Exploring the use of information technology in processing mental health information at primary health care

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Background

- MHIS for monitoring Community-based MH care are weak in SA (WHO, 2010)
- There was little available info been processed about the nature and type of MHC at PHC
- Info on diagnosis, length of admission, gender & age distribution of mental illness are not routinely recorded (WHO, 2007).
- MH data remained to be inadequate & unreliable for planning effective Community MH services (Lund, et al., 2010)
There is lack of MHIS planner & coordinator (WHO, 2010)

People dealing with HIS, don’t have an understanding about MH (WHO, 2004)

The value of information is reduced by incomplete recording

Low political prioritization about MH (Omar, et al., 2010)
Objectives

• To explore the use of information technology in processing MHI at PHC
• To explore barriers of information technology in processing MHI at PHC
Research methodology

• Qualitative research design was employed to conduct the study
  – Semi-structure interviews
  – Document review

Participants and data collection
Data was collected from the following participants
• Facility Manager (N=14)
• Mental Health Nurse (N=23)
• Info officers/Clarks (N=14)
• Document review (N=30)

Purposive sampling technique was used to select the participants
Study sites

Geographical spreads of the study sites, Cape Town, 2012

Source: Mumo N. UWC
Ethics consideration

• Ethical clearance for the study was obtained from the University Senate Ethics Committee and the Provincial Department of Health.
• All participants signed an informed consent form before the data collection process.
Results

• Data was analyzed using thematic analysis

Use of IT to process MH information

• IT infrastructure was underdeveloped for recording and processing MHI at PHC
• Paper-based MHI – recording and processing
• Little MHI was processed,
  – e.g. monthly reporting the total head count/ number of visit per month
  – Purpose of head count: budgeting - mainly drug supply
Results cont.

• Little or lack of information exchange b/n HP
  – Problems of getting discharge clinical summary letter to the PHC nurse.
    – Reason: patient lost the discharge letter, referring hospital didn’t send the letter, fax didn’t work

• Inaccuracies and inconsistencies of information recording and processing
Results cont.

• Under-or over reporting, duplication of reporting
• Lack of feedback on the use of information-
  – feedback is the major driving issues in information collection and processing
  – Most participants don’t know purpose of monthly reporting
• Lack of standardised in information recording forms
  – Some facility use old forms, others use new forms
Results cont.

- Information validation process was weak: usually done by facility manager superficially
- There was high interest in the use of IT from the participants
- Most of MH care providers believe that the use of IT will save more time than recording patient data manually.
  - quicker and easier to access medical record,
  - reduce patient waiting time,
  - increase time spend with patient
  - reduce duplication of recording
Barriers in the use of information technology

• Lack of information infrastructure for MH at PHC, such as computer, software, network, internet.
• There was no standard information collection tool and indicators for mental health
• Lack of knowledge & skills to record and process quality mental health information
• Lack of information culture about the use of information
Barriers cont.

• Some have negative attitudes towards IT use, e.g. older age group, lack of computer literacy, adding load of work
• Lack of appropriate resources for MH services
Conclusion

- IT infrastructure was underdeveloped developed for MHI recording and processing at PHC
- Only one mental health indicators, i.e., “# mental health visit per month” was reported monthly
- MHI recording and processing is inadequate for decision making process and planning community mental health services
Conclusion cont.

• Behavioural factors such as Knowledge, skills, attitudes, believe and values are important in the processing quality information.
• Developing MHIS is crucial to monitor mental health service deliveries that is transparent and accountable in this regard.
Recommendations

• Developing IT infrastructure is essential for MHC
• Develop policy guidelines and strategies for implementation of IT for MH
• Transform paper-based recording to electronic recording system
• Build intersectoral collaboration for development of MHIS
• Staff capacity development in IT
• More research on the link between the use of IT for quality information processing and improved MH care
• Improve management support system and mind shift for MH
• Establish standardised MH indicators
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