

counterbalance the commonly prevailing negative tone of many psychiatric assessments by highlighting positive resources, relationships and potentialities.

The first four of the five main headings relate to different categories of service provision which may be needed, namely housing, finances, domiciliary services able to visit the patient and services outside the home to which the patient must travel. The fifth heading provides a summary of informal carers (such as family, partners and friends) and professional staff (including, if appropriate, a care manager and key-worker) who currently have a personal responsibility for the patient, together with details about their relationships with the patient and their views on the patient's situation, behaviour and problems.

Where should the Social State be reported?

The Social State should be recorded after the History and before the Mental State examination. In this position it supplants and extends the information which may at present be recorded in the history, partly under *previous personality* and partly under *social history* or *current circumstances*.

The Social State's incorporation of both reported data and observations made by the assessor makes it an appropriate bridge between the history and the examination of mental and physical state, and it also provides a suitable backdrop against which the mental state can be appraised.

Our scheme does not include management proposals within the Social State. They should be recorded later as part of a treatment plan, listing recommendations about social management under the same headings used in the Social State.

The way forward

The Social State provides an overdue enhancement, appropriate to the psychiatry of today. It offers a simple outline to a complex diversity of possible elements of information and assessment, which lends itself equally well to multidisciplinary teamwork, computerised data-entry or professional examinations.

We hope our colleagues will assist us in putting our proposals to practical test.

References

- CARSON, J. (1991) Assessment in Psychiatric Rehabilitation. (Paper given at a workshop on Assessment and Case Management Systems in Psychiatric Rehabilitation, 'Sizing up the Problem', University College Swansea, 7 April 1991)
- DEPARTMENT OF HEALTH (1989) *Caring for People*. London: HMSO.
- ROYAL COLLEGE OF PSYCHIATRISTS (1989) *Guidelines for Good Medical Practice in Discharge and Aftercare Procedures for Patients discharged from In-patient Psychiatric Treatment*: Council Report CR8. London: The Royal College of Psychiatrists.

Mental Health Nursing Review

The Review Team for the Mental Health Nursing Review is in the process of collecting evidence from all areas of mental health nursing in order to report on how best, in the interest of patient care, to equip and deploy valuable nursing resources. The team will also identify how mental health nursing is able to respond fully to the needs of individuals in a variety of settings.

The Review, which is being carried out by a multi-disciplinary team, reflecting the wide range of interests within the mental health field, will be

concerned with all aspects of mental health and will examine practice, education, leadership, management, research, development, and consumer issues. It would be appreciated if readers wishing to draw any issues to the attention of the Review Team would send them to Clyde Lake Mental Health Nursing Review Team Secretariat, Room 533, Richmond House, 79 Whitehall, London SW1A 2NS not later than 29 January 1993. All information received will be treated in confidence.