Maudsley Community Item Sheet

Clinical data registration system for child guidance clinics

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psychiatric syndromes, such as conduct disorder, so that reliable diagnoses of such conditions could be made by all staff. Where less common or more complex psychiatric diagnoses are suspected, staff would be expected to consult with psychiatric colleagues before completing the Item Sheet. Ready access to a shortened version of the ICD-10 manual may also be of value in assisting non-medical staff to determine diagnostic codes (World Health Organization, 1994).

A significant innovation in the new Item Sheet has been to devise an improved system for the recording of psychosocial functioning. This element of assessment is of particular relevance in the child guidance setting, where maladaptive functioning, rather than psychiatric symptomatology per se, is often the reason for referral. Furthermore, detecting changes in psychosocial function is likely to be valuable when attempting outcome research. The ICD-10 multi-axial system includes an axis for psychosocial functioning, based on the Children's Global Assessment Scale (Shaffer et al, 1983). However, the use of a single, overall rating of functioning is not sensitive to patterns of domain-specific malfunction, which may be of clinical and research interest. Furthermore, when used longitudinally, deterioration in one domain may be masked by improvement in another, while changes occurring in one domain only may be obscured in the global rating. For these reasons a system has been employed of separate rating in four key domains of psychosocial function: home life, school life, peer relationships and social behaviour. Three main codes are available for each of these domains. An attempt has been made to operationalise these categories, with guidelines included in the body of the data registration form.

Conclusions
The field of medical data collection has expanded greatly in recent years. The Korner Information System (Steering Group on Health Services Information, 1982) was introduced into the health service in the 1980s and lead to the development of a variety of health information systems around the country, including systems supporting mental health services (Lelliott et al, 1993) and systems specifically tailored to child psychiatry (Berger, 1989, 1991). Furthermore, a core data set for auditing child psychiatric services has been proposed by the Association of Child Psychology and Psychiatry. The main purpose of such systems has been to facilitate health service administration and clinical audit, rather than scientific research. Indeed, in the light of the Government White Paper, 'Working for Patients', even greater emphasis is being placed on the demands of cost analysis and resource allocation (Information Management Group, 1990). In contrast, the Bethlem Royal and Maudsley Hospitals Item Sheet is primarily a research instrument. This should be borne in mind when comparing the Item Sheet system with alternative clinical information systems. Thus, although the system does yield valuable administrative and audit information, its main strength lies in its proven efficacy as a valid source of data for scientific research.

Our experience at Brixton Child Guidance Clinic has indicated that the new Item Sheet is more acceptable to staff than the original, with a significant increase in rates of completion since its introduction. The new system for recording of psychosocial functioning is substantially different from the original. A formal evaluation of the reliability and validity of this component is currently underway.

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References
Management of Imminence Violence
Clinical Practice Guidelines to Support Mental Health Services

Prepared by the College Research Unit, this report publishes the findings of the most comprehensive and systematic review yet of research into the management of violence in clinical settings. It sets guidelines for clinical practice to be implemented in hospitals and psychiatric units throughout the UK and will be of interest to colleagues overseas who are seeking guidance in this area. The guidelines will form the basis of a national multi-centre clinical audit being organised by the College Research Unit later this year.

Key features:
- Guideline statements supported by a series of implementation points, offering practical suggestions as to how the recommendations may be incorporated into every day practice
- Extensive information on disseminating and implementing the guideline statements with the use of checklists and action plans
- A ‘lessons learned chapter’ including a discussion on the limitations of the research papers examined
- A glossary of terms and full references of publications reviewed

In recognition of the importance of these guidelines and in order to promote good practice and ensure implementation, the College will be producing a guideline ‘checklist’ for every day use. This will be distributed throughout the NHS.

(£10.00 to Members of the Royal College of Psychiatrists quoting Membership No.), 104 pages

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