THE MEDICO-SOCIAL RESEARCH BOARD

CENSUS
OF THE
MENTALLY HANDICAPPED
IN THE
REPUBLIC OF IRELAND 1974

NON-RESIDENTIAL

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DUBLIN 2 . IRELAND

THE MEDICO-SOCIAL RESEARCH BOARD
An Bord Taighde Pobal-Liachta

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By
MICHAEL MULCAHY

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Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland, 1974

Summary

A Census of the mentally handicapped who were living at home was carried out in November 1974. The purpose of the Census was to obtain information similar to that collected in the Census of the mentally handicapped in residential care.[1] The Census forms were completed by public health nurses and medical officers of health. Ascertainment was limited to the moderate, severe and profound categories of handicapped persons aged four and upwards.

Forms relating to 4,863 mentally handicapped persons were returned of whom 2,632 were male and 2,231 female. The returns were analysed by age, sex, degree of handicap, and Health Board Area of residence. Information was also received on diagnosis and maternal age at birth. The returns also included details of the incapacities of the handicapped and their access to education, training and employment.

The returns indicate marked differences in the prevalence of mental handicap when analysed according to Health Board area of origin. This is particularly notable in the older age-groups. The various factors which might account for these differences are discussed.

Introduction

Immediately following the Census of the mentally handicapped in residential care in July, 1974,[1] the opportunity presented itself of estimating the number of mentally handicapped at home and thus obtaining general information on the nature and prevalence of mental handicap in Ireland. Accordingly, a Census of the mentally handicapped who were living at home was designed and conducted in November, 1974.

Limitations of time and resources dictated that the second Census, which is reported here, be confined to the moderate, severe and profound categories of handicap. No attempt was made to estimate the number of mildly mentally handicapped persons resident within the community. It was further appreciated that difficulties in categorisation would arise, particularly with the adult mentally handicapped. However, it was felt that the recent improvement in services for the handicapped would facilitate accurate returns in respect of the younger age-groups.

It was decided to exclude children under four years of age from the Census because of diagnostic difficulties and the sensitivity of parents to the presence of mental handicap in very young children. Since, however, these reservations did not usually apply to Down's syndrome an effort was made to include all cases of this condition, irrespective of the degree of handicap and age.

Organisation of the Census

The Census team was directed by Dr. Michael Mulcahy, Medical Superintendent, Stewart's Hospital, Dublin, and included a graduate in Social Science as research assistant and a full time secretary.

During preliminary discussions with officers of the Department of Health, the various possible methods for obtaining the information required by the Census were examined. Although several agencies had close or detailed contact with some sections of the mentally handicapped only the Health Boards, through their county medical officers and public health nurses, had potential contact with all the mentally handicapped in the community. This arose because of their statutory responsibilities and also because of the records available to them in connection with the provision of the Domiciliary Allowance for children and the Disabled Persons Maintenance Allowance for adults. We assumed that most of the population to be enumerated would have sought one or other of these allowances. It transpired that some handicapped persons known to the public health nurses were not, in fact, receiving either allowance

and these were included in the Census where applicable. In a very few instances, families when approached refused to co-operate.

Initially, the support of the Health Boards was requested by letters addressed to the chief executive officers. In September, 1974, the superintendent public health nurses were invited to a meeting in Dublin at which the purpose of the Census was outlined. With their co-operation, a scheme for the distribution of the Census forms was devised. This demanded that the forms would be distributed through the superintendent public health nurse to each district public health nurse. These latter were asked to list the numbers of mentally handicapped with whom they were in contact or about whom they had knowledge and to return a Census form for each person, who was either moderately, severely or profoundly mentally handicapped.

The complications and problems likely to arise in such a Census were discussed at meetings subsequently held in every Health Board Area, at which the purpose of the Census and the procedures to be followed were outlined to officers of the Health Board and agencies in contact with the mentally handicapped. Later, meetings of all the public health nurses were held at county level. At these, the research assistant explained the Census form and answered any queries concerning it. Each nurse was provided with an instructions folder, which contained detailed advice on the completion of the form. It was envisaged that during the month of November, 1974 every family would be visited and the form completed for each case. The public health nurses were instructed to seek as much help as possible from the diagnostic and advisory centres for the mentally handicapped, from the special schools and from any other source of information available to them. Following completion of the forms, they were returned for checking to the superintendent public health nurse who gave them to the county medical officer or to one of the assistant medical officers, who had the responsibility for completing two questions on the form. These questions dealt with the level of intelligence and the history of mental illness.

The Census Form

The Census form was broadly similar to that used in the Census of the mentally handicapped in residential care.[1] In addition to identifying data, the form requested information on the level of handicap, the presence of additional incapacities and the presence of behaviour disturbance. The form also requested information relating to the presence of a mentally handicapped sibling, the maternal age at birth of the mentally handicapped person and enquired about admission to residential care during 1974. This last question was designed to avoid recording those already enumerated in the residential Census.

The Definition of Mental Handicap

The mentally handicapped were defined by the Commission of Inquiry on Mental Handicap[2] as those "who by reason of arrested or incomplete develop-

ment of the mind have a marked lack of intelligence and either temporarily or permanently inadequate adaptation to their environment". For the purpose of defining the sub-categories of mental handicap the criteria recommended in the International Classification of Diseases 8th Revision[8] were used. Since cases of mild mental handicap were not sought in this Census the returns relate only to moderate, severe and profound mental handicap.

Diagnostic Categories

Information was sought concerning the prevalence of Down's syndrome and Phenylketonuria. In addition a question relating to mental illness was included in order to register, however approximately, the number of mentally handicapped children who were very emotionally disturbed. It also provided for those cases, chiefly adults, where both mental illness and mental handicap co-existed.

Progress of the Census

The return of forms continued up to February 1975. Because of local factors, uniform procedures were not adopted in each county. The ideal of a special home visit was not achieved in every case and reliance had then to be placed on the case notes. In the absence of formal intelligence testing, particularly of adults, the assignment to sub-categories of handicap was based on estimates of social competence that varied from county to county. When in doubt the nurses were encouraged to include possible "mild" cases as "moderate".

Place of Residence

Since a precise address was available from the returns in this Census, comparisons can be made between the returns both at a county and health board area level. The address provided in the Census Form was the current place of residence, which is not necessarily the same as the address of origin. However it is assumed to be the same for the purposes of the tabulations.

Maternal Age

Information on this point was sought because of its association with Down's syndrome and other handicapping conditions. Similar information had not been sought for the handicapped in residential care, as this was not readily available from the records in residential centres. It was hoped that such information would be more easily available in the non-residential Census. However, the returns were incomplete in this respect and, in a small proportion of cases, less than one per cent, maternal age was estimated later by taking into account all the information available on the form and specifically any comments by the public health nurse.

Familial Mental Handicap

A specific question on the form was directed to the presence of another mentally handicapped child in the family. The aim here was to identify those families with a familial tendency to mental handicap whether genetic or environmental in origin.

Computation of Rates

All the rates given in this report are based on the 1971 Irish Census of Population.

Commentary

There were 4,863 forms returned in the Census. Of this total 3,254 or 66·9 per cent referred to moderate mental handicap, 1,278 or 26·3 per cent to severe mental handicap and 331 or 6·8 per cent to profound mental handicap.

Age

Of all returns, 277 were in respect of the four to five year age-group. By extrapolation we can assume that at least 1,108 further mentally handicapped children were under 4 years. Apart from 304 cases of Down's syndrome these were not counted in the Census. The greatest number returned for any five-year age-group was 955 or 19·6 per cent for the years five to nine. There is a gradual decline from this number in each subsequent five year grouping. Such a change would be expected from the effect of deaths and admissions to residential care.

Examination of the number expressed as rates per 100,000 of the population does not show a similar falling off. Instead after a decline in the 10 to 14 age group, there is a steady rate for those at home until after the age of 35. This phenomenon is chiefly due to the relatively large numbers of moderately mentally handicapped young adults who were returned as living at home.

Sex

More males, 2,632 or 54·1 per cent, than females, 2,231 or 45·9 per cent, were returned in the Census. The excess of males is most obvious in the younger age group. It is also related to the degree of handicap. More males than females are found in the profound category of handicap.

Degree of Handicap	*Number of Males*	*Per cent*	*Number of Females*	*Per cent*
Moderate	1,741	53·5	1,513	46·5
Severe	701	54·9	577	45·1
Profound	190	57·4	141	42·6
Total	2,632	54·1	2,231	45·9

Place of Origin

The distribution of the forms returned by Health Board Areas was as follows:

Health Board Area	*Number*	*Rate per 100,000 population*
South Eastern	609	185
Mid Western	532	197
Midland	327	182
North Western	291	156
Eastern	1,288	130
Southern	619	133
Western	737	236
North Eastern	460	187
Total	4,863	163

There is a wide disparity between the rates for different Health Board Areas. The highest rate at 236·0 per 100,000 of population occurs in the Western Area, while the lowest rate of 130·0 is found in the Eastern Health Board Area. An analysis of the returns for the age groups 5 to 19 and 20 plus shows that the major differences in rate occur in the returns relating to adults.

Comparison between the Eastern and Western Health Board Areas illustrates this point.

Health Board	*Number aged 5–19*	*Rate per 100,000 population*	*Number aged 20 and over*	*Rate per 100,000 population*
Eastern	868	288·6	308	53·2
Western	283	307·6	427	223·6

The relatively minor variations in rate in the younger age-group can be explained on various grounds, for example the presence or otherwise of adequate day facilities. The same factor must also be operating in the older age groups. However, various other influences could also be at work. Variations in birth rate between different areas are a possible factor. The effect of migration however has to be considered as a significant factor. The population of the Western Health Board Area for example has fallen from 425,612 in 1926, to 312,267 in 1971 whereas in the same period the population of the Eastern Health Board Area has risen from 621,273 to 990,491.

There is no method available of discovering how internal population changes affect the distribution of handicapped persons within the country. Internal migration however would more likely affect the prevalence within individual counties rather than within the Health Board areas, which are made up of

aggregations of counties. Analysis of the returns by county reveal variations which can only be explained by the action of a variety of factors including migration. The availability locally of residential services for the handicapped is one such factor.

A further and likely explanation for the variations in rate for adults is the inclusion of cases of mild mental handicap in the returns from the Western Health Board area, and possibly from some of the other Health Board areas. In the absence of formal assessment, categorisation of the adult mentally handicapped is difficult and current levels of function may not reflect the true potential. In making their estimates, the public health nurses were encouraged to include the doubtful cases, as one of the purposes of the Census was to indicate need for services. It is thus noteworthy, that there are 427 adult mentally handicapped living at home in the Western Health Board Area. Of these, 323 were returned as "moderately" mentally handicapped and this figure provides an indication of the need for sheltered workshop and supportive facilities in that Health Board Area.

Familial Mental Handicap

For all those included in this Census, we enquired about mentally handicapped brothers and sisters, irrespective of degree of handicap and whether living or dead. If alive the present location of the affected sibling, that is to say whether in residential care or at home, was requested. The purpose was to gain a rough estimate of the frequency of this situation with a view to further research. A total of 597 or 12·2 per cent of all cases were thus reported. Of these, 340 were male and 257 were female.

The frequency of this situation did not parallel the overall prevalence of moderate, severe and profound mental handicap. For example, the South Eastern Health Board Area, which had the highest rate for mentally handicapped siblings was only third in the over-all prevalence rate for mental handicap. Conversely, the Western Health Board Area, which has a high overall prevalence rate had a relatively low prevalence rate for siblings. Various factors, such as the adequacy of assessments and variations in the procedure for the completion of the forms, will have influenced these findings.

Diagnosis

Information on two specific conditions was requested, namely Down's syndrome and Phenylketonuria. There were 1,823 persons returned as having Down's syndrome. Of these, 930 or 51 per cent were male and 893 or 49 per cent were female. Of the total returned 1,380 were aged four years and upwards and of moderate, severe and profound mental handicap. Down's syndrome thus accounts for 28·4 per cent of the mentally handicapped in this age group. Of the additional cases returned 304 were aged under four and the remaining 139 were those cases of Down's syndrome returned as over 4 and with mild mental

handicap. There was some variation in the distribution of Down's syndrome by Health Board. The Western Health Board Area with 79·4 per 100,000 of the population had the highest rate and this compared with the Mid-Western Health Board at 46·7 per 100,000 of the population, with the lowest rate. The availability of local residential facilities is one factor producing the variation in rates.

A total of 38 persons were returned as having Phenylketonuria. Eleven of these were under 10 years of age. The small number at home above this age, probably reflects the severity of the untreated condition.

Maternal Age

Returns were incomplete in respect of maternal age at birth and were only sufficient to indicate general trends. As expected, the majority of cases of Down's syndrome were born to older mothers. Of all cases of Down's syndrome, 37 per cent were born to mothers aged 40 to 44. By contrast, the greatest percentage of the mentally handicapped other than those with Down's syndrome, namely 28 per cent were born to mothers in the 30 to 34 age-group. This association between late maternal age and Down's syndrome is well illustrated in the line graph figure A.

Intelligence

The census form provided for three ways of reporting the level of intelligence. First was a formal though unspecified test; second an estimate carried out at some time in the past by a doctor or psychologist and third an estimate made by the county medical officer or the assistant county medical officer at the time of completion of the form. Of the forms returned, 1,783 or 37 per cent contained formal test results. For 3,069 or 63 per cent of forms an estimate of intelligence had been made at the time of completion of the form. The proportion of formal test results varied considerably with age. This return was available more frequently for the younger age-group. For example, between ages 5 to 19 64 per cent of the total had a formal test record as against 36 per cent for whom an estimate had to be made. After the age of 30, 1,459 or 97·7 per cent were returned on the basis of an estimate. The absence of formal test results in the older age-groups must have contributed to the difficulty in categorising borderline cases.

A comparison between returns by Health Board Areas in relation to the manner in which the level of intelligence was ascertained shows some minor variations. The availability of formal test results is an index of the level of ascertainment and in this respect the Eastern Health Board heads the list followed by the South Eastern and Southern Health Boards. This is largely explained by the history of the evolution of the diagnostic and assessment services for the mentally handicapped, which began in the Dublin area and extended, thereafter, to the whole country over the last decade.

Mental Illness

A question relating to mental illness, current or past, was included in the form for two reasons. First was the need to indicate, even approximately, the number of seriously "disturbed" mentally handicapped children whatever the cause. Second was the necessity to identify the adult mentally handicapped persons whose condition was complicated by mental illness thus masking the initial aetiology. Altogether 393 persons or 8 per cent were returned as having a history of mental illness either current or past. Of children under 15 years of age, 150 or 7·8 per cent were returned as being mentally ill in addition to their mental handicap. This group presumably includes most of the children with mixed clinical pictures characterised by features of both mental handicap and autism.

Contrary to the trend shown in the residential Census, the numbers returned in the community as being mentally ill at some time do not increase proportionally with age. Presumably, the complication of mental illness is a factor which predisposes to permanent stay in residential care.

Incapacities

A considerable section of the census form was devoted to enquiries about the incapacities of the mentally handicapped. Specific questions were directed at motor ability, incontinence, self-help and at defects of vision, hearing and communication. The replies were analysed using a coding and scoring system which allowed for three categories, namely severe, partial or not present. A great deal of incapacity was thus revealed. For example, 325 or 6·7 per cent had some degree of walking difficulty and a further 360 or 7·4 per cent were not ambulant. No less than 88 or 1·8 per cent were blind or almost blind and a further 847 or 17·4 per cent had a partial defect of sight. As expected, speech defects were frequently recorded and almost half of the returns mentioned a severe or partial defect. Several incapacities may be present in an individual case and some multi-handicapped persons are represented several times in the following tabulation.

	Number	*Percentage*
Non-Ambulant	360	7·4
Severely Incontinent	889	18·2
Unable to attend to Personal Needs	951	19·5
Blind	88	1·8
Deaf	119	2·4
Speech Defect	609	12·5

An examination of the returns indicates that the extent of incapacity was usually in direct proportion to the degree of handicap. Defective vision was an exception to this in that some degree of visual problem was reported for each category of handicap. For example, 599 or 18·4 per cent of the moderately

mentally handicapped had a severe or partial defect of sight as had 253 or 19·8 per cent of the severely mentally handicapped.

Convulsions

The occurrence of convulsions is a frequent complication of mental handicap and adds considerably to the nursing care required. Very frequent convulsions were recorded for 750 or 15·4 per cent and a further 107 or 2·2 per cent had convulsions less frequently or rarely. Thus altogether 857 or 17·6 per cent were recorded as having convulsions at one time or another.

Behaviour

Ten questions on the census form dealt exclusively with behaviour problems and responses were scored using a method which yielded three options, severe, partial or no behaviour problems. Of 4,863 forms returned, 1,827 or 37·6 per cent were recorded as manifesting behaviour difficulty to a severe degree. Such difficulty was more frequently recorded for children than for adults. The number without behaviour difficulty diminished with the severity of the handicap, for example, 1,921 or 59 per cent of the moderately mentally handicapped were returned as without difficulty whilst the percentages for the severe and profoundly mentally handicapped were 43 per cent and 34 per cent respectively. The existence of a behavioural dimension over and above the care dimension has a bearing on the need for services.

Two thirds of the profoundly mentally handicapped children returned were also considered to have a severe behaviour difficulty, and these 102 children must represent a priority for services.

Education and Training

Information was sought on the extent of education and training of the mentally handicapped. Included for this purpose were attendances at school, day training centre, training workshop and occupational therapy. The number and percentage of those aged 5 to 24 years attending such activities in relation to their degree of handicap was as follows:

	Degree of Handicap			
	Moderate	*Severe*	*Profound*	*Total*
Attending School, Training Centre or Occupational Therapy	1,083 65·2%	461 54·9%	70 32·4%	1,614 59·4%
Not attending School, Training Centre or Occupational Therapy	578 34·8%	378 45·1%	146 67·6%	1,102 40·6%

It can be seen that 59·4 per cent were receiving some form of education and training. This figure compares with 65·9 per cent for the same categories in residential care[1] thus lending some weight to the argument that residential care does provide a better opportunity for training. On the other hand the difference can be viewed as an argument for further expanding day schools and day training facilities. Of the 1,102 handicapped young persons living at home and not receiving education or training, 578 were moderately mentally handicapped, 378 severely mentally handicapped and 146 profoundly mentally handicapped. Of the moderately mentally handicapped 175 were children aged 5–14.

Employment

Enquiry was made as to the number of the adult mentally handicapped who were being employed or otherwise occupied. Of 1,444 moderately mentally handicapped adults aged 25 and over, 25 or 1·7 per cent were attending sheltered workshops. 452 or 31·3 per cent were described as being of limited help at home and a further 202 or 14 per cent were described as being of considerable help at home.

The remaining 747 or 51·7 per cent were not employed in any way. Allowing for the fact that some of these could be mentally ill or otherwise incapacitated, there is an obvious need for sheltered workshops and support facilities for this group.

REFERENCES

1. *Census of the Mentally Handicapped (Residential) in the Republic of Ireland* 1974. Mulcahy, M. and Ennis, B. Medico-Social Research Board.

2. *Commission of Inquiry on Mental Handicap,* 1965. Government Publications Office, Dublin.

3. *International Classification of Diseases. 8th Revision.* World Health Organisation, Geneva.

ADDENDUM

The following are available from the Medico-Social Research Board:

(1) Copy of Census Form.

(2) Copy of Instructions Folder.

(3) Details of coding and scoring system for incapacities and behaviour problems.

Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

TABLE 1: *Age and Sex: Numbers*

Age Group	*Numbers*		
	Male	*Female*	*Total*
0–4	158	119	277
5–9	524	431	955
10–14	387	304	691
15–19	334	257	591
20–24	250	229	479
25–29	189	188	377
30–34	165	155	320
35–39	129	129	258
40–44	139	107	246
45–49	85	87	172
50–54	97	65	162
55–59	70	67	137
60–64	48	51	99
65+	57	42	99
Total	2,632	2,231	4,863

Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

TABLE 2: *Age and degree of handicap. Rates per* 100,000 *population.*

Age Group	*Moderate*	*Rate per* 100,000	*Severe*	*Rate per* 100,000	*Profound*	*Rate per* 100,000	*Total*	*Rate per* 100,000
0–4	149	47·20	92	29·15	36	11·40	277	87·75
5–9	558	176·06	324	102·23	73	23·03	955	301·32
10–14	403	134·98	232	77·71	56	18·76	691	231·45
15–19	376	140·44	160	59·76	55	20·54	591	220·75
20–24	324	150·52	123	57·14	32	14·87	479	222·53
25–29	269	155·50	80	46·24	28	16·19	377	217·93
30–34	245	161·88	55	36·34	20	13·21	320	211·43
35–39	205	137·49	44	29·51	9	6·04	258	173·03
40–44	189	123·75	46	30·12	11	7·20	246	161·07
45–49	138	86·18	31	19·36	3	1·87	172	107·42
50–54	124	77·95	34	21·37	4	2·51	162	101·83
55–59	108	69·75	28	18·08	1	0·65	137	88·47
60–64	85	63·40	13	9·70	1	0·75	99	73·84
65+	81	24·56	16	4·85	2	0·61	99	30·02
Total	3,254	109·26	1,278	42·91	331	11·11	4,863	163·28

Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

TABLE 3: *Sex by Health Board of Origin. Numbers and rates per* 100,000 *population.*

Health Board	*Number*			*Rates per* 100,000 *population*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
South Eastern	330	279	609	197·37	172·86	185·33
Mid-Western	290	242	532	210·18	183·58	197·18
Midland	173	154	327	185·48	179·82	182·78
North Western	145	146	291	150·13	161·51	155·63
Eastern	691	597	1,288	144·98	116·17	130·04
Southern	340	279	619	144·56	121·06	132·93
Western	398	339	737	244·87	226·41	236·02
North Eastern	265	195	460	209·65	163·67	187·34
Total	2,632	2,231	4,863	175·96	150·49	163·28

Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

TABLE 4: *Health Board of Origin by two age groups. Numbers and rates per* 100,000 *population.*

Health Board	*Number aged* 5–19	*Rate per* 100,000 *population*	*Number aged* 20 *and over*	*Rate per* 100,000 *population*
South Eastern	262	266·89	312	160·27
Mid-Western	203	256·35	308	189·81
Midland	133	243·68	180	171·30
North Western	70	134·60	203	173·15
Eastern	868	288·56	308	53·18
Southern	221	164·97	366	129·09
Western	283	307·61	427	223·56
North Eastern	197	271·65	245	167·32
Total	2,237	256·36	2,349	133·49

Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

TABLE 5: *Numbers by county and two age groups.*

County	*Age* 5–19 *years*	*Age* 20 *and over*	*County*	*Age* 5–19 *years*	*Age* 20 *and over*
Cork	160	297	Waterford	58	61
Kerry	61	69	Wexford	104	75
Limerick	136	164	Laois	22	47
Clare	37	59	Offaly	43	61
Tipperary (N.R.)	30	85	Longford	36	19
Galway	137	108	Westmeath	32	53
Mayo	108	241	Louth	76	60
Roscommon	38	78	Meath	39	87
Donegal	50	145	Monaghan	40	58
Leitrim	3	26	Cavan	42	40
Sligo	17	32	Wicklow	59	58
Kilkenny	31	72	Kildare	81	20
Carlow	30	35	Dublin	728	230
Tipperary (S.R.)	39	69			

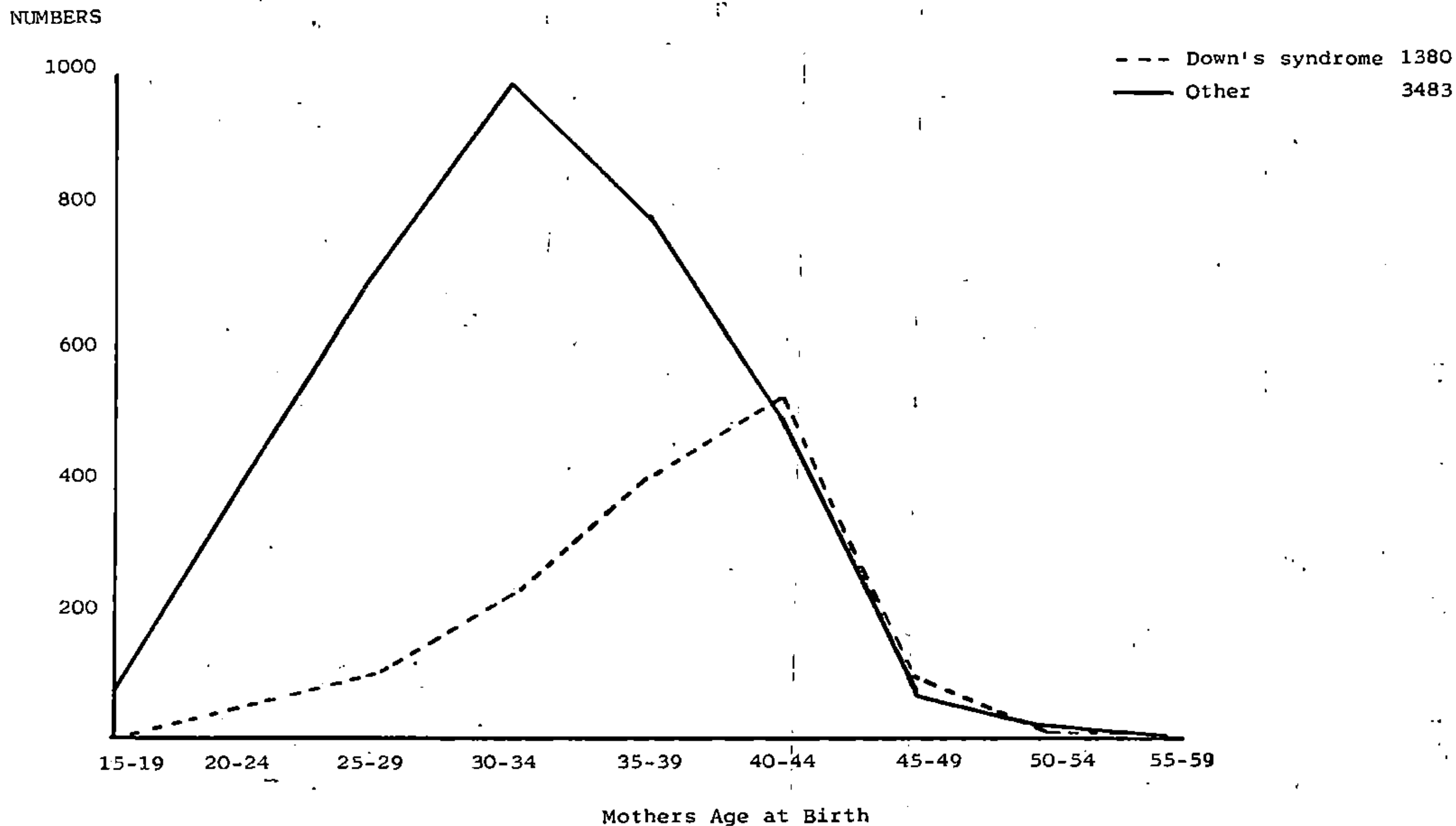
Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

TABLE 6: *Counties by two age groups – Rates per* 100,000 *population.*

County	*Age* 5–19 *years*	*Age* 20 *and over*	*County*	*Age* 5–19 *years*	*Age* 20 *and over*
Cork	157	139	Waterford	258	132
Kerry	191	98	Wexford	407	147
Limerick	319	199	Laois	163	176
Clare	180	125	Offaly	266	204
Tipperary (N.R.)	187	260	Longford	438	110
Galway	306	120	Westmeath	192	170
Mayo	335	357	Louth	339	137
Roscommon	253	231	Meath	177	210
Donegal	165	216	Monaghan	305	203
Leitrim	40	140	Cavan	281	122
Sligo	120	102	Wicklow	301	148
Kilkenny	169	196	Kildare	359	49
Carlow	282	177	Dublin	281	46
Tipperary (S.R.)	184	169			

Figure A. Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

Maternal age at Birth. Down's syndrome and all other cases compared.



Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

TABLE 7: *Down's syndrome Age and Sex.*

Health Board	*Male*	*Female*	*Total*	*Rate per 100,000 population*
South Eastern	93	99	192	58·43
Mid-Western	74	52	126	46·70
Midland	53	58	111	62·04
North Western	52	66	118	63·11
Eastern	312	323	635	64·11
Southern	114	115	229	49·18
Western	130	118	248	79·42
North Eastern	102	62	164	66·79
Total	930	893	1,823	61·21

Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

TABLE 8: *Health Boards by intelligence test returns: Numbers.*

Health Board	*Total*	*Number with Formal Test*	*Per cent*
South Eastern	609	247	40·56
Mid-Western	532	154	28·95
Midland	327	96	29·36
North Western	291	80	27·49
Eastern	1,288	572	44·41
Southern	619	243	39·26
Western	737	240	32·56
North Eastern	460	151	32·83
Total	4,863	1,783	36·66

Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

TABLE 9: *Additional incapacities of the mentally handicapped.*

Incapacity	*Total*	*Degree of Handicap*	
		Moderate	*Severe Profound*
Walking difficulty			
Severe	360	58	302
Partial	325	151	174
No walking difficulty	4,178	3,045	1,133
Incontinence			
Severe	889	261	628
Partial	448	267	181
None	3,526	2,726	800
Needs assistance to feed, wash, dress			
Completely	951	224	727
Partial	1,408	955	453
None	2,504	2,075	429
Defect of Sight			
Severe	88	36	52
Partial	847	563	284
No visual defect	3,928	2,655	1,273
Defect of Hearing			
Severe	119	76	43
Partial	370	247	123
No hearing defect	4,374	2,931	1,443
Defect of Speech			
Severe	609	199	410
Partial	1,746	1,021	725
No speech defect	2,508	2,034	474

Census of the Mentally Handicapped (Non-Residential) in the Republic of Ireland 1974.

TABLE 10: *Behaviour difficulty by degree of handicap. Numbers—children and adults.*

Behaviour Difficulty	Moderate			Severe-Profound			Total		
	Persons	*Children*	*Adults*	*Persons*	*Children*	*Adults*	*Persons*	*Children*	*Adults*
Severe	1,033	523	510	794	488	306	1,827	1,011	816
Partial	300	97	203	154	72	82	454	169	285
None	1,921	490	1,431	661	253	408	2,582	743	1,839
Total	3,254	1,110	2,144	1,609	813	796	4,863	1,923	2,940

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