MENTAL HEALTH INFORMATION SYSTEMS IN GHANA

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Presentation outline

Introduction

- Mental health makes up ~10.4% of GBD

- gap between level of mental health needs and availability of quality services

  - between 76% and 99% of people in LMICs do not have access to the treatment (WHO, 2011)

- 95% treatment gap in Ghana (Ofori-Atta, Read & Ulzen, 2010)

- ~100,000 have access to mental health services

Introduction...

- Limited access because data on mental health needs are often inconsistent and sometimes inaccurate

- Partly due to outdated and often inadequate record keeping and patient management processes (Ofori-Atta et al., 2010)

Introduction...

- One of the most successful modes of patient management and record keeping is through the use of health management information systems

- For mental health, a properly established and operational Mental Health Information System (MHIS) has been found to be most useful

So what is a MHIS?

- "…a system for collecting, processing, analysing, disseminating and using information about a mental health service and the mental health needs of the population it serves" (WHO, 2005)

- "…a system for action: it exists not simply for the purpose of gathering data, but also for enabling decision-making in all aspects of the mental health system" (WHO, 2005)
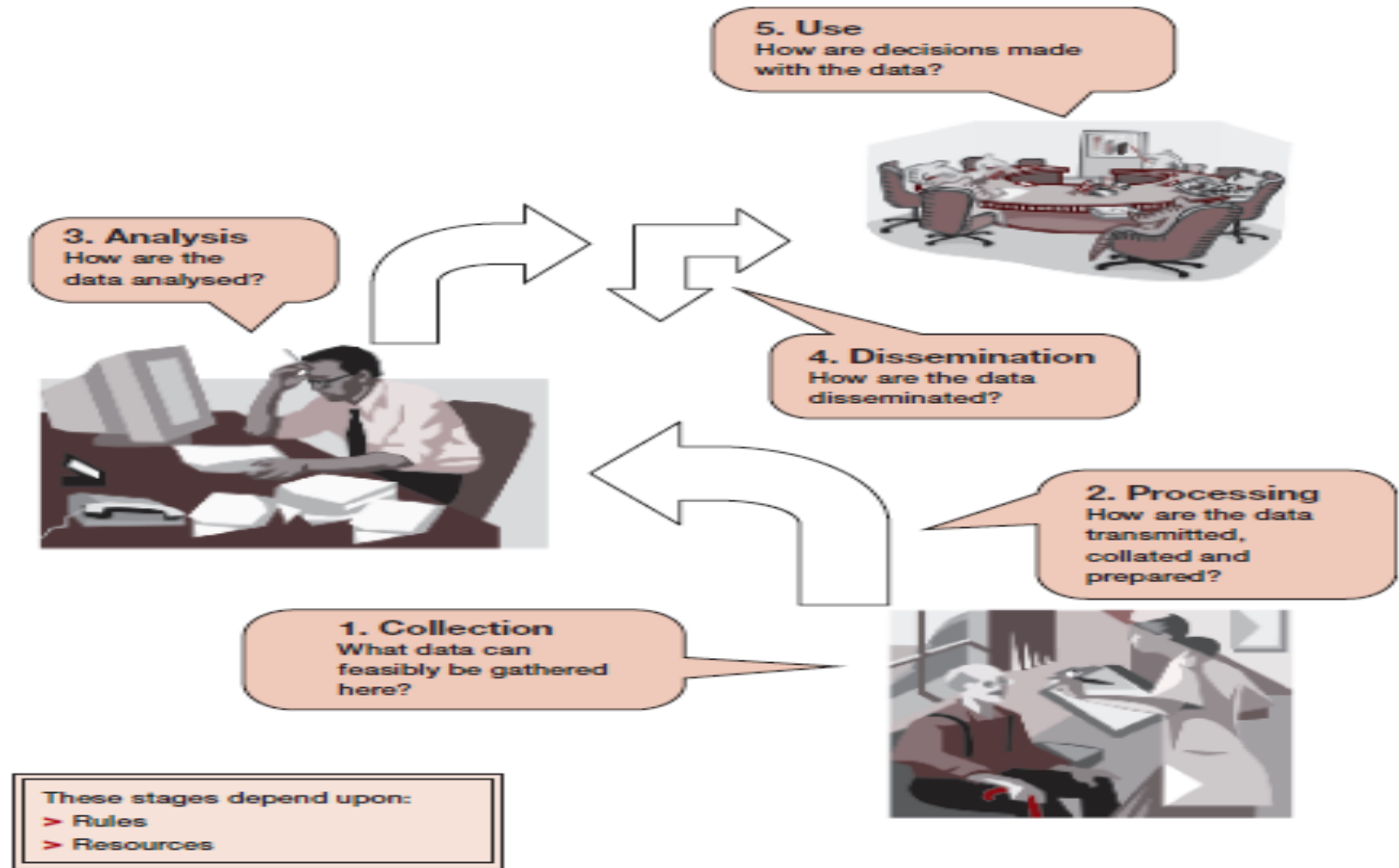
Benefits of MHIS

- Information about services can be accurate and consistent
- Planning and Evaluation of policies
- Service delivery: allows for monitoring needs of users, beneficial interventions, etc.
- Can improve efficiency by measuring how well a service is using its resources
- Providing equitable care with scarce resources

How the MHIS is used...

- Goes through 5 stages:
  - Collection of data (through forms, etc.)
  - Processing – moving data and preparing it for analysis
  - Analysis – examination and study of the data
  - Dissemination – communication of the results of the analysis
  - Use – application of the data to improve service delivery, planning, development and evaluation.

Using MHIS

5. Use
How are decisions made with the data?

3. Analysis
How are the data analysed?

4. Dissemination
How are the data disseminated?

2. Processing
How are the data transmitted, collated and prepared?

1. Collection
What data can feasibly be gathered here?

These stages depend upon:
> Rules
> Resources

Source: WHO, 2005

The case for Ghana

- Mental Health and Poverty Project (MHaPP) sought to scale up mental health services

- In 2010, a new semi-computerized MHIS was developed for psychiatric hospitals in Ghana

Intervention

- Setting up new partially computer- based MHIS system in the three Psychiatric hospitals
  - New computers/new soft ware developed
  - Forms printed
  - Training of records, prescribers, managers of 3 hospitals
  - Feed back sessions year round
- Uniform diagnostic system –ICD 10
- Supported by PPMED of GHS and its agency CHIMS
- Funded by DFID through the MHAPP RPC

Why strengthen the MHIS?

- to serve the management needs of the hospitals,
- To aid policy making and implementation,
- To buttress advocacy
- To reduce stigmatization through education

The case for Ghana...

- Ideally, these benefits would be achieved when there is an optimal mix of services
  - the most numerous services are self-care management
  - informal community mental health services and community-based mental health services provided by primary care staff;
  - then by psychiatric services based in general hospitals and in formal community mental health services
  - Smallest should be specialist mental health services

- Currently most care in Ghana is at the specialist mental hospitals

WHO Framework

Figure 2. The WHO pyramid framework: MHIS stages and the optimal mix of mental health services
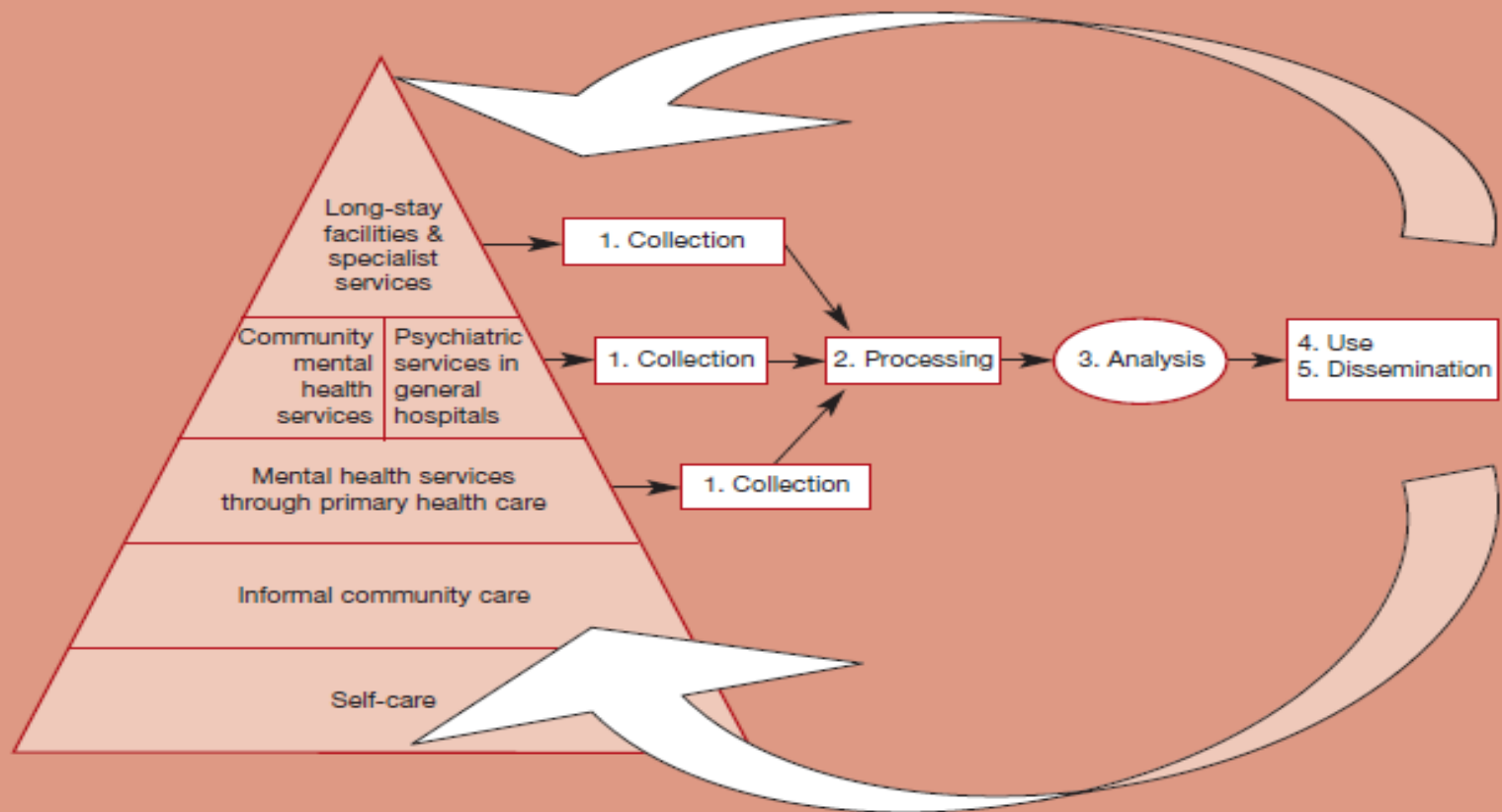
The case for Ghana...
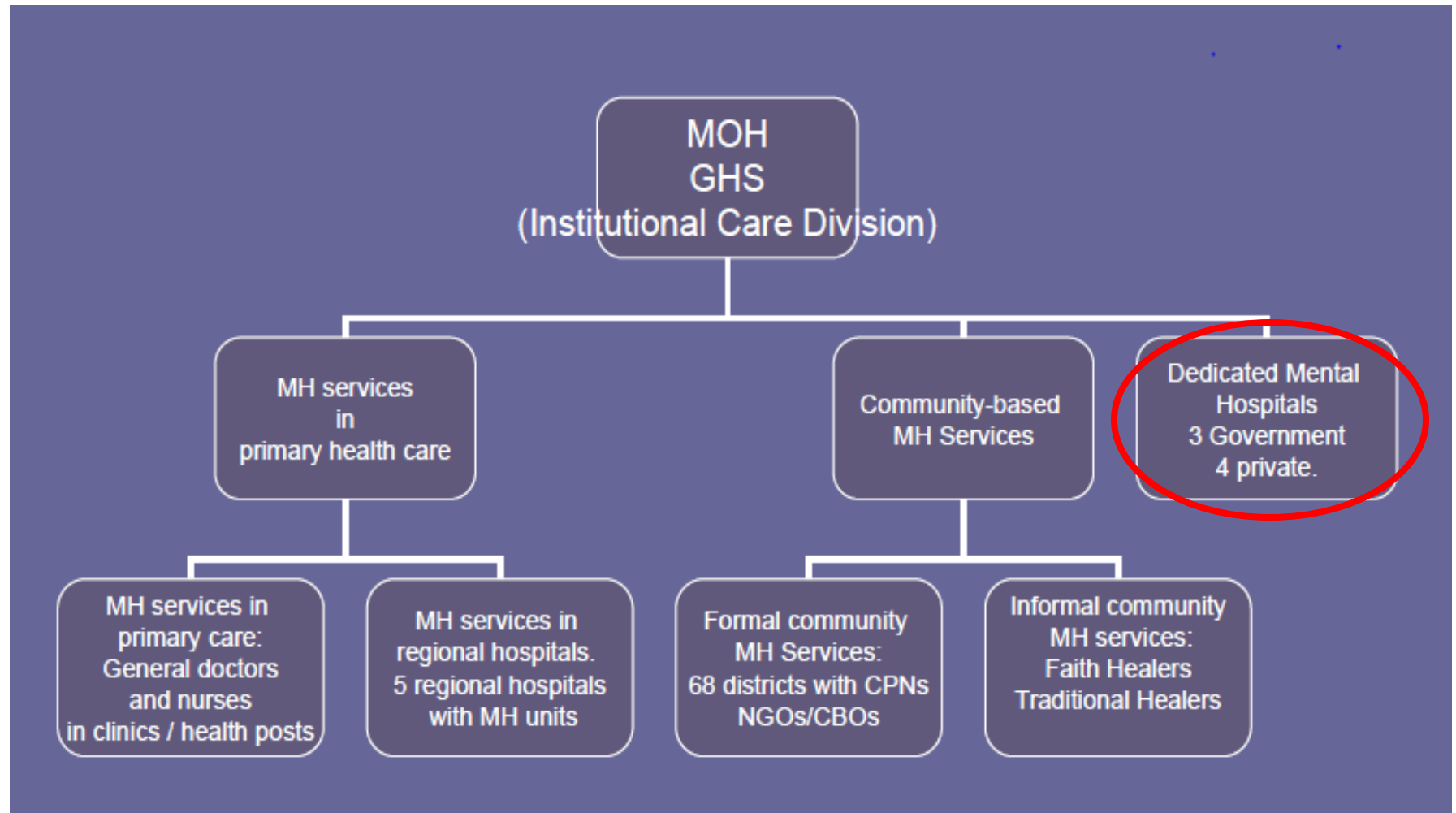
Source: Ofori-Atta & Read, 2008

Potential Problems

- Potential problems can arise at all levels of the MHIS:
    - Collection: Quality of data collected
    - Processing: Data needs to be processed at local levels (deKadt, 1989)
    - Analysis: may remain unanalyzed or aggregated at higher (national) levels
    - Dissemination: health workers, policy makers, etc. rarely receive feedback on the data reported to higher levels (Robey & Lee, 1990)
    - Use: data may be present but not used
    - Resources: inadequate staff, logistics, etc.
    - Rules: presence of information management policy within organizations

Challenges for Ghana

❏ Lack of ICT policy /security

❏ Internet connectivity

❏ Lack of resource allocation to MHIS

❏ Tardiness in data entry.

❏ Lack of accuracy / missing data

MHIS Challenges – Ghana

Issues of Government

e.g. budgetry allocations, etc.

Organizational Level Challenges

e.g. resource allocations, hiring & training of personnel, etc.

Individual Level Challenges

e.g. clinician adherence, clinician handwriting, etc.

The way forward for Ghana

- Dedicating more resources to MHIS at all levels
- Increased supervision
- Networking the three psychiatric hospitals
- Expansion to district DHIMS and the IHOST
- Eventually fully computerized and paperless

MHIS REPORTING FLOWCHART
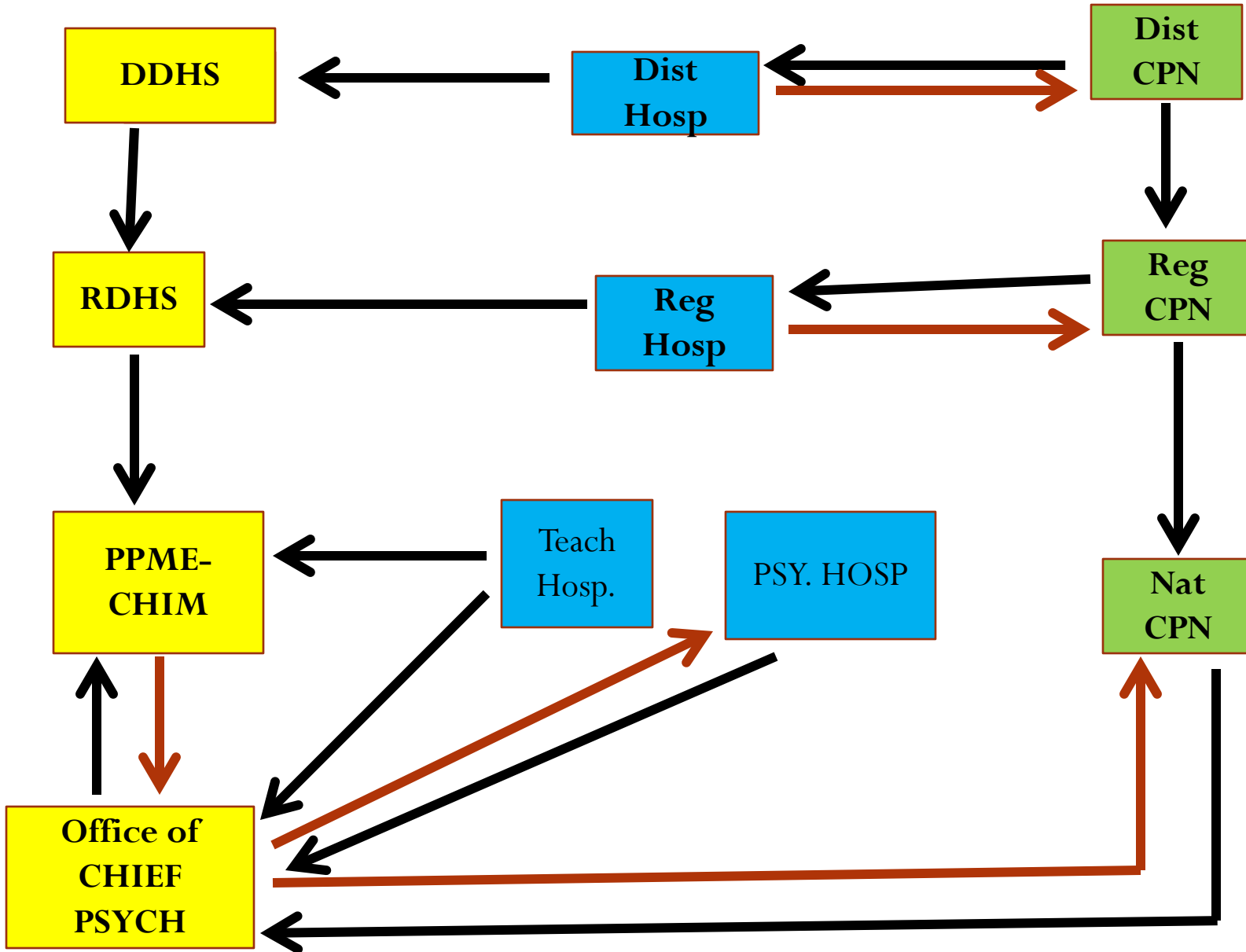
Concluding thoughts...

- In making decisions in mental health care, information is key at all levels
  - For policy-makers: optimal use of scarce resources
  - For planners: improving efficiency and effectiveness of services
  - For managers: monitoring and evaluation of services
  - For clinicians: improving adherence, enhanced communication, providing appropriate, good quality, evidence-based care

- In Ghana:
  - Need to decentralize
  - Need funding!
  - Need good quality data from the MHIS for this

Acknowledgements