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# TE POU

## INFORMATION UTILITY STRATEGY

### 2008

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## INTRODUCTION/BACKGROUND

Since the publication of the *National Mental Health Information Strategy* (2005)<sup>1</sup> and the *National Mental Health Information Strategy Implementation Plan* (2006)<sup>2</sup> there has been a need for an Information Utility Strategy, since both the previous documents emphasise the change from information collection to information use.

Given the above and that Te Pou is charged with implementing training to the sector on information utility, there is a need for Te Pou to develop its own information strategy against which to benchmark training and other activities.

## DEFINITIONS

**Mental Health** – applies to all Mental Health Services (excluding primary mental health) whether DHB or NGO based.

**Utility** – the usefulness of information.

**Mental Health Information** – information collected in patient management information systems and other information collected to support the management of mental health services (including outcome, funding and policy development).

**Consumer Utility** – the usefulness of mental health information to consumers.

**Clinical Utility** – the usefulness of mental health information within a clinical setting.

**Support Utility** – the usefulness of mental health information within a non-clinical setting.

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<sup>1</sup> *National Mental Health Information Strategy*, Ministry of Health (2005), Wellington

<sup>2</sup> *National Mental Health Information Strategy Implementation Plan*, Ministry of Health (2006), Wellington



## PART I: THE PRINCIPLES UNDERPINNING THE STRATEGY

The three core principles which will guide information use within a recovery paradigm are:

- Partnership (active engagement of consumers in the therapeutic relationship via greater access to areas such as records and recovery plans)
- Protection (privacy and security of information)
- Participation (connectivity between individuals and agencies)

In using mental health information, whether for clinical, support, research, administrative, educational or managerial purposes, these will be the guiding principles.

## PART II: TYPES OF INFORMATION

As the National Mental Health Information Strategy (p3 2005) indicates, there are differing stakeholder needs for information. There are also differing purposes for the collection of information, namely descriptive, evaluative, prescriptive and corrective information<sup>3</sup>. This Information Utility Strategy needs to be cognizant of these differences.

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<sup>3</sup> *National Mental Health Information Strategy*, Ministry of Health (2005), Wellington

## PART III: SIX KEY COMPONENTS

There are six key components to the Information Utility Strategy for Te Pou.

They are:

1. Mental health information needs to be presented in a way which is understood by the recipient in order to be useful.
2. There are four levels of information utility: consumer-clinician level (that is consumer and clinician utility or support utility), team level; DHB level and national level (see Fig 1 and 2).
3. In order to ensure that mental health information is understood by the sector, Te Pou will ensure training in information utility occurs over the next two years.
4. Te Pou will ensure that there is an inclusive approach to information utility, where consumer, clinician, tangata whaiora and their whanau, Maori and Pacific perspectives, amongst others, are well represented.
5. That mental health information is used in a way which supports consumer recovery.
6. Clinical information utility (as a sub category of information utility) is the initial focus for Te Pou.

FIGURE 1: INFORMATION LEVELS

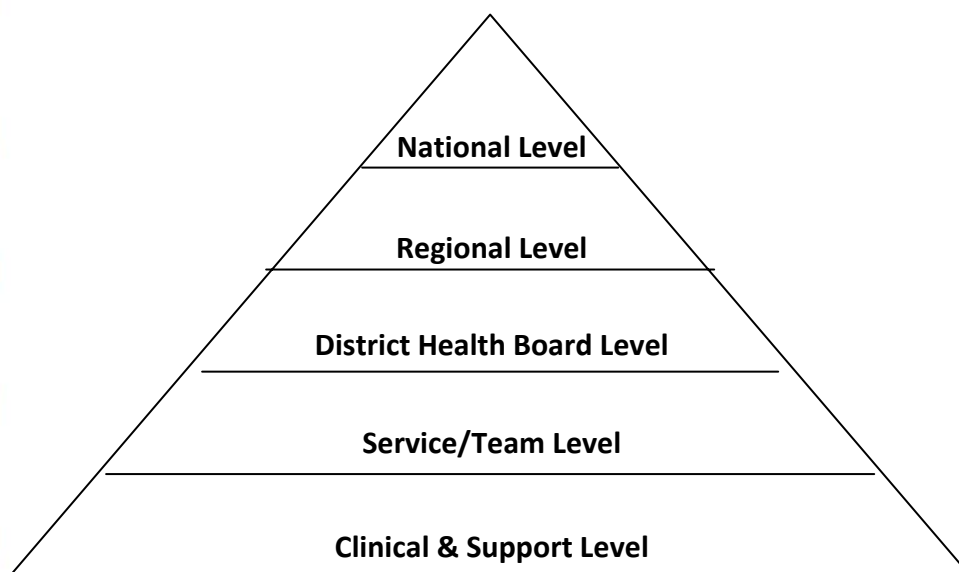
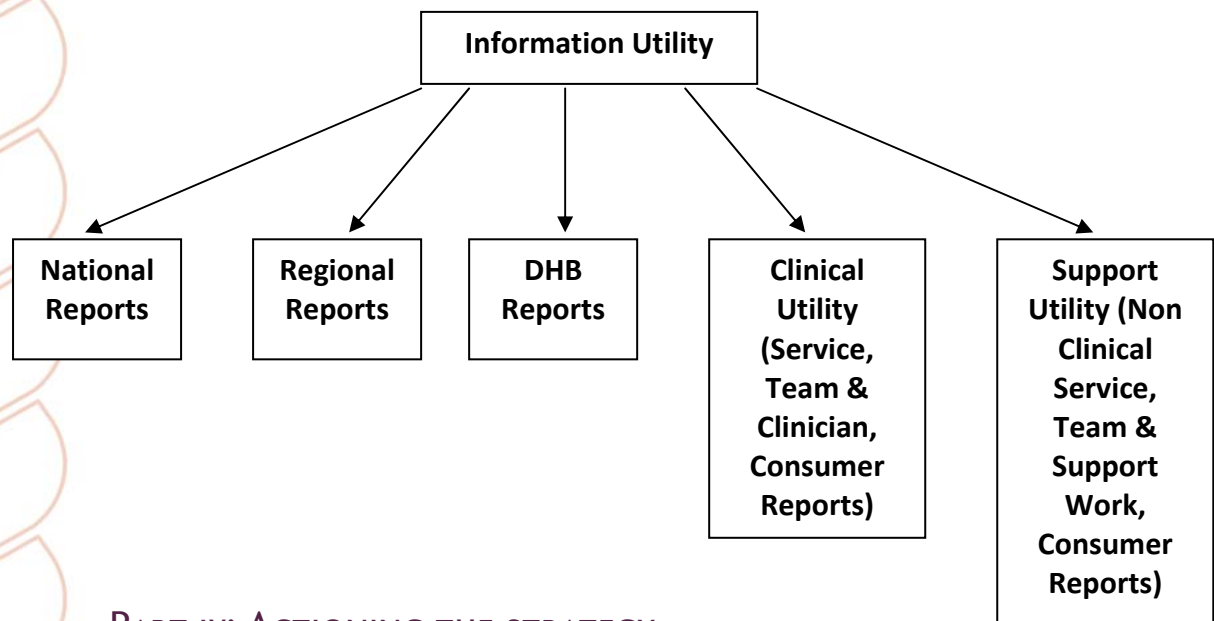


FIGURE 2: INFORMATION UTILITY BASED ON THE INFORMATION LEVELS



#### PART IV: ACTIONING THE STRATEGY

In order to action the Te Pou Information Utility Strategy there will be:

- The development of data use guidelines (including for Maori and Pacific data) over the next year.
- Training in information utility over the next two years will be provided by Te Pou to Managers, Funders and Planners, Consumer and Clinician groups.
- Training in a 'train the trainers' programme on information utility (focusing initially on clinical utility) developed and delivered over the next two years.
- Support for the collection of mental health data amongst NGOs as a first step toward support utility.
- There will also be a focus on evaluating and researching the value of information utility to the sector.
- As part of a longer term strategy there is the intention by Te Pou to develop an educational accredited diploma or degree in mental health information, working in partnership with a major tertiary educational provider.
- Synergy between the Te Pou information programme and the other Te Pou programmes.



## PART V: COMMUNICATING THE INFORMATION UTILITY STRATEGY

This Information Utility Strategy is available for downloading from the Te Pou website [www.tepou.co.nz](http://www.tepou.co.nz)

The Strategy will also be made available to the sector as work in information utility is carried out, including distribution and promotion through sector partnerships, the Te Pou fortnightly e-bulletin, the Te Pou customer relationship management database, attendance at major mental health conferences nationally, and through other events and avenues as opportunities arise.

A copy of the Strategy can also be obtained by contacting the Te Pou Information Programme, (Phone: 07 857 1202 or post: Kakariki House, 293 Grey Street, Hamilton or PO Box 219, Waikato Mail Centre, Hamilton 3240).