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# Editorial

## Informatics in mental health care

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Informatics is not exactly the word most likely to make the average psychiatrist's heart leap with joy. Initial reactions might include irritation at an apparently unnecessary neologism, conviction of the dullness of the subject matter and despair at being made to focus on management-related issues that take us away from the direct patient contact we all now seem to have less and less time for. So why is *APT* both right and timely in choosing to publish a series of papers on informatics? And why should I be so pleased to encourage you to read and use them?

The answer is that health informatics is central to patient care and that it provides real links between such care and what might otherwise seem abstract and time-wasting managerial activity. A national symposium on clinical information management held at the King's Fund in November 2000 (Baggaley *et al.*, 2000) issued a consensus statement which concluded that clinical information management is central to both clinical effectiveness and service quality, and that training in the area for consultants as well as trainees should be a high national and local priority. The consensus statement also stressed that 'a pre-requisite to [success] is the right culture at all levels of the NHS. A culture that values information and communication, that recognises the fundamental importance of information for service quality, clinical effectiveness and patient satisfaction'.

This series of articles is part of the Royal College of Psychiatrists' attempt to foster that necessary culture change and to make the essentials of the new informatics available to consultant psychiatrists in a digestible form that emphasises its relevance to all aspects of clinical psychiatry. Its authors are not only nationally recognised authorities in their fields but

have also been central to developing the College's informatics strategy.

Alex Lewis (2002, this issue) clarifies the aspects of health communication (writing and reading health records, clinical language and team-working) that are directly related to clinical care and are important determinants of its quality. Roy McClelland & Victoria Thomas (2002) focus on the ethical and legal principles underpinning confidentiality of patient information and the dangers of failing to maintain it, and outline current good practice guidelines. Tom Sensky (2002) introduces the concept of knowledge management, clarifies the many barriers to its application and illustrates how central it is to clinical governance, evidence-based practice and continuing professional development. Paul Booton's (2002) helpful commentary to Sensky's paper emphasises the broad gulf between knowledge and expertise and our need continually to perform the intellectual alchemy of turning 'basic data into wisdom'. Claire Palmer (2002) provides an overview of the principles of clinical governance and illustrates how they inform the (otherwise often sterile) practice of clinical audit. Paul McLaren (2002) reviews the emerging practices of telemedicine and telecare, their particular advantages and limitations for psychiatry, and the evidence base for their effectiveness for education and for individual patient care. Paul Lelliott (2002) illustrates the many secondary uses to which systematically collected patient information can be put at local, organisational and national levels and emphasises the need for such information to be available to inform mental health service management. Martin Baggaley's (2002) contribution is in some ways the most directly relevant clinically. It reviews the clinical and managerial advantages (and practical challenges) of

developing electronic patient records (EPRs) and summarises some of the currently available EPR systems.

Taken as a whole, these papers provide a wide-ranging introduction to health informatics in psychiatry that is neither dry nor boring. But that is not all. In the tradition of *APT*, they also whet the appetite for more, offer enough self-assessment questions for readers to become aware of the gaps in their own knowledge, and provide a comprehensive set of references for further study. An excellent example of knowledge management!

## References

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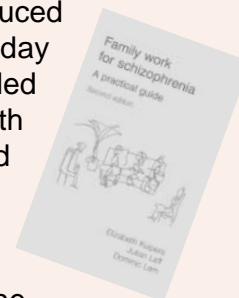
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# Family Work for Schizophrenia

## Second edition

Elizabeth Kuipers, Julian Leff and Dominic Lam

The relapse rate of schizophrenia can be substantially reduced by working with the families of sufferers on the everyday problems generated by the illness. This book is a detailed practical guide to intervention. The approach to working with families has been used by hundreds of community staff and has proved helpful with a range of clients in addition to those with a diagnosis of schizophrenia. The techniques and strategies included in the guide are clearly described for use by clinical practitioners and are illustrated by case examples.



The second edition retains the original sections, including the engaging the family, treading the fine line between working as a therapist and being a guest in the family's home, improving communication, teaching problem-solving and cultural issues. Material has been added on the evidence base for family work for schizophrenia and on the emotional responses of siblings. The guide has been further enriched with the authors' experience of working with families over the ten years since the first edition was published.

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