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Experience of implementing new mental health indicators within information systems in six low- and middle-income countries

Article (Supplemental Material)

Ahuja, Shalini, Hanlon, Charlotte, Chisholm, Dan, Semrau, Maya, Gurung, Dristy, Abdulmalik, Jibril, Mugisha, James, Mntambo, Ntokozo, Kigozi, Fred, Petersen, Inge, Shidhaye, Rahul, Upadhaya, Nawaraj, Lund, Crick, Evans-Lacko, Sara, Thornicroft, Graham et al. (2019) Experience of implementing new mental health indicators within information systems in six low- and middle-income countries. BJPsych Open, 5 (5). e71 1-8. ISSN 2056-4724

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Experience of using mental health indicators in six low and middle-income countries where mental health is integrated in primary care: a qualitative study

Tables

Table 1: Mental health indicators and its implementation

Country	Tools capturing mental health indicators	Final list of indicators	Responsibility of Data collection and Data reporting
1. Ethiopia	Out-patient registration book	Service utilisation by disorder (psychosis, bipolar disorder, depression, alcohol use disorder, epilepsy, suicide attempt, other), severity, referral, essential medication stock-out	Mental health focal person in the health centre (general nurse or health officer)
2. South Africa	ROR (Rationalization of Registers), Tick register/sheet. PC101 guides to screen patients, PRIME referral forms	Service utilisation by disorder (psychosis, bipolar disorder, depression, alcohol use disorder, epilepsy, suicide attempt, other), follow up, referral	Healthcare providers complete, tick register and ROR and data is consolidated by the data capturing personnel in the facility
3. Nepal	OPD register	Service utilisation by disorder (psychosis, depression, alcohol use disorders, suicidal attempt), severity,	Health workers (prescribers) within the health posts

		functioning, follow ups, referrals, referred by, approximate time since the last appointment, payment for consultation and medical expenses, out of pocket costs	
4.India	Screening register, case register, follow up register, referral slips and smile cards	Service utilisation by disorder (psychosis, depression, alcohol use disorders, suicidal attempt, other), severity, referral, number of trained mental health professionals, medicines out of stock, readmissions	Nurses supervised by PRIME Case Managers for reporting
5.Uganda	Patient's medical form, patient registers	Service utilisation by disorder (psychosis, depression, alcohol use disorder, epilepsy, suicidal attempt, other), severity, referral, essential medication	Dedicated HMIS officer supervised by the facility manager
6. Nigeria	Patient's medical form, patient registers, OPD registers, summary forms	Service utilisation by disorder (psychosis, depression, alcohol use disorder, epilepsy, suicide	Primary health care clinician; Clinic Records Officer; District (local government)

		attempt, other), severity, referral, essential medication stock-out, number of trained mental health professionals	Monitoring & Evaluation officer; with supervision from Emerald Program Officer

Table 2: Study samples in each Emerald country site

	Health workers / health records staff	Health Managers/ Programme Managers/ Facility heads/ Medical Officers	Supervisors/ Case Managers	Total respondents
Ethiopia	6	5	0	11
India	10	9	7	26
Nepal	22	2	4	28
Nigeria	15	15	6	36
South Africa	8	6	0	14
Uganda	3	10	0	13
Total				128

Table 3: Definitions of implementation outcomes assessed in this study

Implementation outcomes – definitions by Proctor et al. 2011
1. Acceptability *Perception among implementation stakeholders that a given treatment, service, practice or innovation is agreeable, palatable or satisfactory*
2. Sustainability The extent to which a newly implemented treatment is maintained or institutionalised within a service setting's ongoing and stable operation.
3. Feasibility/utility *The extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting*
4. Cost *The cost impact of an implementation effort*

Table 4: Parent themes and sub themes (based on PRISM framework) (17) and Proctor's implementation outcomes (15).

PRISM Framework: Input determinants and process description	Proctor's implementation outcomes
INPUT DETERMINANTS	
1. Technical Factors a. Overall impression b. Accuracy	Perceived acceptability
2. Organisational Factors a. Governance and Planning b. Availability of Resources c. Training d. Feasibility e. Costs f. Importance to HMIS for Mental Health g. Supervision h. Integration with national HMIS i. Usability of these forms in future	Perceived acceptability, feasibility, sustainability and cost
3. Behavioural Factors a. Level of knowledge b. Competence and confidence levels for HMIS tasks c. Motivation	Perceived acceptability
PROCESS DESCRIPTION	NA
(Mental Health Indicators and its implementation – refer to Table 1) *Tools used for HMIS* a. Data Collection b. *Data Processing and Data Analysis* c. *Use of Information and Feedback on HMIS to staff*	