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Research Article

Health Information Management for Mental Health Service Planning and Delivery in Kerala: Practices and Challenges

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Abstract

Mental health services depend on reliable and timely information for effective planning, decision-making, service delivery, and evaluation. This study explored how administrators and mental health professionals perceive and manage health information within the mental healthcare system in Kerala. A qualitative approach was adopted, involving 10 key stakeholders, including four district-level administrators, four psychologists, one counsellor, and one psychiatric social worker. Participants were selected purposively and through professional networks, and interviews continued until data saturation was reached. Structured in-depth interviews explored six areas: auditing and documentation, staffing and training, emergency preparedness and disaster recovery, adherence to government policies, medical record department practices, and broader challenges in health information management. The interviews were analysed using Braun and Clarke's six-phase thematic analysis approach. The findings showed that participants recognised the importance of effective health information management, but several practical challenges remained. These included inadequate staffing, limited training, inconsistent documentation and diagnostic coding, weak policy implementation, limited auditing, and gaps in technology and system proficiency. Concerns regarding confidentiality and data security were also highlighted. The study emphasises the need for qualified HIM professionals, standardised documentation practices, regular audits, continuous staff training, stronger information governance, and better preparedness for emergencies. Strengthening these areas can contribute to more reliable information and better coordinated mental health services.

Introduction

In May 2013, during the 66th World Health Assembly, a gathering of Health Ministers from 194 Member States, the World Health Organisation (WHO) adopted the Comprehensive Mental Health Action Plan 2013–2020. This pivotal plan emerged as a response to the escalating burden of mental health disorders and the pressing challenges faced by health systems across the globe in meeting the diverse needs of individuals experiencing mental health issues [1,2].

This action plan is not just a document; it marks a significant milestone in mobilising international focus on a long-ignored crisis, firmly anchored in the principles of human rights. It envisions a world where mental health is not merely acknowledged but actively valued, promoted, and protected. The goal is to prevent mental health disorders while ensuring that those affected can fully exercise their human rights and access high-quality, culturally sensitive health and social care promptly to support their recovery [3,4].

The ambition is to enable individuals to reach the highest attainable level of health and to engage fully in society and the workforce, free from the shackles of stigma and discrimination. The action plan encompasses four major objectives: [2].

1. Strengthening effective leadership and governance for mental health.
2. Providing comprehensive, integrated, and responsive mental health and social care services in community-based settings.
3. Implementing robust strategies for the promotion and prevention of mental health issues.

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4. Enhancing information systems, along with evidence and research for mental health.

Each of these objectives is intricately linked to specific, measurable global targets and indicators, which facilitate the systematic monitoring of implementation, progress, and overall impact. This framework ensures that the aim of the plan is not only articulated but also realised on a global scale, thereby promoting accountability and transparency in mental health initiatives [2,3].

A Mental Health Information System (MHIS) serves as a critical planning and service delivery tool designed to enhance the effectiveness, efficiency, and equity of mental health services. As a planning tool, it provides a robust means of generating accurate and consistent information about various aspects of mental health services, including service coverage, patient outcomes, and resource allocation [2,5].

Moreover, the MHIS significantly improves the coherence of planning efforts by ensuring that decision-makers rely on high-quality data. Rational planning and resource allocation are fundamentally dependent on accurate information; without it, projections and forecasts can be misleading, leading to inefficient use of resources [2,5,6].

Additionally, the MHIS acts as an essential tool in the implementation and evaluation of policies related to mental health. Policymakers require precise, real-time data to assess whether policy objectives are being met and to identify gaps in service delivery. This data-driven approach allows for informed adjustments to strategies and interventions, ultimately fostering improved mental health outcomes across populations [3,5-7].

Research Objectives

The primary objective of this study was to explore health information management practices and challenges in mental health service planning and delivery in Kerala from the perspectives of administrators and mental health professionals.

The specific objectives were:

1. To explore participants' perceptions of the importance of health information management in mental health service planning and delivery.

2. To examine reported practices related to medical record documentation, auditing, and diagnostic coding.

3. To explore participants' perspectives on staffing adequacy, professional training, and interdisciplinary collaboration.

4. To identify reported challenges related to emergency preparedness, disaster recovery, and adherence to government policies.

5. To examine perceived barriers to effective medical records management, including confidentiality, data security, and technological limitations.

6. To identify potential areas for strengthening health information management in mental health services.

Methodology

The study focused on gathering insights from key stakeholders involved in mental healthcare. This group includes the District Medical Officer, the District Nursing Officer, the District Education and Media Officer, and various mental healthcare professionals such as psychologists, counsellors, and social workers. The sample size for this phase continued to expand until data saturation was reached, ensuring that we capture a comprehensive range of perspectives and experiences from these stakeholders. Personal contacts and their respective networks were leveraged to identify and recruit participants for the study group, ensuring a diverse sample that reflected the various backgrounds and experiences of those involved in mental health care in the region. This comprehensive approach aimed to yield valuable insights into the mental healthcare landscape in Kerala [8].

The study explored how top-level administrators and mental health professionals perceive, utilise, and manage health information within the context of mental health service delivery. Data were collected through structured, in-depth interviews focused on six key areas: auditing practices, staffing adequacy, emergency preparedness and disaster recovery, adherence to government policies, and both departmental and systemic challenges in managing medical records. A sample of 10 key stakeholders-including four district-level administrators, four psychologists, one counsellor, and one psychiatric social worker-was selected in accordance with the study protocol to ensure diverse and rich insights, with sampling continuing until data saturation was achieved.

The data were analysed using the six-phase thematic analysis framework proposed by Braun and Clarke (2006). This approach provided both flexibility and methodological rigour, facilitating the identification of meaningful patterns in participants' narratives. The analytical process included familiarisation with the data, systematic coding, theme development, refinement, and interpretation, as follows [9].

Result and discussion (Tables 1,2)

Findings

The findings reveal that administrators across mental health care institutions in Kerala clearly recognise the critical importance of effective health information management. They agree that accurate and timely information is essential for smooth administration, informed policy decisions, and the delivery of quality patient care. However, despite this high level of awareness, improvements are needed in how information is managed and used, particularly regarding documentation accuracy and coding standards [10,11].

The analysis generated the following key themes:

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Table 1: Mental Health Information Management: Top-Level Administrators' Perspective.

Domain	Sub-Domain	Scale (1–5)	Interpretation
Audit: Importance of Health Information Management (HIM)	Importance of proper management of health information	5	Considered entirely essential and highly prioritised in administration
	Improvement in medical record documentation	4	Recognised as important, but needs systematic enhancement
	Diagnostic coding accuracy	3	Requires improvement in practice and standardisation
Staff Adequacy	Adequacy of the HIM/MRD staff	2	Staff strength is inadequate across most establishments
	The necessity of qualified HIM professionals	5	Universally acknowledged as essential for effective HIM
	Continuous improvement and training	4	Necessary and moderately implemented; more focus needed
	Interdisciplinary collaboration	4	Recognised as beneficial; moderate implementation
Emergency Preparedness and Disaster Recovery	Staff and system preparedness	3	Some preparedness exists; it requires strengthening and updating
Adherence to Government Policies	Compliance with DMHA directions	2	Not at the desired level; needs closer adherence
	Correspondence with the Mental Health Authority	2	Limited to basic statistical reporting; lacks qualitative engagement
	Accreditation and standardisation	3	In progress; needs systematic implementation across institutions
Prospects, Issues and Challenges in MRD	Quality assurance and compliance	3	Moderate; monthly auditing recommended
	Data analysis and evaluation	3	Needs regular and structured data review mechanisms
	Ethical and legal considerations	4	Generally maintained but requires consistent monitoring
Pitfalls in MRD Management	Data security and confidentiality	4	Maintained adequately; requires periodic updates
	Technology and system proficiency	3	Needs improvement through staff training and modern systems
	Barriers to documentation quality	2	Significant barriers include inadequate staff, funds, and policy gaps

Table 2: Summary of Scaled Findings.

Overall Domain	Average Scale Value	Overall Interpretation
Audit & Importance of HIM	4.0	Strongly prioritised but needs procedural refinement
Staff Adequacy	3.75	Recognised importance but inadequate implementation
Emergency Preparedness	3.0	Moderate; needs policy-level support
Adherence to Government Policies	2.33	Weak compliance and limited system standardisation
MRD Prospects, Issues, Challenges	3.33	Moderate implementation; consistent auditing needed
MRD Pitfalls & Management	3.0	Moderate; technology and staffing issues persist

Audit and the importance of health information management

Administrators overwhelmingly view health information management as vital to institutional functioning, considering proper documentation a cornerstone of good governance and patient safety. Nonetheless, many noted that current systems lack uniformity and systematic processes, highlighting the need for improved diagnostic coding and regular record audits [3,4].

Staff adequacy

A prominent concern is the shortage of qualified Health Information Management (HIM) staff. Administrators believe that increasing the number of trained personnel and providing ongoing training would significantly enhance data utilisation. There is also a need for better interdepartmental collaboration. While these roles are valued, resource constraints limit adequate staffing and training [3,10].

Emergency preparedness and disaster recovery

Although some emergency systems exist, they are insufficient to guarantee a coordinated, data-driven response. Administrators emphasised that improved staffing and updated protocols are required for effective crisis management. This area is identified as a work in progress, needing stronger integration of information management within emergency frameworks [2,5].

Adherence to government policies

Compliance with directives from the District Mental Health Authority (DMHA) and other regulatory bodies is notably weak. Reporting tends to be limited to the submission of statistical data without qualitative evaluation or follow-up. Increased accountability, policy enforcement, and system standardisation are necessary to ensure uniform institutional practices [4,12].

Prospects, issues, and challenges in Medical Records Departments (MRD)

Mixed results were observed. While many administrators acknowledged the importance of regular audits and ethical considerations such as patient confidentiality, data evaluation, and quality assurance, these practices remain irregular. Recommendations include instituting monthly audits and structured data reviews to foster evidence-based decision-making. The willingness to improve exists, but current practices are inconsistent **[3,4].**

Pitfalls in MRD Management

Patient confidentiality is generally managed well; however, technological inefficiencies and systemic challenges persist. Barriers include inadequate staffing, insufficient funding, and poor policy implementation, hindering progress toward a modern and fully functional information management system [5-7].

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Integrating these findings, the overall system performance is moderate (mean score = 3.24). Administrators demonstrate a strong understanding of the importance of health information, yet many systems remain underdeveloped. The analysis suggests potential improvements through recruiting and retaining qualified HIM professionals, ensuring regular staff training, strengthening compliance with government standards, and upgrading technological infrastructure. Addressing these challenges is vital to improving the management of medical records and the overall quality of care provided in the mental health field [3,5,6].

Conclusion

Information is essential for decision-making across all levels of the mental health system. Policymakers rely on accurate data to allocate scarce resources efficiently, ensuring that funds are directed toward programs and services that yield the greatest benefit for communities. Planners use comprehensive data to design mental health services that are both efficient and effective, tailoring programs to meet the unique needs of diverse populations.

Managers depend on reliable data to monitor and evaluate the performance of these services, identifying areas that require improvement and ensuring that quality standards are met. Clinicians draw upon this information to provide appropriate, high-quality care that is evidence-based, incorporating the latest research findings into their treatment approaches.

In an environment marked by limited financial resources, increasing decentralisation, and evolving models of financing for mental health care, the importance of high-quality data becomes even more pronounced. As the landscape of mental health care changes, stakeholders must prioritise the collection and analysis of precise and relevant information to make informed decisions that enhance service delivery and improve outcomes for individuals seeking mental health support.

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