67% of them were illiterate. 96% of the patients were unmarried and 90% of the persons were unemployed and most of them (88%) came from an urban background. Clinically 35% had mild mental retardation, 40% had moderate mental retardation and remaining 25% had severe or severe/profound degree of retardation (table 2). Regarding their duration of stay, 60% stayed for a duration of less than one year and only 14% stayed longer than 5 years. Work performance was found to be below average in 37% and above average in 30%. On correlating the duration of the stay with demographic variables as sex, age

Table 1
Characteristics of the sample

	n	Percent
Sex		
Male	63	79.7
Female	16	20.3
Age		
15 - 29 Years	63	79.7
30 - 44 Years	12	15.2
45 - 65 Years	4	5.1
Education		
Illiterate	53	67.1
Under Matric	19	24.1
Matric	5	6.3
Above Matric	2	2.5
Marital Status		
Unmarried	76	96.2
Married	3	3.8
Occupation		
Semi Professional	2	2.5
Clerical	3	3.8
Unemployed	70	88.8
House Wife	2	2.5
Retired/Student	2	2.5
Background		
Rural	10	12.7
Urban	69	87.3

Table 2
Clinical and Day Care Characteristics

	n	Percent
Degree of Mental Retardation:		
Mild	28	35.5
Moderate	31	39.2
Severe	12	15.2
Profound	8	10.1
Duration of Day Care:		
Below 6 months	30	37.9
6 Months to 1 Year	18	22.8
1 Year - 2 Years	10	12.7
2 Years - 3 Years	4	5.1
3 Years - 5 Years	6	7.6
Above 5 years	11	13.9
Work Performance:		
Very Poor	11	13.9
Below Average	18	22.8
Average	26	32.9
Slightly Good	12	15.2
Very Good	12	15.2

and education no significant relationship was noted (Table 3).

Table 3
Demographic Aspects of Duration of stay

	Below 6 months	6 months to 2 years	More than 2 years	P
Sex				
Male (63)	24	25	14	NS
Female (16)	6	3	7	
Age				
Below 30 years (63)	26	23	14	NS
Above 30 years (16)	4	5	7	
Education				
Illiterate (953)	18	19	16	NS
Literate (26)	12	9	5	

Also, the relationship between degree of retardation and social support with duration of stay was found to be not significant (Table 4). Social support rated as good, adequate or poor depending upon help and

Table 4
Duration of stay and degree of retardation and social support

	Below 6 months	6 months 2 years	More than 2 years
Degree of Retardation			
Mild (28)	12	10	6
Moderate (31)	9	15	7
Severe/ Profound (20)	9	7	4
Social Support			
Good (43)	16	19	8
Poor (36)	14	9	13

motivation from family members, relatives and other agencies. No scale was used. Social support was found to be good in 54% of cases and poor in 46%. Similarly the relationship between work performance and clinical characteristics were not found to be statistically significant (Table 5).

Table 5
Work performance versus degree of retardation and social support

	Below Average	Average	Above Average	P
Degree of Retardation				
Mild (28)	9	10	9	
Moderate (31)	13	10	8	
Severe (20)	7	6	7	
Social Support				
Good (43)	14	16	13	
Poor (36)	15	10	11	

Discussion

It is important to study the characteristics of the sample which attends a Day Care Centre as this gives an idea about the type of population entertained. As shown in Table 1, our Day Care Centre is more often utilized by patients who belong to the younger age group (below 30 years), males, those who are illiterate, and by those who are from an urban background.

The possible reasons for more male attendance can be due to the cultural factors since male members get more attention from family. They are probably considered the bread winners and hence may be requiring training in any vocation. Increased attendance of younger persons could possibly be due to early identification and early attempts for methods of treatment. Family members usually give up after initial attempts because of unfulfilled expectations and hence may be patients are less often brought in their later life. That most patients came from an urban background is probably related to the proximity of the Centre due to its situation and transport facilities. The percentage of attendance was high among illiterate and unemployed, which is perhaps a reflection of their retardation and limited intellectual capacity.

Regarding their duration of stay, very

few clients had stayed for a period longer than five years, while a majority stayed for a period shorter than one year, reasons for this need to be explored. It is, however, not found to be related to the degree of retardation. A possible reason can be that the work performance does not improve further after the initial achievement. Exact reasons for high drop out were not probed in this study.

Socio-demographic variables, degree of retardation and social support do not seem to influence the work performance and duration of stay. Probably, investigations should be carried out to determine the role of other factors which could affect the work performance. These aspects have not been evaluated in most of the studies and hence a comparison is difficult to make. However, Svenson (1980) had found that occupational disability was related to IQ, but we have not observed any significant relationship between work performance with degree of retardation. This difference is difficult to explain since we have considered only work performance which is just one aspect of occupational disability.

The importance of training mentally retarded in sheltered workshops was emphasised by Becket et al. (1979) and these patients were found to be adequately trained in certain vocations (Becker et al. 1981) probably, further methods should be investigated to satisfactorily improve the functioning of retardates to an optimum level.

Similarly investigations on schizophrenic patients work performance (Gopinath et al. 1985) was found to be poor in schizophrenics with residual symptoms. Duration of stay of paranoid schizophrenics was significantly shorter as compared to chronic and residual schizophrenics (Chaturvedi et al. 1985). These were however not found for mental retardation.

Lastly, it needs to be emphasised that

this particular area of occupational therapy for mentally retardates has not attracted adequate attention of researchers, and it remains to be a neglected subject. Rehabilitation of mentally retardates is perhaps the most important aspect of management and hence there is need to carry out systematic studies on various aspects of rehabilitation for the mentally retardates.

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