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Letter to Editor

## The roles of medical and paramedical\*\*

Payom Ingkatanuwat\*

Working as a child psychiatrist for a few decades. I realized that psychiatrists are increasingly being used as a liaison between medical and paramedical personnels, especially in dealing with the mental handicaps.

As known to us all that mental retardation is a complex problem encountered by medical and paramedical workers. The provisions are aimed to enable the mentally retarded person to earn his living and adjust himself in society.

The mentally retarded child is no longer hidden by his family away from the public gaze, on the contrary the parents seek help and support. And the number of mentally retarded persons are enormous beyond the existing facilities.

Considering the aetiology of mental retardation, attention is directed to the pre-, peri-, and post-natal causes which mostly are medical problems, in which the intensive prevention measures are vital. In attempting to lower the incidences of mental retardation, various fields and

specialities in the medical profession are responsible for these regimes.

Starting with genetic counselling, followed by practical improvement in obstetrics and adequate neonatal cares including later immunization as well as early diagnosis and better treatment of infections especially the infections of the central nervous system which still prevail in the Asian countries.

This preventive measures are the essential aspects of the medical role, the other aspect is the surgical correction of the physical anomalies and deformities; with the hope to enable the mentally retarded persons to live with more social competences.

Limited ability in learning and social functioning of the mentally retarded child are prominent in three successive periods of development; pre-school, school age and adulthood. These are of great concern to parents, teacher, speech therapist, social worker, occupational therapist and other related disciplines including volunteers. In order to provide the retarded child with the best facilities for his development. Each

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\*\*Read at the 6<sup>th</sup> Asian Conference on Mental Handicap, November 7-11, 1983, Jakarta, Indonesia.

discipline has its own particular function, which must firmly integrated in a combined group approach. For instance the teacher who provides special education may need the aid of the clinical psychologist for the intellectual evaluation of the child as well as the total assessment of his adaptability and social maturity. And ; or at the same time the occupational therapist may need advices from the physical therapist and the psychiatrist to what kind of occupational training programme suitable for the particular individuals.

One can see that the job pertaining to the mental retardation is neither a one man show nor a group show, but multidisciplinary approach. Both medical and paramedical personnel have focused on their own functions, and at the same time work mutually to render better services and to enable the mentally retarded person to achieve to the full extent possible.

The paramedical personnel take a creative role in tackling the educational social and occupation problems of the mental retardation. While the main care of the medical role stands for the prevention, early diagnosis and interven-

tion as mentioned early in this paper. So the net work of comprehensive collaboration among the two roles is necessary for the successful planning and management of the mentally retarded person.

Finally, it is my earnest wish to emphasize the prevention for mental handicap on a large scale, The research works in both roles are also encouraged. To prevent what can be prevented. We can not keep pace with the increasing numbers of the mental handicap.

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