

MENTALLY RETARDED

AIM and SCOPE of PROGRAM for MENTALLY RETARDED in MINNESOTA.

1. Prevention of occurrence of mental deficiency by finding out cause of infectious diseases and other causative factors.
2. More building space to care for the long waiting list
3. More complete public understanding of educational and vocational rehabilitation of mental deficient.
4. More careful screening of patients in a pediatric diagnostic center.
5. Training program for neurologists and child psychiatrists who intend to specialize on mental deficient, in order to attract better personnel.
6. Research program in
  - (a) genetics, (heredity)
  - (b) developmental anatomy and pathology,
  - (c) sociology,
  - (d) therapeutic research with drugs, surgery and other types for specific categories of mental deficient.
7. Providing adequate recreational facilities as a method of treatment.

It is recommended that infants and children who are proposed for admission to a school for mental retarded or a center for emotionally disturbed children, be studied at the University of Minnesota Hospitals/<sup>pediatric department</sup> or some other out-patient facility, prior to admission. The primary purpose of such examinations would be for diagnosis and appraisal of the patient's general physical and mental condition. The investigation should include a complete history and physical examination and the special examinations such as psycho-metric, hearing and visual tests as indicated. A complete neurological and psychiatric evaluation would also be available to these patients. Special laboratory procedures including a complete blood study, blood chemistry and special X-ray examinations would be done in accordance with indications which would make the diagnostic survey complete. A summary of the patient's findings could be sent to the referring individual or agency. When the patient is admitted to a ~~State Hospital~~ School for the Mentally Retarded, or other similar facility, a complete record would be sent to the institution concerned. Such a study should permit specific recommendations for the individual patient. The following courses might be indicated;

- (a) Immediate State hospitalization,
- (b) Further studies and therapy designed to relieve or improve the patient,
- (c) State care not required,
- (d) Care may be required at a later date,
- (e) Family realization and understanding of the problem as well as care in the home could be ~~provided~~
- (f) Other recommendations ~~as indicated~~

Complete and comprehensive study will provide proper diagnosis which will permit an earlier approach to therapy and the present acute problems in our state hospitals might be greatly relieved. It is further recommended that the diagnostic clinic be operated in conjunction with a follow-up clinic. This plan would seem to offer several advantages; for example, a patient might be studied and followed on an out-patient basis until such time as admission could be arranged. The same facilities required for the initial diagnostic studies would be available for follow-up studies of patients discharged from Schools for the Mentally Retarded, or other facility.

Above is copy prepared by Dr. Rossen and which was reviewed by Superintendent with Dr. Rossen at the time of the Governor's visit on July 20th.

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  - a. genetics
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  - d. therapeutic research with drugs, surgery and other types for specific categories of mental deficient.
6. providing adequate recreational facilities as a method of treatment.

It is recommended that infants and children before proposed or admission to a State Hospital for the mentally ill (rather than as mental deficient) be studied at the University of Minn. Hospitals Pediatric Department prior to admission. The primary purpose of such examinations would be for diagnosis and appraisal of the patient's general physical and mental condition. The investigation should include a complete history and physical examination and ~~xxxx~~ the special examinations such as psycho-metric, hearing and visual tests as indicated. A complete neurological and psychiatric evaluation would also be available to these patients. Special laboratory procedures including a complete blood study, blood chemistry and special X-ray examinations would be done in accordance with indications which would make the diagnostic survey complete. A summary of the patient's findings could be sent to the referring individual or agency. When the patient is admitted to a State Hospital, a complete record would be sent to the institution concerned. Such a study should permit specific recommendations for the individual patient. The following courses might be indicated:

- (a) Immediate state hospitalization,
- (b) Further studies and therapy designed to relieve or improve the patient
- (c) State care not required.
- (d) Care may be required at a later date,
- (e) Family realization and understanding of the problem as well as care in the home could be proved,
- (f) Other recommendations.

Complete and comprehensive study will provide proper diagnosis which will permit an earlier approach to therapy and the present acute problems in our state hospitals might be greatly relieved. It is further recommended that the diagnostic clinic be operated in conjunction with a follow-up clinic. This plan would seem to offer several advantages; for example, a patient might be studied and followed on an out-patient basis until such time as admission could be arranged. The same facilities required for the initial diagnostic studies would be available for follow-up studies of patients discharged from the state hospital.