

Reviews

Coding and Mental Health Information Systems: A Review of Current Approaches. By Simon Shanks. Produced by the Research Unit of the Royal College of Psychiatrists. 1992. Pp 32.

This review of current approaches to coding and mental health information systems has been produced by the Research Unit of the Royal College of Psychiatrists and comes as a slim, glossy 32 page document. The review has been produced as part of a coding project funded by the Department of Health to evaluate and standardise approaches to coding in Mental Health Services. The contents are arranged in four chapters, and a final brief summary. The four main chapters are arranged as an Introduction and then an overview of the three main coding systems in use in the UK; ICD-10 and SCAN, the READ Codes and the FACE recording and measurement system.

Chapter 1 introduces the role of computers in the NHS and also considers the breadth of information that a coding system for mental health must cover. This ranges from clinical data such as diagnoses through to mobility, incontinence and employment status. The author reviews the way such data has to be constructed for a computerised system and briefly outlines the benefits of this.

Chapter 2 overviews ICD-10 and the Schedules for the Clinical Assessment in Neuropsychiatry (SCAN) system. Most psychiatrists in the UK will have some idea about the Present State Examination and its computerised scoring programme (CATEGO) so the text introducing the most recent version (now named SCAN) will be much more familiar.

Chapter 3 considers the READ codes. Although as the author states these have not been relevant in mental illness to date, many psychiatrists will have heard how the READ system relates to general practice. The codes act as a glossary of terms used by the medical profession and there are plans to extend the READ system to include terminology and classification from psychiatry in due course.

Lastly, Chapter 4 considers the functional analysis of care environment (FACE) recording and measurement system. This system seems much more ambitious than either the READ or SCAN systems and has been developed to “support the major intelligent functions required of Mental Health Services”. These functions include realistic service specifications, measurement and management of resource use and outcome, the assessment of clinical needs, care planning and to enable medical and clinical audit to be carried out. The system allows two types of

information to be collected; “presentations” namely clinical signs and symptoms etc and “activity” which records information regarding intervention.

This is an important and interesting review of the most important coding systems in the UK. While the author will lose a general audience in places due to an excessive use of technical language, in the main the document is a well written comprehensive yet reasonably easily digested review.

In the summary the author points out the different aims and objectives of the coding systems described and the further work that will be required before any system is fully operational. In addition each system requires the gathering and entering of considerable amounts of data and the motivation of mental health professionals in undertaking this process will be the main factor in utilising each system to its maximum potential.

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Measuring Outcomes in the Mental Health Services. By Susie Green. Discussion Paper No. 29 Health Services Management Centre, 40 Edgbaston Park Road, Birmingham B15 2RT. 1992. Pp 80.

St Mathew's Hospital is one of the many in the country that are experiencing the problems associated with running down to closure. This booklet describes the work of a team set up to try to maintain a high quality of care in two wards for elderly ladies, in spite of ward closures, the consequent relocations and staff changes, and the well-known difficulties of maintaining high morale as services begin to crumble. The staff members included a psychologist, physiotherapist, occupational therapist, three nurses, social worker and nurse manager. The absence of a medical contribution to the assessment is emphasised but not explained.

“The approach used a model based on detailed analysis of each individual's situation, leading to the formulation of problems, priorities and goals. The extent to which these goals were achieved was measured against a baseline, yielding an indicator of progress. Further goals could then be established relating to changes in the patient's condition.”

The booklet describes how the approach was put into practice and contains sections of comment and