

University of the Western Cape

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

**Sigma Theta Tau International's 27th  
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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)

# Background cont

- 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)

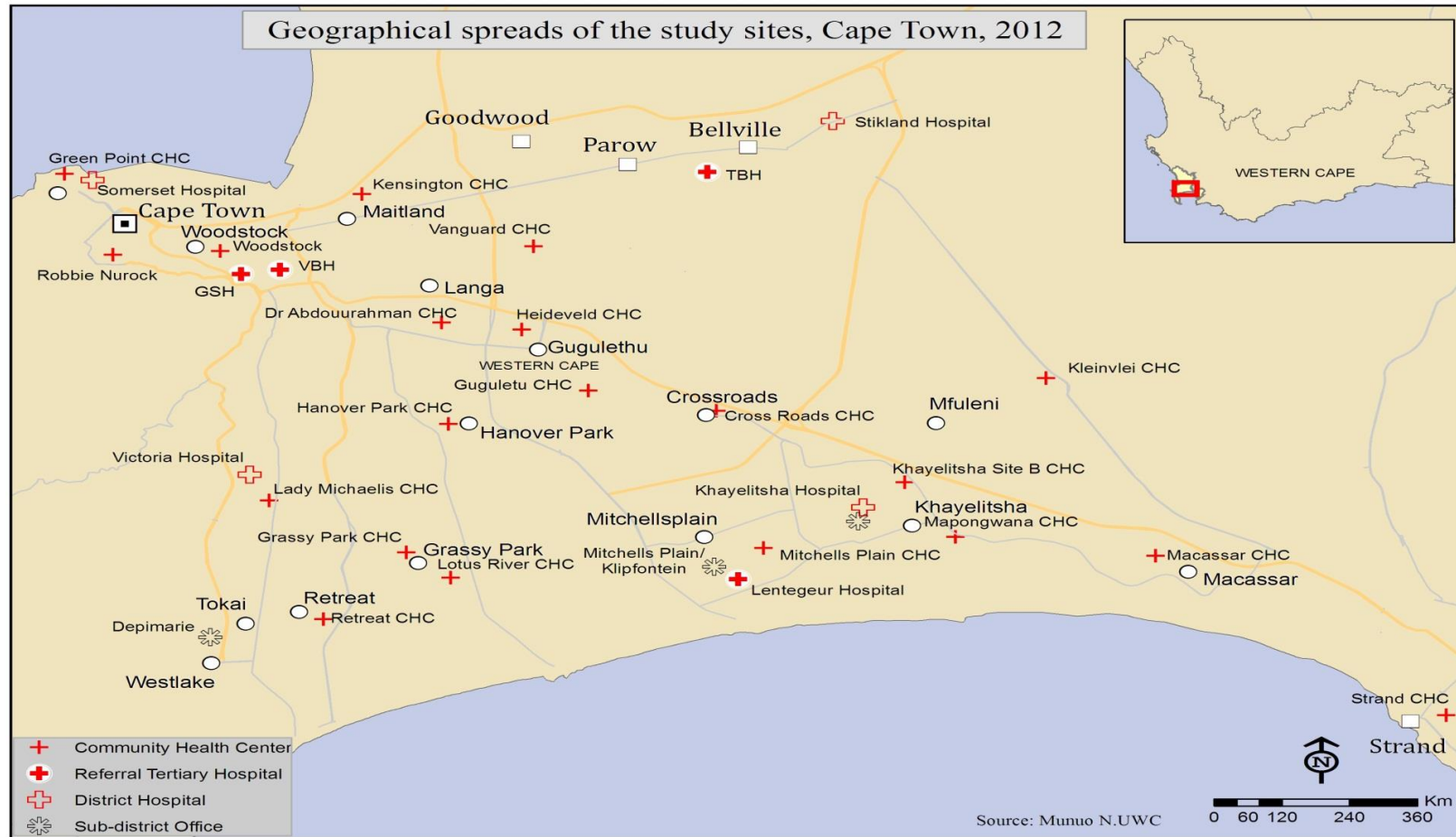
Purposive sampling technique was used to select the participants



# Study sites



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# 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, beliefs and values are important in the processing of quality information.
- Developing MHIS is crucial to monitor mental health service deliveries that are 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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THANK YOU