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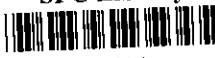
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TWELFTH WORLD CONGRESS

OF

REHABILITATION

(Sydney, Aug.27 - Sept.1, 1972)

by

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I. INTRODUCTION: Scope and Purpose

The South Pacific Commission Mental Health Specialist attended the 12th World Congress of Rehabilitation to see what benefits the handicapped in South Pacific territories might derive from the many papers read, the visits paid to a Rehabilitation Center in the Sydney area, and exhibitions and films shown during the Congress.

Rehabilitation of the disabled has not, so far, stood in the forefront of interest in South Pacific territories. Why? It appears that the bigger and the more industrialized a society, the more problems of rehabilitation arise. Where there is still a functional local culture, the extended family will take care of many problems. However, we have in the South Pacific the blind, the deaf, those who have suffered various accidents, the mentally subnormal, the mentally sick and those who are crippled by leprosy.

What can be done for them? Let us list some of the possible solutions:

1. psychological counselling towards acceptance of disability,
2. treatment by medical and surgical methods,

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3. supply of artificial limbs and other daily aids to living,
4. physiotherapy,
5. occupational therapy, featuring industrial-type work-shops,
6. speech therapy (in the case of the spastic),
7. educational tutorial services,
8. social work services,
9. vocational assessment,
10. vocational retraining services,
11. placement and follow-up services.

This Congress showed that almost all handicapped people can be rehabilitated in some way, even when they themselves doubt that they will ever be independent again.

II. VOLUNTEER POWER

It is likely that, in the South Pacific, Voluntary Organizations will have an important part to play in rehabilitation, because professional workers may not be available. The extended family, where intact, is probably the best unit for rehabilitation; but even in this context, well-motivated volunteers with professional support can do extremely well. In the British Solomon Islands Protectorate and the Gilbert and Ellice Islands Colony the whole scene of patient-care has been changed from one of stagnation to one of rehabilitation by voluntary workers from the Red Cross, the Churches, Women's Interest Groups, Y.W.C.A. and others. Of course, it is both the duty and the privilege of the professionals (doctors, nurses, social workers), to set examples, guide, streamline and, occasionally restrain.

Voluntary bodies may also need to be the advocates of the handicapped -

1. when they have an inadequate share in the territory's wealth and opportunities, which are the inalienable right of all,
2. when, as is often the case, they are under-trained and under-employed as a group,
3. when they are subject to needless architectural and transportation barriers, prejudices and restraints, which limit not only their employment but also the opportunity to lead a decent life,

4. when it is not recognized that the handicapped are capable of making a far greater contribution to the group within which they live, if given the opportunity to do so,
5. where latent prejudices need to be dispelled,
6. where employers need to be given relevant information and persuaded to provide the handicapped with an opportunity to prove themselves,
7. when the handicapped want to work to support themselves and their families.

Well organized volunteer groups can also provide opportunities for co-ordinated action on the part of individuals interested in assisting the handicapped to resolve the numerous problems which confront them.

At the 4th Pan Pacific Rehabilitation Congress in Hong Kong in 1969, the motto of the reunion was "The HANDICAPPED, a RESOURCE to the COMMUNITY."

This motto could have been more heavily emphasized at the World Congress in Sydney; it is to the advantage of the community, in the South Pacific as elsewhere, to rehabilitate the handicapped.

The aim of all rehabilitation would appear to be for the handicapped person to achieve social competence after identification of his special abilities and disabilities. Such identification will enable the disabled person to achieve social competence for himself.

Demonstrations at the Congress showed the amazing amount and variety of technological help which is available today for the handicapped.

III. THE LAW

Most countries today have laws, which ensure that employers engage a certain proportion of handicapped persons in their work force. At present no such Law exists, as far as I have been able to ascertain, in any of the countries in the South Pacific, although workshops for the handicapped supported by administrations and voluntary organizations exist, for instance, in Guam and Fiji.

It is possible that the time has come to introduce such laws in South Pacific territories but their introduction should be preceded by an assessment of the size and variety of the problem.

In this context it is clear that more employers will hire more handicapped people when they know how to go about it. The provision of appropriate information will probably fall on the personnel of the Medical and Social Services.^{1/}

Given a job in keeping with their ability, handicapped people are as good as, or even better than, non-handicapped workers.^{2/}

In the Gilbert and Ellice Islands Colony a comment in these terms was made by the Dept. of Agriculture concerning psychiatric patients in the process of rehabilitation who help the Agriculture Department with the securing of a land reclamation area (by planting of grass, mangrove, casuarina and, later on, coconut palms).

IV. AIDS TO REHABILITATION

One of the most impressive pieces of equipment demonstrated was a "Section and Control Unit" for a person whose arms and legs are completely paralysed, and who has no control of his speech muscles, except for the tongue. The apparatus is a mouth-operated device which can be hooked to a typewriter and permits the patient to communicate through typewritten messages or letters, or even to write books. The apparatus makes the difference between life and living death for a person thus afflicted.^{3/}

For people with difficulties in reading small print, a good selection of large print books was shown.^{4/}

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- ^{1/} An interesting booklet on the subject can be obtained from the National Association of Manufacturers (2, East 48th St., New York City 17, N.Y., U.S.A.)
 - ^{2/} Leaflet of the Commonwealth of Australia Dept. of Social Services.
 - ^{3/} The apparatus costs A\$500 and its price is likely to come down if many orders are received. Enquiries should be directed to G. Winston, Box 197, P.O. Randwick N.S.W., Australia.
 - ^{4/} Enquiries for Ulverscoft Large Print Books to Ayers and James Pty. Ltd., 5 Alexander Street, Crows Nest, Sydney, N.S., Australia.

Limb substitutes and appliances have reached such a degree of sophistication that virtually any absent function or absent limb can be functionally replaced by prostheses and orthoses.^{1/}

A series of large deep air mattresses was shown; they are known as "therapeutic inflatable multi-sensory environments" and are aimed at helping the mentally and physically handicapped test and enlarge their environment. The basic idea is that at an early age memory is linked to physical action. The large mattresses also help socialisation if used by several children.^{2/}

Ways of employing the handicapped person were also shown at the Congress.^{3/}

Of great fascination was an exhibit of household gadgets designed to help those who lack manipulative skill, for instance in peeling potatoes, washing dishes, holding forks or knives, turning pages in books, filing their fingernails or protecting their heels.^{4/} These appliances are particularly interesting to elderly people and rheumatics.

In this context an interesting and cheap little inflatable cuff was shown which prevents heel and ankle pressure sores, a problem which commonly interferes with later rehabilitation of paraplegics and hemiplegics.^{5/}

The variety of wheelchairs and similar appliances was overwhelming.

^{1/} A handbook "Limb Substitutes and Appliances" is available from the Australian Government Publishing Service, Canberra.

^{2/} Safaflex System, Future Designs Pty., Ltd., P.O. Box 367, Manly, N.S.W., Australia.

^{3/} Marsden Industries, Marsden Hospital, Dept. of Health, Mons Road, Westmead, N.S.W., Australia; issue an interesting leaflet.

^{4/} Ortopedia GMBH, 29, Kiel, 14 POB 6409, West Germany, for inquiries.

^{5/} It is available from Muir and Neil Pty. Ltd., 479 Kent St., Sydney, N.S.W. 2000, Australia, as is a leaflet on its use.

The International Society for Rehabilitation of the Disabled (219 East 44th St., New York, N.Y. 10017, U.S.A.) has also brought out some excellent leaflets for the guidance of those charged with rehabilitation:

"Guidelines for the Future in Rehabilitation Medicine"

"Guidelines for the Future in Social Planning in Rehabilitation"

"Guidelines for the Future in Education"

Directors of Health or Directors of Social Services in the South Pacific are invited by the Australian Council for Rehabilitation of the Disabled (Corner Bedford and Buckingham Streets, Surrey Hills, N.S.W. 2010) to apply for Associate Membership of the Council, upon which many facilities discussed in this paper would be open to them.

V. FILMS

From 11 a.m. to 4 p.m. every day films on rehabilitation were shown, some of them excellent. The titles quoted below show the variety of films available from different countries.

"Spastics are People", Australia

"Who Cares", Australia

"Four in every Thousand", Australia

"Sheltered Workshops", Australia

"Rehabilitation, Bridge to Life", Austria

"Long-term Treatment of Chronic Asthmatics", Canada

"Fancy Sending Them Away", England

"Physiotherapy of Leprosy", India

"To Help a Crippled Child", New Zealand

"Physical Training for Mentally Retarded", Sweden

"Paraplegics", Switzerland

"Complete Rehabilitation of a Quadruple Amputee", U.S.A.

"What do you do when you see a blind person?", U.S.A.^{1/}

VI. SHELTERED WORKSHOPS

Many handicapped people need special training and some adjustments in their working conditions in order to give their best. Sheltered workshops and other training facilities are necessary. The participants to the Congress had an opportunity to visit such facilities.^{2/}

VII. ARCHITECTURAL AIDS

Though the papers read on this subject dealt more with urban dwellings, some of the principles are applicable also to one-storey South Pacific buildings.

One of the slogans quoted at the Congress was "What is good for the handicapped is good for the rest of the community also"; in practice this means that for most disabled people the "House With No Steps" is needed, especially where disabled people use wheelchairs. The idea is to eliminate barriers which so often unnecessarily hinder movement by a severely handicapped person to, from and within buildings.

The second trend is the attempt to eliminate economic, psychological and social barriers, and to gain acceptance by society.^{2/}

It must also be borne in mind that suitable architectural arrangements in both public and private buildings would benefit not only the permanently disabled but also the temporarily disabled (for example, children, pregnant women, and severely ill or elderly people). Temporary disability usually relates specifically to restricted mobility. What should be prevented is the (often unintentional) segregation of the disabled. Such very basic items as height of a kitchen sink and the distance from its edge to the taps may, for the disabled, assume great importance.

^{1/} Detailed information about these films is available from the Medical Officer, South Pacific Commission; and from the Australia Council for the Rehabilitation of the Disabled, Corner Bedford and Buckingham St., Surrey Hills, N.S.W., 2010, Australia.

^{2/} A booklet on the subject is available from the Australian Government Publishing Service, Canberra, 1972: "Sheltered Workshops" issued by the Dept. of Social Services.

^{3/} One of the most interesting papers was read by Mr H. Fox, B.Arch., A.R.A.I.A., of Fox and Associates, Architects, 18 Argyle St., Sydney, 2000, from whom further information can be obtained.

As townships increase in South Pacific territories, unless early thought is given to the problem, it will become more difficult for the disabled to move around. Such facilities as "lay back kerbs", ramps for wheelchairs and prams and, in places, hand-rails must be considered. Free parking places for disabled drivers are another desirable provision.

In general, design and building can be improved and not restricted by the provision of facilities suitable at the same time for the general public and for the disabled.

When discussing this question, it is important to remember that official statistics indicate that the number of the physically disabled varies by country from 15% to 25% of the total population, when walking, seeing, sleeping, hearing and working capacities are concerned.

VIII. THE BLIND

Here the range of possibilities for useful employment is quite unbelievable, and where cases are found in South Pacific territories,^{1/} training possibilities are best explored by the Director of Health.

Specialised organisations dealing with the blind are likely to have the following objectives:

- to visit the blind,
- to promote their intellectual, physical, social and economic welfare,
- to grant assistance in case of need,
- to purchase, lease or build dwellings.^{2/}

^{1/} Some useful addresses in Australia are: The Association for the Blind, 7, Mair St., Brighton Beach, Victoria, 3188; The Braille Library, 31-51 Commercial Road, South Yarra, Victoria 3141; The Lady Nell "Seeing Eye" Dog School and Rehabilitation Centre, 14, Thanet St., Malvern, Victoria 3144; The Royal N.S.W. Institution for Deaf and Blind Children at 258-260 Castlereagh St., Sydney N.S.W., 2000.

^{2/} I. Taylor (Proceedings Preview of Congress, p. 852).

IX. REHABILITATION AND MENTAL HEALTH

Numerous papers were read on the subject, but two aspects are of particular importance: the problem of rehabilitation of the improved or cured mentally sick; and the effects of any disability on a person's mental state.

One interesting approach to rehabilitation of schizophrenic patients discussed at the Congress was rehabilitation "through stimulation of creative development", in other words, artistic expression.^{1/}

Another speaker^{2/} stressed the following points:

1. the individual should take part in his own treatment programme to prevent crippling dependance on others,
2. fostering of inter-personal relationships is possible even in severely disabled people,
3. the need of fostering community acceptance through the use of voluntary organizations to encourage the creation of a niche for rehabilitated patients in local communities.

Retraining can and must be carried out at many levels to achieve social competence in the following areas:

1. social skills
2. work competence
3. expression of talents and interests
4. shopping skills
5. washing skills
6. ability to make a choice
7. ability to make a decision
8. wise handling of money
9. use of medication

The importance of motivation, restimulation of drive and self-interest and interest in others was stressed.

^{1/} I. Taylor (Proceedings Preview of Congress, p. 852).

^{2/} C. Frame in a paper on "Rehabilitation in Mental Illness" Proceedings Preview, p. 339).

The importance of WORK for rehabilitation cannot be overstated because:

1. it represents health to a person with mental illness,
2. it is a measure of success in everyday life,
3. it is a positive technique binding the individual close to reality,
4. it allows the growth of self-esteem and improvement of self-image,
5. it encourages individual responsibility,
6. realistic transitional vocational experiences can be offered to the patient,
7. it helps the patient to become a functioning member of the community,
8. it allows objective assessment,
9. it requires adjustment to discipline,
10. it has general applicability.^{1/}

^{1/} The following useful publications are taken from a paper presented by Miss Joan Christie, Nursing Adviser to the Mental Health Authority, Melbourne, Australia (Proceedings Review, p. 246) on "Rehabilitation of the Emotionally Disturbed Patient".

Massemau, J. "Current Psychiatric Therapies", Vol. II Grune and Streeton

Greenblatt and Benjamin "Rehabilitation of the Mentally Ill", Americ. Ass. for Advancement of Science.

U.S. Dept. of H.E.W. "Rehabilitation of Mental Hospital Patients", Public Health Memo, No. 17

Interested persons can apply for reprints to Miss Christie. It would not be inappropriate to approach her if problems exist in South Pacific territories with training of psychiatric nurses.

XI. CONCLUDING REMARKS

What stood out most during the Congress were the enormous possibilities for rehabilitation based on the principle that most people in modern society see the opportunity to work as a fundamental human right.^{1/}

The second fact which stood out at the Congress was the active participation by handicapped people in their rehabilitation.

Let us conclude with a story originally told by the well-known Rev. "Sandy" Sanderson of Pago Pago in American Samoa. Mr Wilkie, a severely handicapped clergyman without arms, was driving his car somewhere in the States with his feet as usual. Somebody stopped him and asked for a lift. He picked up the man. As they drove along, out of a side-street shot another car. Mr Wilkie, with his feet, frantically turned the driving wheel to avoid collision. Afterwards his passenger said "Sir, you surely must be a minister of the church?" "Why?" "Well, Sir, all you said when this idiot almost shot into you was 'By Jove!'" Obviously, Mr Wilkie, though he has no arms, is well rehabilitated!

This outstanding person, a man without arms, who is the Executive Director of the Council for Church and Ministry, New York City, U.S.A., said amongst other things: "I see myself as an individual being handicapped, but I see myself in this not only or even primarily because of empty sleeves; I see myself handicapped in my intellect and understanding of the world and of persons; I see myself handicapped in my particularity - my age, my origin, my particular experiences etc. I see myself handicapped in the handicap itself, a physical disability, but even beyond this I see myself handicapped in my, for example, racist and other negative attitudes which all of us develop in the kind of society which nurtures us".

In this sense, are we not all handicapped? This man has also the kind of finely-developed, deep sense of humour which can be particularly important for purposes of rehabilitation, and of which more could and should have been said at the Congress.^{2/}

^{1/} Copies of a booklet on this subject and its practical application "Commonwealth Rehabilitation Service" can be obtained from the Rehabilitation Branch of the Dept. of Social Services, N.S.W., G.P.O. Box 4292, Sydney, N.S.W., 2001, Australia.

^{2/} "The Sense in Humour", by Harvey Mindess, Saturday Review, Aug. 21, 1971, p.10).



ISSUED IN THIS SERIES

- | | <u>Classification</u> |
|--|--------------------------------------|
| 1. Annual Conference of O.I.E. held in Paris 13th - 18th May, 1968. Report of S.P.C. Observer. September 1968. | Livestock Production and Health. |
| 2. South Pacific Commission Publications' Series. October 1968. | Publications |
| 3. Free Diving Without Breathing Apparatus - Its Accidents. March 1969. | Public Health |
| 4. "A" Level: Australia's Notification on Bovine Pleuropneumonia Regulations. March 1969. | Plant and Animal Quarantine |
| 5. Study Tour to Noumea, Brisbane, Territory of Papua and New Guinea and British Solomon Islands Protectorate. March 1969. | Tropical Crops |
| 6. "A" Level: Agricultural Education - Bulletin No. 1. April 1969. | Agricultural Education |
| 7. Introduction and Spread of Culicoides and Other Insect Species by Aircraft. May 1969. | Public Health |
| 8. Diarrhoeal Diseases in Adults. May 1969. | Public Health |
| 9. "A" Level: Agricultural Education - Bulletin No. 2. May 1969. | Agricultural Education and Extension |
| 10. "A" Level: Agricultural Education - Bulletin No. 3. November 1969. | Agricultural Education and Extension |
| 11. Agricultural Extension Workshop - Western Samoa. November 1969. | Agricultural Education and Extension |
| 12. Asian-Pacific Weed Science Society. December 1969. | Tropical Crops |
| 13. The Status and Potential of the Chilli Industry in the Solomon Islands. December 1969. | Tropical Crops |
| 14. Manpower Planning in the South Pacific. March 1970. | All |

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| 15. Fibreglass Water Tanks. April 1970. | Public Health
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| 16. U.N. World Youth Assembly. May 1970. | Social Welfare
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Livestock Production
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| 25. Crown-of-Thorns Starfish. July 1970. | Fisheries. |
| 26. Counter-Attack - Crown-of-Thorns Starfish. September 1970. | Fisheries |
| 27. A Simple Field Test for Determination of Salinity of Water Supplies. December 1970. | Public Health |
| 28. Asian Coconut Community. January 1971. | Tropical Crops |
| 29. O.I.E./F.A.O. Regional Conference on Epizootics in Asia, the Far East and Oceania. January 1971. | Livestock Production
and Health |
| 30. Plant Pest Control. January 1971. | Tropical Crops
Plant and Animal
Quarantine |

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| 31. The Effect of Cultural Method and Size of Planting Material on the Yield of Colocasia Esculenta. February 1971. | Tropical Crops |
| 32. Shell-fish and Public Health. April 1971. | Public Health
Engineering |
| 33. Weed Control. August 1971. | Tropical Crops |
| 34. Taro. August 1971. | Agricultural Research |
| 35. Transmission of Virus Samples. August 1971. | Plant and Animal
Quarantine |
| 36. Amyotrophic Lateral Sclerosis and Parkinsonism-Dementia in Guam. September 1971. | Mental Health |
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tion and Extension |
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| 46. The convenience of the metric system. February 1973. | Public Health Engineering |
| 47. Useful references for animal production and agricultural extension workers of the South Pacific Commission territories. March 1973. | Animal Production |

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