Mental Health Information Systems

Challenges Identified:

1. Data being collected is insufficient and not standardized

2. Current system doesn't meet the needs of MNS patients/providers



Challenge 1: Data being collected is insufficient and not standardized

Opportunity: Training

HOW:

- Create awareness of the importance of MHIS before doing trainings
- Organization of workshops to improve skills and be updated with current technology.
- Train and retrain periodically
- Training can be done by competent mental health clinicians
- Training should be practical
- Face-to-face
- Lectures and practice
- Bring them to commonplace

WHO:

- National service personnel
- Records departments
- Biostat officers
- Prescribers
- Clinicians
- Data manager
- Record staff from 2 districts

WHAT:

- Doctors and prescribers should be made to understand why we need to have MHIS
- Prescribers should be trained on how to file already existing forms correctly
- Recorders should be trained on how to input data correctly in computers
- ICA training for prescribers

 Nurses should be trained to fill out forms that includes the measure of effectiveness of treatment
- All prescribers should be trained in the use of ICD-10
- Train in use of data for decision making
- Clinicians should be trained on electronic prescribing since legibility is an issue
- CPN could be trained and mandated to do the collection of data at the district level for the biostatisticians
- Data entry staff should be trained on ICT, date management, and use of template
- Clinicians should be trained on proper recording and use of standardized codes

Desired Outcomes for Training

- I.All clinicians and training institutions are trained in ICD-10
- 2. All data managers are trained in ICD-10 and ICT and entering data correctly
- ▶ 3. All providers are aware of and buyin to the MHIS



Training: Desired outcome #1

All clinicians and training institutions are trained in ICD-10

Metrics of success:

- ▶ 1.70% of all cases must be diagnosed
- ▶ 2.70% accuracy of diagnoses (with increasing accuracy)

Resources:

- I. Technical people and facilitators to do the training
- ▶ 2. Funds for the training and computers
- > 3. DHIMS
- ▶ 4. Grants

Key Stakeholders:

CHIMS, GHS, Tertiary Institutions, MH NGOs



Training: Desired outcome #2

All data managers are trained in ICD-10 and ICT and entering data correctly

Metrics of success:

- I. Data should be entered on a daily basis and forwarded on a monthly basis
- > 3. Reduced errors in data completion with increasing accuracy over the year
- 4. Maximum one week backlog
- ▶ 5. Data is accessible maximum one week after end of each month
- 6. Presence of a privacy and security policy to regulate access and use of data

Resources and stakeholders (same as #1)



Training: Desired outcome #3

All providers are aware of and buy-in to the MHIS

Metrics of success:

- I. Knowledge of and attitudes toward MHIS improve from baseline (survey)
- 2. 70% of providers and users do the tasks they are supposed to do

Resources:

- ▶ I.Training materials
- ▶ 2. Learn from systems in other health fields

Key Stakeholders:

CHIMS, GHS, Tertiary Institutions, MH NGOs



Challenge 2: Current system doesn't meet the needs of MNS patients/providers

Opportunity: Improve System

- Build a more flexible system, e.g. patient tracking and comorbidity tracking
- Use an IT firm to help manage system
- Ongoing monitoring and evaluation
- Integration of mental health system into general system
- Add more indicators needed for MH
- Technology: Provision of computers for imputation of data, use a fully computerized system, utilize mobile phones
- ▶ Facility-based MHIS that is standardized for all facilities
- Constant monitoring of data entered



Desired Outcomes for System

- I. System includes appropriate indicators for MH planning, monitoring, and evaluation
- 2. Flexible, electronic system that allows for:
 - collection of co-morbidities
 - patient tracking
 - unique patient id system



System: Desired outcome #1

System includes appropriate indicators for MH planning, monitoring, and evaluation

Metrics of success:

- ▶ I. Stakeholder acceptance of indicators
- ▶ 2. Easily computable through the DMIS

Resources:

Use experts to review the indicators

Key Stakeholders:

CHIMS, GHS, Tertiary Institutions, MH NGOs



System: Desired outcome #2

Flexible, electronic system that allows for: collection of comorbidities, patient tracking, and unique patient id system

Metrics of success:

- I. Ease of access to data at the touch of a button
- ▶ 2. User friendly ease of usage of the data for all purposes
- ▶ 3. Availability of co-morbidity data
- 4. Presence of a privacy and security policy to regulate access and use of data
- ▶ 5. Independent IT firm is managing the system

Resources

- ▶ I. Funding
- ▶ 2. Expertise in IT and security and statistics
- ▶ 3. Software to fit existing infrastructure
- ▶ 4. Reliable internet at facilities

