

Correspondence

EDITED BY LOUISE HOWARD

Contents ■ Effectiveness of community psychiatry ■ Clinical outcome measurement ■ Developing theoretically relevant measures of psychoanalytic constructs ■ 'Patient v. client' ■ Schizophrenia and diabetes mellitus ■ Mirtazepine causing hyperphagia

Effectiveness of community psychiatry

Sir: The Editor is to be applauded for devoting an almost complete issue of the *British Journal of Psychiatry* to the PRiSM study (November 1998). This important study properly addresses the issue of effectiveness at a stage when the number of relevant efficacy studies is increasing.

Tyrer (1998), in his editorial raises several important issues but finishes on the relatively prosaic conclusion that we need to examine what makes a team function well (or badly). The PRiSM study will be widely debated and quoted and will enter the annals of community psychiatric research. Unfortunately, it is likely to be over-quoted and misrepresented as the final statement on community-based care (as is the fate of such studies). It is now timely to examine the implications of the study for future research.

The limitations of the study have been highlighted by the authors and important among these is generalisability. The study examines two services in a deprived area of south London, but do its results apply to other urban, sub-urban and rural districts? This emphasises the importance of repeating the study in a range of districts, preferably selected to cover a representative cross-section of the UK population. Replication studies could be used to examine process variables to allow identification of key positive (and toxic) ingredients of provision that could then possibly be used to test their effectiveness in further pilot sites. The key issues are to identify what service elements are best utilised under what conditions, thus giving empirical verification to Tyrer's proposition, among others. Such studies would not replace efficacy studies that are desperately needed in a wide range of areas related to those with severe mental illness (e.g. early intervention for psychosis, prophylaxis for bipolar disorder).

Repetition of the PRiSM study will require sufficient funding, but where will such grants come from? Current National Health Service research and development funding promotes the use of randomised controlled trials, but effectiveness studies such as the PRiSM evaluation adopt a quasi-experimental design. In view of this it is likely that under the current funding environment, support for such replications will not be forthcoming (note that the PRiSM study was funded by the Bethlam and Maudsley Trust). It is important that research and development funding is re-examined and that a source of grants is made available to continue the trajectory set by the PRiSM study, possible in the form of a national research programme. In this way not only the potential of the PRiSM study be realised, but the community-based care of people with severe mental illness will get the evaluation that it deserves.

Tyrer, P. (1998) Whither community care? *British Journal of Psychiatry*, **173**, 359-360.

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Clinical outcome measurement

Sir: Professor Marks (1998) outlines the use of the clinical outcome and resource measure (CORM), a clinical information system for outcome measurement. I fully endorse his general approach to routine clinical outcome measurement, although I believe access to such information lies at the basis of good clinical management and should not just become the focus of clinical audit. Professor Marks states that data are rarely entered completely cleanly into a computer.

SafetyNet Millennium, a detailed mental health information system targeted at those with severe mental illness (SMI), which is in use on single PCs as well as local and area-wide networks, incorporates serial Health of the Nation Outcome Scales (HoNOS) SMI ratings and longitudinal graphing of HoNOS scores (similar to CORM) and has overcome this obstacle through the use of optical mark reader forms for admission and discharge data, Körmer returns and HoNOS SMI data. Such an approach negates the need for keyboard-literate staff and results in rapid data input and very few errors for relatively little additional cost. SafetyNet Millennium is a fully scalable system and is available to interested parties at minimal cost on CD-ROM.

Routine capture of the clinically based HoNOS ratings as outcome measures is the likely way forward and the challenge is surely to develop clinical information systems that are inexpensive, enable easy data capture and also incorporate wide-ranging relevant clinical information, such as ICD-10 diagnoses, care planning, risk assessment, legal status, medication, discharge summary information, etc.

It is astonishing that in this 'information age' so few psychiatrists have access to a computer-based list of their case load, who a patient's keyworker (or care coordinator) is and when a patient was last seen by any mental health worker. The SafetyNet Millennium development is supported as a registered charity and anyone interested in employing the system can contact me for a trial CD-ROM.

Marks, I. (1998) Overcoming obstacles to routine outcome measurement. The nuts and bolts of implementing clinical audit. *British Journal of Psychiatry*, **173**, 281-286.

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Developing theoretically relevant measures of psychoanalytic constructs

Sir: We were interested in the report by Hobson *et al* (1998) because of parallels with our own research. Since the early 1980s, our team has refined a clinical interview measure of quality of object relations, or QOR (Piper & Duncan, 1998). In line with Hobson *et al*, our work has indicated