

patient is still in hospital with an episode of schizophrenia. At a time of crisis, which this represents, relatives are often desperate for help and welcome the offer of information about the illness. The process of engagement is greatly facilitated by the therapists' willingness to see relatives at home, and by a clear statement at the outset that the relatives are not viewed either as the cause of the illness or in need of psychological treatment themselves. The explanation we give for our intervention is "to help you to help the patient". This gets round the objection made by six of McCreadie's refusers that "it's the patient who needs help, not me".

Once the acute episode is over and the patient back home, the family rapidly returns to its routine and becomes relatively impervious to offers of help, as McCreadie and his colleagues discovered.

The authors acknowledge that their intervention was "an approximation of what was achieved in other studies", but it is impossible to tell how close or distant the approximation was since insufficient detail is given in their Brief Report. We are conscious that we have not produced a manual for our intervention, which would lay the groundwork for others to apply it clinically. However, we have run one pilot training course for ten psychiatric nurses of one and a half hours per week over nine months which has helped us towards creating a manual. It has also reassured us that the techniques can be acquired by clinical staff. Therefore, we do not share the pessimism of McCreadie and his group that professionals "in hard-pressed NHS psychiatric facilities" will not be seconded for this type of training.

JULIAN LEFF
LIZ KUIPERS
DOMINIC LAM

*Institute of Psychiatry
De Crespigny Park
London SE5 8AF*

Patient data in child psychiatry

SIR: The contribution of Treffers *et al* (*Journal*, November 1990, 157, 744–747) to the debate about the development of computerised databases in child psychiatry was welcome but in some respects misleading. The utility of such a system is determined largely by the extent to which it fulfils the clinical, administrative and research needs of a particular centre. The requirements of a teaching hospital department with extensive research interests will, of necessity, be different from those of the large number of clinical departments to which most patients relate. In the design of information systems, account must

be taken of the need for flexibility to suit local needs (Sein, 1990). The demands of medical audit and management processes will call more for a common data-set between clinics which will facilitate cross-district and regional comparisons.

It is perhaps misleading to entitle a paper "Collecting patient data . . ." when, despite some well made general points about the issues, more than half the text is devoted to an exposition of an unvalidated and complex system of classifying family types. Useful though such an endeavour could be, it is exceedingly unlikely that such detailed demographic data collection would be economically viable as a routine feature of a clinical information system for child psychiatry in the National Health Service (NHS). In their introduction, the authors note that the development of information systems for child psychiatry has been slow. This is unsurprising since the impetus in the past has been predominantly research-based, necessitating such complex and detailed data collection as is described in this paper.

In the UK now a new impetus has been provided by the emphasis in the NHS reorganisation on systems for medical audit and monitoring of clinical activity. Small specialities such as child psychiatry may find it difficult to generate the resources to develop information systems which will 'travel' to other centres, although some pioneering systems have been installed in more than one centre (Berger, 1989; Byrne, 1989).

In order to meet these wider demands, databases need to be economical, efficient and relatively simple to use. If the authors' data-set is to achieve greater utility than that of a tool for epidemiological research then I suggest it will need piloting in several centres with careful evaluation, both of the scale of resources needed to support it, and of its usefulness within a scheme for medical audit.

PATRICK J. BYRNE

*Croydon Child Guidance Clinic
Victoria House
Southbridge Place, Croydon CR0 5HA*

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