**Data and mental health nursing**

One of the many cultural impacts of the COVID-19 pandemic has been a global fascination with data, and its meaning. Data has been used to clarify and, at times, to obfuscate the complexities of the global spread of the virus. Whether used for good or ill, data has rarely been studied so avidly by so many.

COVID19’s impact on healthcare has also made this a time of major change in clinical services, a time when good data is absolutely essential to support future service planning.

Daniel Keys Moran points out “You can have data without information, but you cannot have information without data.” Currently collected data rarely seems to impact on clinical nursing practice, but when it is translated into useful information it can do so, for example service user experience and staffing levels data.

Technology offers new forms of data, although its use is still rare in mental health services. Analysis of thousands of clinical records may identify behavioural patterns predictive of health outcomes, whilst bio-data, from personal monitors and other electronic systems, may identify early signs of individual physical and mental deterioration or help prevent incidents such as falls or self-harm. Such developments also carry risks which need careful management, such as a diminution of personal interactions between staff and service users. Privacy and self-determination may be compromised by routine electronic observation of service users, applied to all regardless of need.

Recent events demonstrate the power of data and nursing insights should influence decisions as to what data is needed, and how it can be used. For nurses to contribute in this way also requires them to receive suitable education in interpreting, challenging and using data effectively. Nursing skills need to reflect the changing world in which we practice.