
Editorial

Informatics in mental health care

Cornelius Katona

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

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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

Baggaley, M., Davies, M., Lewis, A., et al (2000) *Clinical Information Management – The Training Challenge. Report of*

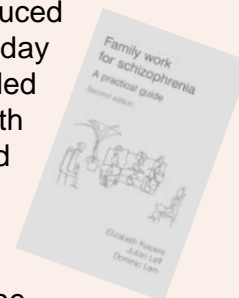
- a National Symposium for Clinical Governance Leads, Information Leads and Education Leaders, King's Fund Centre, London.* London: King's Fund.
- (2002) Working clinical systems. *Advances in Psychiatric Treatment*, **8**, in press.
- Booton, P. (2002) Commentary on: Knowledge management. *Advances in Psychiatric Treatment*, **8**, in press.
- Lelliott, P. (2002) Secondary uses of patient information. *Advances in Psychiatric Treatment*, **8**, in press.
- Lewis, A. (2002) Health informatics: information and communication. *Advances in Psychiatric Treatment*, **8**, 165–171.
- McClaren, P. (2002) Telemedicine and telecare: what can it offer mental health services? *Advances in Psychiatric Treatment*, **8**, in press.
- McClelland, R. & Thomas, V. (2002) Confidentiality and security of clinical information in mental health practice. *Advances in Psychiatric Treatment*, **8**, in press.
- Palmer, C. (2002) Clinical governance: breathing new life into clinical audit. *Advances in Psychiatric Treatment*, **8**, in press.
- Sensky, T. (2002) Knowledge management. *Advances in Psychiatric Treatment*, **8**, in press.

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