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Mental illness vs mental retardation

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ABSTRACT

Introduction: Mental illness and mental retardation are completely two different terms and with two different concepts in them and cannot be used interchangeably.¹ Mental illness can be caused by number of causes like genetic causes, environmental causes and chemical imbalances in the brain. While mental retardation in the imbalance in normal development of the brain in an individual by which it can be categorized into mild Estimates of the prevalence of comorbidity of psychiatric disorders and mental retardation in community and clinical populations range from 14.3 to 67.3 percent.²

Conclusion: Mental illness can be described when behaviour of individuals is inappropriate, irrational, or unrealistic in most physical, or in mental illness the person's behaviour is not normal. Mental disorder can be caused by physical, psychological or environmental factors, or a combination of all three. While mental illness is not level of intelligence, it is possible for a person to be both mentally ill and retarded.

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1. Introduction

Mental illness and Mental retardation are completely two different aspects that cannot be used reciprocally.³ "Mental illness" can be defined as medical conditions that disrupts a client thinking, mood, emotions, ability to relate to others and daily activities, Mental illness has no relations with intelligence.⁴ Serious mental illnesses like psychotic & neurotic disorders which includes depression, bi-polar disorder, obsessive compulsive disorder (OCD), panic disorder, schizophrenia, post-traumatic stress disorder (PTSD) and borderline personality disorder and on the other hand.⁵ "Mental retardation" refers to sub average intellectual functioning which impairs in social adaptation.^{6,7} It is the condition where the person has a lower I. Q level and has difficulties in handling with realities

of daily living activities.⁸ This is usually diagnosed as tender age.⁹

1.1. Is there no difference between mental retardation and mental illness?

Mental retardation and mental illness are two distinct conditions. Mental retardation is incomplete mental development. Mentally retarded persons are those whose normal intellectual growth was arrested at some time before birth, during the birth process, or in the early years of development. Mental illness can be described as inappropriate, irrational, or unrealistic behavior. In most physical illnesses, there is something wrong with parts of the body; in mental illness, it is the behavior of a person that is not "normal". A psychiatric disorder, an emotional disturbance or the more serious mental illness, may be caused by physical, psychological or environmental factors,

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Table 1: Mental illness vs mental retardation

	Mental illness	Mental retardation
Age Group	Mental illness is mainly diagnosed in adult age.	Mental retardation is present in childhood itself. ¹⁰
I.Q Effects	Mental illness has no relation with I.Q. Mental illness affects persons behavior, thoughts, perception, thinking, emotions.	Mental retardation has low I.Q. Mental retardation affects the cognitive ability and intellectual thinking of the person ¹¹ .
Learning Difficulty	Learning difficulties are not usually present in mental illness, in case if present due to progression of disease can be corrected by therapies.	Those who are mental retarded have difficulty in learning and have development difficulties also.
Behavior and function	A mentally ill person may show irresolution or uncertainty between normal and irrational behavior.	A mental retarded persons are expected to behave coherently at his or her functional level.
Associated illnesses	The word mental illness covers a variety of symptoms that shows that the person is in emotional issues including: Belligerence, excessive moodiness, suspicious and mistrust, or poor emotional control.	Mental retarded person can undergo different types of mental illness with hallucinations or severe depression, other to the condition of mental retardation. ¹²
Incidence	Mental disorders fall along a continuum of severity. Even though mental illness disorders are common in the population, the main load of illness is reduced in a much smaller proportion-about 6 % or 1 in 17 illness. It is approximate that mental illness affects 1 in 5 families in America.	In general population the National incidence of mental retardation is 3%. ¹³
Treatment	According to the type of mental illness a person is affected may be prescribed anti-depressants or other medications. Different Behavior modification therapy or psychotherapy is often practiced to treat suffering from various mental illness. ¹⁴	Recreational activities, speech or language therapy as well as special education are proven to be beneficial for Children and adults diagnosed with mental retardation. ¹⁵

or a combination of all three. While mental illness is not necessarily related to intelligence, it is possible for a person to be both mentally ill and retarded.

There are many degrees of retardation, ranging from the very mild to the very severe. Mentally retarded persons are individuals and are quite different from each other. More than anything else, the recognition of this Individuality points to the need for accurate diagnosis, appropriate planning, necessary treatment, and individualized education and training. Only the intellectual capacities of the mentally retarded person have been impaired and, in some cases, his physical health. The mentally retarded person experiences the same emotional needs as do others—for love, security and understanding, and he suffers the same feelings in situations of rejection, indifference or frustration. With the exception of the very severely retarded who represent only a small minority, mentally retarded persons are often aware of their limitations compared with those around them. Many times they are frustrated in attempts to satisfy the demands of others who cannot accept them as individuals with unique characteristics. Many of us have had to learn to live with our inability to draw, to do higher mathematics, to manage work requiring higher manual dexterity. All persons have some limitations and we usually are aware of them. This could be said for most mentally retarded individuals. We always need to remember that their hearing is usually no more

impaired than ours, and that they generally comprehend the conversation and the feelings being expressed.

The severely retarded child is usually recognized at birth or shortly thereafter because he fails to respond to the usual stimuli and environment as does a normal baby. However, most other cases of retardation are not recognized until the child fails to learn in school. This indicates the importance of the growth and development factors in diagnosing mental retardation.

There are many reasons why a child may have learning difficulties. All slow learning children should be studied by a psychologist who can determine if referral to other specialists is needed. What may appear to be mental retardation may actually be a hearing or speech impediment or defective vision — most of which could be detected and corrected through contact with the appropriate specialist. Learning difficulties also may be due to emotional disturbance. A study of the child's growth and development, together with the use of highly specialized techniques by the examining team, should enable the diagnosticians to differentiate between problems due to lack of normal development, physical disability, or disturbed mental functioning. It may be that the slow learner is mentally retarded. If this is true, placement in a special class may help develop his abilities to the fullest extent possible. It is generally recognized by skilled professionals that the

intelligence quotient cannot be accepted as the sole index of mental capacity. Many inexperienced persons accept the IQ as final evidence of normality, but this is too limiting, and other testing devices also should be utilized. The IQ may be a helpful guide, but the symptoms associated with mental retardation also should be considered before final diagnosis is made.

Today, the definition of mental retardation describes an individual's current or present state of intellectual functioning and social adjustment. Thus, a person's intellectual status may change as a result of changes in social standards or conditions, or as a result of changes in his level of intellectual efficiency. This level of efficiency must be determined in relation to the standards or characteristics of the person's cultural and age group. Training and treatment can help improve the level of efficiency of a person designated as mentally retarded. Ongoing research in mental retardation seeks to identify specific physical causes of the condition and the basic problems of behavior and learning processes. Research has shown that there are more than 200 conditions and diseases which can cause mental retardation, and there are many more causes which are unknown. Continued research is needed in an effort to prevent, alleviate, and treat retardation.

Most mentally retarded persons are not hospitalized, nor should they be. In many instances, retarded persons can be successfully cared for at home as contributing members of the family and the community. The public schools offer special education classes for children. There are an increasing number of day activity centers and sheltered workshops in many communities for those who need special working conditions. Others are capable of holding positions in the competitive work world. There are different degrees of retardation: mild, moderate, severe and profound. It is generally estimated that about one in 30 retarded persons is either profoundly or severely retarded, and will need constant care or supervision throughout his life. The other 29 can function at varying levels of success in the community.

Many community resources are available for mentally retarded individuals. Day activity centers and day schools offer activities for children and adults which promote greater independence, develop better health habits, offer an opportunity for social and intellectual stimulation, and help develop physical coordination. Special education classes also are provided by public school systems. Vocational evaluation and training is provided at sheltered workshops, work adjustment centers, and occupational training centers located in many communities. Group living facilities also are available. Social and recreational programs, including camping, are sponsored by local Associations for Retarded Children, day activity centers, and other community agencies and organizations. In the event that placement in a state facility is necessary, it should be considered a

temporary treatment and training plan rather than a lifetime plan. Today, the goals of the state facilities are aimed at returning the retarded person to his community as feasible.

A mentally retarded child cannot become "normal" by being placed in a good home environment. He may show the results of good training and may more nearly reach the accomplishment level in accordance with his potential for development, but this must not be confused with the growth of intelligence.

Mentally retarded children need specialized training, not merely a "watered down" regular course of study. The most successful training programs are those which are devised to meet the individual and particular needs of the mentally retarded child. The program should be one essentially of "clinical teaching". A mentally retarded child is a very slow learner and therefore must have the material presented to him in small steps and at a psychologically appropriate moment. Learning must be highly motivated, and small steps provide for the elimination of gaps in the teaching process. In today's public school, a minimum of two to three per cent of the children are in need of special education because of mental retardation. Some educators would place this percentage even higher. Special education or an adjusted course of study is the right of every child who cannot benefit by the school program which is designed to meet the needs of the greatest number of children.

There are only a few mentally retarded individuals who cannot be helped through training. The level of accomplishment may be very low for some and the progress very slight—such as training in toilet habits, dressing, and feeding—but they can be helped. Many mentally retarded children can be taught to read to some extent, but there is a difference between the ability to pronounce the words on a page and a comprehension of the text. Educators feel that entirely too much emphasis is placed upon academic learning in schools for the mentally retarded. Unless the child will find the ability to read a useful process, the time spent in the laborious teaching of a mentally retarded child to read could be spent to greater advantage by giving him training in other areas, such as self-help and social skills, manual skills, and bodily coordination.

Although social and economic adjustment may not be at a high level, many mentally retarded persons need not be totally dependent upon the community. There are numerous mentally retarded individuals in every community who are successful graduates of sheltered workshops and other training programs. During the past 25 years, institutions have developed as a goal the return of well-trained individuals to the community. According to the National Association for Retarded Children, two million mentally retarded persons are employed today, primarily in the service industries and routine office work occupations. Revolutions in understanding and education have helped give mentally retarded persons a chance to demonstrate —

to others and to themselves—their worth as individuals. Nothing could be further from the truth. Mentally retarded persons can do many routine tasks much better than normally intelligent persons. They are proud of their ability to contribute to the world and find great satisfaction in their work. When properly trained for a job they feel competent to do, they make fewer job changes, have a lower absence rate, are more punctual, and are generally more conscientious than the average worker. Employers are learning that hiring mentally retarded workers is not charity. It's good business.

A mentally retarded person is not potentially dangerous. He is generally a non-aggressive individual rather than a dangerous one. Very few offenses against society are committed by mentally retarded persons. A study, covering an 18-year period, of 32,000 admissions to penal and correctional institutions as well as training schools for juvenile delinquents, reveals that only nine per cent were mentally retarded.

Actually, the figure is less than five per cent — according to the President's Committee on Mental Retardation, only 200,000 mentally retarded persons are in state facilities. It must be remembered, however, that the specialized institutions serve many more than this number, for there is a steady movement of population with many trained individuals returning to the community each year. An additional 20,000 retarded persons live in private residential facilities. The most common figure cited, one based on expert opinion, is three per cent of the total population. However, it is estimated that not more than one per cent of all mentally retarded persons are known to state or community agencies. This is an entirely mistaken notion. Mental retardation can occur in any family regardless of social, economic or educational background.

2. Conclusion

Mental illness is a medical issue or disease, just like any other disease, e.g heart disease or respiratory disease. Mental illnesses are conditions which involving alteration in emotion, thinking or behavior (or a combination of all). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities. Around 1-3% of general population has mental retardation. Mental retardation is defined as significantly sub average general intellectual functioning associated with significant deficit or impairment in adaptive functioning which manifests during the developmental period (before 18 years of age). In this definition general intellectual functioning is measured by I.Q. (intelligence quotient) testing; significantly subaverage means 2 standard deviations below the mean (usually an I.Q. of below 70) while adaptive functioning includes social, personal, occupational and interpersonal functioning keeping in view the age, socio-cultural background and educational background of the person.

Mental illness can be described when behaviour of individuals is inappropriate, irrational, or unrealistic in most physical, or in mental illness the person's behaviour is not normal. Mental disorder can be caused by physical, psychological or environmental factors, or a combination of all three. While mental illness is not level of intelligence, it is possible for a person to be both mentally ill and retarded. These are two distinct entities and must be handled differently in terms of treatment, approach, IPR, prognosis etc.

3. Recommendation

The Social Security Administration should remove disincentives for people with mental retardation to seek employment by:

1. Considering individuals with mental retardation to be presumptively re-eligible for benefits throughout their lives, if they have previously received benefits, subsequently secured gainful employment, and then lost that employment.
2. Encouraging the use of work incentive programs for people with mental retardation, with appropriate and necessary protections of each program's role as a safety net for income support.
3. Permitting individuals with mental retardation to retain eligibility for Medicaid independent of their employment status.¹⁶

4. Source of Funding

None.

5. Conflict of Interest

The author declares that there is no conflict of interest.

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