Policy brief 12

Better information for better mental health

Developing Mental Health Information Systems in Africa

The purpose of the Mental Health and Poverty Project is to develop, implement and evaluate mental health policy in poor countries, in order to provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health.

Improving mental health, Reducing poverty

Better information for better mental health: Developing Mental Health Information Systems in Africa

Why should governments in African countries develop mental health information systems?

- **Mental health** has long been a **neglected public health issue** in many low and middle income countries (LMICs).
- Health information systems are the **backbone of the public health system**, yet a lack of adequate mental health information was identified as a major problem in all the study countries of the MHaPP project. **Less than half of African countries** have a mental health information source in place to track incidence and prevalence of conditions, or the use of mental health services.
- The **lack of mental health information** from LMICs is likely to have contributed to its **low level of priority** as a public health issue.
- This paucity of information means that mental health services continue to be managed blindly in many LMIC settings. The **importance of information** for policy development, planning, monitoring and evaluation of mental health services cannot be underestimated.
- Developing mental health information systems can **promote improved decision-making and accountability** in mental health care.
- The strengthening of these systems is **essential to provide integrated care** for people with mental disorders, and to **monitor efforts to scale up mental health** care in low and middle-income countries.

What did we do?

In South Africa and Ghana, new mental health information systems were developed and trialled over a 1-year pilot project period using the WHO model described in the "Mental Health Information Systems" manual (WHO 2005). In **South Africa**, new mental health indicators were integrated into the national District Health Information System in pilot sites in two provinces. In **Ghana**, the three psychiatric hospitals standardised their methods of collecting data. In both countries, mental health information is now available for policy, planning and management decisions. The interventions promoted better communication between mental health and information management staff at all levels and drew attention to mental health as a public health issue.

The Mental Health and Poverty Project (MHaPP) is a 5-year study of mental health policy development and implementation in 4 African countries: Ghana, South Africa, Uganda and Zambia.

Following broad situation analyses in each of the four countries, three areas of intervention were identified:

1. improving policies, plans and legislation for mental health,
2. mental health information systems (MHIS) and
3. developing district-based models of service delivery.

These interventions were undertaken during the second phase of the project and this brief focuses on lessons learned from improving MHIS.

South Africa

In South Africa, new mental health indicators were integrated into the national District Health Information System in pilot sites in two provinces. This involved the following steps:

Step 1. A task team was established in each province, including data management, monitoring and evaluation and mental health programme staff from the Department of Health, plus researchers from University of Cape Town.

Step 2. An in-depth situation analysis and consultation was conducted with a range of stakeholders involved in the system.

Ghana

In Ghana, the three psychiatric hospitals standardised their methods of collecting data through the following steps:

Step 1. The ICD-10 classification system was adopted, and new data collection tools and software were developed in line with the ICD-10.

Step 2. Data collectors and capturers were trained in information management skills and developed a better understanding of their role in the system.

Step 3. All prescribers were trained in the use of the ICD-10.

Step 3. A set of indicators were selected, reflecting identified local information needs. These were integrated into the DHIS at primary health care, district hospital and specialist hospital level.

Step 4. Training workshops were held with health care workers, information officers and managers at local and district level at the beginning of the 1-year pilot. This was followed up with training and feedback sessions at the 6-month and 12-month stages.

Step 4. Computers were introduced to enhance the functioning of the system. Ongoing collaboration between facility managers was promoted through formal meetings to discuss successes and challenges, and assist each other with future planning.

Step 5. Information gathered was fed back to health workers regularly and interactively so that quality of care was discussed across departments in the hospitals.
In both countries, mental health information is now available for policy, planning and management decisions. The interventions promoted better communication between mental health and information management staff at all levels and drew attention to mental health as a public health issue.

How can mental health information be improved?

1. **Take account of contextual issues in the health information system in your country.** Several countries report difficulties with the collection, processing and analysis of data, due to limited capacity or resources for information management. Ensure that you take account of these issues when integrating a mental health component into an existing system.
2. **Involve a range of stakeholders**, including managers, health workers and information staff, in steps of the development of the MHIS (such as indicator selection), and ongoing implementation. This will support the successful uptake of the system and promote sustainability.
3. **Continue to lobby for increased budget for mental health.** Having mental health information at hand can go a long way to drawing attention to mental health as a priority health and development issue. At the same time, having an increased budget for mental health will motivate staff to dedicate more time to the programme and see it as a priority. It is thus essential to continue to lobby for an increased budget for mental health while implementing a new MHIS.

The importance of communication

Several health workers who participated in improving the MHIS in South Africa had little engagement with information management staff prior to the intervention. In Ghana the record-keeping staff was not considered to have an important role within the targeted facilities.

In both countries, however, in the course of strengthening mental health information systems, mental health and information management staff continuously worked together to improve aspects of the system such as the data collection, processing and feedback. In doing so, they learnt more about the importance of the others' roles. This had a positive effect on personal relationships and communication between different types of staff which stakeholders felt contributed greatly to the success of the intervention projects.

> *For me it has helped because at least now there is more interaction between me and the program manager… I would say there is an improvement in terms of the interaction. There is more interaction and support … supporting each other during the project.*
> INFORMATION MANAGER.

4. **Start small but keep the big picture in view.** As managers become more competent and interested in using information their information needs will become more complex. Start with data relating to headcount, such as sex and diagnostic categories, but make a long-term plan to build up to tracking outcomes such as health status and functioning in the community, co-morbid health conditions, and data from other sectors.

5. **Invest in the "soft" aspects of situation change.** In addition to allocating funding to "hard" factors (such as equipment supply, maintenance and forms) it is important to invest in "soft" factors (such as staff skills, communication, attitudes towards mental health, change management, supervision and management practices). This is particularly crucial for mental health, as a health issue which has long been stigmatised and under-prioritised.

6. **Invest in broader improvements to the mental health systems simultaneously.** Information is only useful when it is used for the purpose for which it was collected. The introduction of a mental health information system will draw attention to issues within the mental health system and it is important that there is a parallel process to address these issues as they arise. The indicators that are selected should feed into a wider strategic plan for improving mental health services and all information gathered should be taken into account in decision-making processes.

Identifying opportunities for intervention from poor data

Even if data is perceived to be of poor quality, it can still give useful information about improving mental health services. For example, in the South African intervention, the introduction of basic diagnostic categories exposed a gap in the ability of many primary health care workers' to diagnose mental illnesses. This assisted district and provincial managers to better understand the ongoing capacity development needs in their areas and even to pinpoint facilities that should be targeted for training in mental health skills.

> *…being part of the project has helped me and the PHC manager see what the gaps are in the service delivery of mental health at PHC level, it really has helped me… We have a baseline of all the gaps, but it made me to understand even more better because when I had contact with all the people, I was able to detect that people need to be trained and in most facilities clinics are run by people that are not trained in psychiatry.*
>
> MENTAL HEALTH MANAGER.

Where can I read more about this issue?

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5. World Health Organisation. (2005a). Mental health atlas, World Health Organisation, Geneva.

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July 2010 The Mental Health and Poverty Project is led by the University of Cape Town, South Africa and the partners include the Kintampo Health Research Centre, Ghana; Makerere University, Uganda; the University of Zambia; the Human Sciences Research Council, South Africa; the University of KwaZulu-Natal, South Africa; the University of Leeds, UK; and the World Health Organization. The MHaPP is funded by the Department for International Development (DFID), UK for the benefit of developing countries.

MHaPP website: www.psychiatry.uct.ac.za/mhapp

The views expressed are those of the authors and not necessarily those of DFID.