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# Information Systems for NGOs

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**Why are they important?**  
**A background paper**

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## Introduction

The **National Mental Health Information Strategy** was produced in 2005 and an **Implementation Plan** followed in 2006. The need for the development of an information infrastructure was identified especially for Non Government Organisations. Neither of these publications is available in hard copy so to assist the NGO sector to prepare for future Platform has summarised some key points and themes from the Government strategies and from the meetings that we have attended around the country.

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## Key Points from the National Mental Health Information Strategy

- The need for good quality information to support the development of mental health services has been recognised in several reports.
- The strategy aims to improve the collection and use of the two types of mental health information:
  1. Information collection to support delivery of care to individual consumers (commonly collected by patient management systems).
  2. Information collected to support the management of mental health service systems e.g. for funding, planning, monitoring and policy development.
- Many mental health service providers have already invested substantially in the collection and use of current information. The plan suggests activities to enhance what has already been accomplished.
- Rapid advances in technology by 2010 coupled with increasing demands by both consumers and their whanau for shared power in therapeutic relationships will drive a revolution in the creation of "new knowledge" – "new" in the sense that people, who participate in the consumers system of care, rediscover, critically evaluate and then apply the information that will be available to them.
- The change in the way information is used may be the single most important change that needs to occur in the mental health system. People want to know if the services they provide really contribute to the process of recovery and on the basis of their findings, will change what they do to improve that contribution.

- The Strategy identifies 10 key priorities (attached as Appendix 1)

### **Drivers for Change:**

The health and disability sector continues to increase its investment in information systems in a response to the demand for better information on which to base decisions.

### **Non-Government Organisations Development:**

It is acknowledged that most NGO providers have limited capacity to collect and participate in an information collection system.

Given that the level of mental health service funding provided to the NGO sector it is important that they are able to provide information on service utilisation.

Without complete NGO data, there can be no comprehensive picture of mental health service provision to consumers.

Increasingly information from all sources is becoming more easily available. There is an expectation that people will want to know more about mental health and addiction services and how they are accountable to service users and their families, governance structures and funders. Information systems will provide opportunities to build a research and evaluation based approach to recovery practices.

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### **Reference to Information Requirements in other Ministry of Health documents:**

**Te Tahuhu** (The Mental Health and Addiction Action Plan 2006-2015) Describes aims to assist government and NGO service providers to work more closely together, to jointly develop solutions to problems and work towards improving outcomes for people with mental health and addiction problems.

**Te Kokiri** (The Implementation plan of Te Tahuhu) in the Leading Challenge of Transparency and Trust emphasises:

- Increasing the availability of information and information systems to underpin service development, which support decision-making and improve services for people

- Creating an environment that enables DHBs to demonstrate that their investment in mental health and/or addiction deliver value for money, are result focused and have regard to service impacts on people who are severely affected by mental illness and addiction.
- Creating an environment where mental health workers and service users can readily use information to support and enhance recovery.

**Tauawhitia te Wero** – Embracing the Challenge: National mental health and addiction workforce development plan 2006 - 2009

- To ensure that robust and uniformly defined data is collected across the whole of the mental health and addiction workforce to allow better workforce development planning, service quality improvement and forecasting.

**Material from Platform Presentations:**

**NGOs need information for**

- Governance accountability
- Feedback to service users
- Business decisions
- Workforce planning
- Service development and quality
- Future planning

**Government Drivers**

- Strategic Plans
  - National Mental Health Information Strategy 2006
  - Te Tahuhu/Te Kokiri
  - Tauawhitia te Wero
- Outcome measures
- Future funding
- Where's the money going?

**A DHB needs to know what it is spending its money on:**

What service?

What happens – is it value for money and is it aligned with evidence of what works

How is it making a difference- what effect is it having on individuals and our population?

How does it fit with priorities – national and local?

Is there a better way of getting the results we want?

We know:

- Most funding goes to acute services
- Least goes on prevention
- Intuitively this is not right
- **But** we lack the information and modeling to show the effects of this

How do we know we are making a difference?

Information collection will be a critical driver of future NGO development

**ARE WE READY?**

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## Key Priority Areas from the Mental Health Information Strategy 2005

<p><b>1. Shift the focus from Information Collection to Information Use</b>  <i>To build on the sector's achievements we need to consider what needs to be done to improve the dissemination and use of information that forms the evidence base of planning, delivering and monitoring services for mental health consumers.</i>  <i>The aims of electronic systems is for consumers, carers and service providers to have access to the best available evidence that will help make good decisions about a persons care and treatment.</i>  <i>An environment needs to be developed that supports change in individuals and organisational behaviour and encourages all stakeholders to recognise the value of the information available to them.</i></p>	<p><b>2. Minimise the cost of Collecting Information</b>  <i>With the decentralisation of decision-making, the strategy aims to help align local-level decision making with national policy. We need to make sure our efforts are coordinated as much as possible and make sure IT developments are not duplicated and that different IT systems support the easy exchange of information.</i>  <i>The mental health sector needs to demonstrate that services operate effectively and help to reduce the impact of severe mental illness and support the consumer's process of recovery.</i></p>
<p><b>3. Increase Opportunities for Consumer Input</b>  <i>In the future, clinical information systems will need to be developed with a view to incorporate direct input from consumers and their nominated carers.</i></p>	<p><b>4. Extends the Coverage of Mental Health Data to Primary Health Care</b>  <i>Te Tahuu – Improving Mental Health, emphasises the need for good links between primary health care and specialist mental health services for the provision of coordinated care for people with severe or enduring mental illness.</i></p>
<p><b>5. Support Maori Goals for Whanau Ora</b>  <i>Whanau ora is a dimension of wellbeing that is gaining acceptance in the mental health sector, as it encapsulates a Maori world view of total wellbeing and recovery. Although more work is required to define "whanau ora" within</i></p>	<p><b>6. Support Information Sharing Among Providers</b>  <i>Sharing information in a safe and appropriate way across different care delivery services is critical to the effective delivery of an integrated continuum of care for consumers. Mental health providers need to operate</i></p>

<p><i>the context of a mental health system, the definition will be key to the development of outcome measures for Maori.</i></p> <p><i>Most importantly, from an information perspective it will involve providing the information that enables effective Maori participation at all levels of the sector, including decision making, planning and development.</i></p>	<p><i>as part of an interactive sector, with their sole focus being seamless delivery of care to produce the best possible outcomes.</i></p>
<p><b>7. Use Information as a Quality Improvement tool</b></p> <p><i>At the service provider level, clinical management staff are interested in obtaining information about how to improve their practice on the basis of what is known to work best for consumers.</i></p> <p><i>At a national level, key performance indicators (KPI) are a central component of any health service quality improvement process because they provide the basis for accountability and monitoring.</i></p> <p><i>A framework is being developed of KPI for the mental health sector to use at provider and national levels.</i></p>	<p><b>8. Use Information for Research and Development</b></p> <p><i>The role of information in mental health research is critical to the sectors ability to respond to the needs of consumers using the most effective interventions and models of service delivery.</i></p> <p><i>A national approach to information development will support the mental health sectors capacity to conduct research into priority areas and provide opportunities for the additional evaluation of services in a research and development framework.</i></p>

## **9. Fill Data Gaps and Improve Quality**

*Poor quality data is a significant barrier to effective service delivery and limits government's ability to monitor service delivery and to develop good policy. Providing high-quality information helps to support the provision of efficient and cost effective care, and to improve consumer health outcomes.*

*Data quality and integrity are first and foremost the provider's responsibility.*

*Providers need to commit to having a data quality strategy where action is taken as a result of the data that staff collects and data quality is monitored as an integral part of providers' quality improvement processes.*

*Data collection must be recognised as a dynamic process that reflects changing information needs in response to clinical, social/cultural, business and environmental/demographic movements and knowledge*

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[www.moh.govt./publications](http://www.moh.govt./publications)