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Correspondence

Is there a role for community clinical medical officers in mental handicap?

DEAR SIRS

In his letter to the *Bulletin*, June 1988, Dr D. Chakraborti states emphatically that there is no role for Community Clinical Medical Officers in mental handicap. He was replying to a letter by Dr A. Spencer (March 1988) but Dr Chakraborti clearly does not understand the role of Clinical Medical Officers and I would like to respond to several points he made in his letter.

(a) Clinical Medical Officers deprive handicapped adults of normal services. On the contrary, they facilitate the uptake of such services and ensure that people with handicaps get their fair share of services.

(b) People with mental handicap have not made significantly greater demands on primary health care services than the normal population. This may be unfortunately true, but experience gained in screening 515 adults with mental handicap in Stockport during 1982 and 1983 revealed that 28% of them had undetected hearing problems, 20% had uncorrected refractive errors of vision and 5% of their families needed genetic counselling, etc. These results suggest that the handicapped person, or his/her carers, have experienced difficulties in expressing medical needs to the primary health care services.

(c) The consultant psychiatrist in mental handicap should take the initial action in directing these people to normal services. Most of these people generally do not have direct contact with a psychiatrist in a mental handicap hospital who could make other specialists and GPs interested in their individual problems. The setting up of Community Mental Handicap Teams, with input from nursing, medical and paramedical personnel, is perhaps beginning to reveal unnoted and unmet medical needs in the general population of people with mental handicap. In 1982 in Stockport a total of 68% of the population with mental handicap were not in long stay hospitals and this figure has increased year by year since that date.

(d) There is no need for "new doctors". Clinical Medical Officers have existed since the turn of this century when personal public health services developed for mothers and babies, and they became established in 1907 with the setting up of school health services. Their role has not significantly altered during that time, although their target populations have altered with demographic trends. They identify unmet medical needs, usually in vulnerable members of the community, and then either establish a pattern of care which meets such needs, or ensure, usually by liaison with other medical colleagues, that these needs are recognised and met.

(e) I would, however, agree with Dr Chakraborti that better use of existing doctors of all disciplines be made and this should preferably include experienced community child and adult health doctors with their expertise in developmental medicine, the assessment of handicap and in their having some insight into behavioural problems.

In Stockport, the clinical medical officers have direct access to the consultant in mental handicap. Clients in the community can be referred by them for a psychiatric opinion as urgently as needs demand, but only after discussion with the general practitioner. Their role in this, as in general health screening, has been recognised by the local Medical Committee to be of value and such a liaison can only be in the mentally handicapped person's best interest.

Dr D. A. Spencer's letter for the association of consultant psychiatrists in mental handicap in Yorkshire is both timely and thought provoking. On the other hand Dr Chakraborti's letter has highlighted the failure of some health care professionals to understand the present piecemeal approach to community care, resulting in haphazard service delivery to disabled people. The need for health and social support agencies to agree goals and develop complementary service plans for all people with a disability, including those with mental handicap, presents a challenge to all of us involved in care in the community. The monitoring of services for individuals who are not able to make competent judgements concerning personal health care must surely become part of any overall disability service. Such monitoring may perhaps become one of the responsibilities of joint care planning teams.

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Dr Chakraborti replies

DEAR SIRS

Dr Peel says: "In his letter to the *Bulletin*, June 1988, Dr D. Chakraborti states emphatically that there is no role for Community Clinical Medical Officers in mental handicap."