A Manual for Promoting Mental Health and Wellbeing

ProMenPol Project

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1. Introduction

1.1 Introduction

	This manual has been developed to help organisations implement Mental Health Promotion (MHP) programmes in a planned and systematic way. It has been developed to service the needs of three different settings. The three settings are:
Schools	The primary target group to be addressed are the 'gatekeepers', who do their everyday work in schools and therefore have a key role in promoting and protecting mental health in schools settings. The Schools setting includes children and adolescents in formal education (from 5/6 years) on to university students. This does not include pre-schoolers and kindergarten.
Workplaces	There are many different types of organisation and so the "workplace setting" is a general title which incorporates the many specific organisational settings. The key feature of the workplace is that there is an employer who can set policy and who can enable MHP to proceed with their workforce.
Residences for older persons	Residences for older people include older people in 'permanent' homes, whether this is a nursing home or other residential facilities. It also includes older people who live at home and avail of some form of supportive service. However, older persons in 'transitory' homes, for example hospitals and rehabilitation centres are not included.
A planned approach	This manual goes beyond a piecemeal response to health problems as they arise - it provides a method to address problems before they become serious through a systematic and comprehensive approach to improving the health of individuals in the three settings. It does this by outlining a set of activities which are grouped into meaningful phases and by providing a range of advice which enables the manual to be used by people who do not have specific expertise in MHP.
A project management based approach	The approach taken in this implementation manual is to treat the MHP initiative in the same way as any other project in an organisation, i.e. a project management approach based on the implementation cycle. This approach involves being systematic in planning and implementation, being clear about responsibilities and reporting, communicating in a planned way and monitoring and evaluating the project as it proceeds.
Differences between the settings	One of the main aims of implementing MHP in each of the settings is to ensure that the initiative moves beyond being a project to become a regular part the operations of the organisation. However, the meaning of integration into normal practice varies somewhat form setting to setting. In older people's residence for example, promoting mental wellbeing is a duty of staff who work there and the aim of the MHP project is to enhance the practice of staff. In workplaces, however, there is no obligation on employers to promote mental

	wellbeing, though there is an obligation to prevent harm coming to staff from factors within the working environment. In this setting, MHP is generally a voluntary initiative and its integration into practice is likely to take the form of improved policies and working practices rather than explicit mental health promotion activities.
	In schools, somewhat like the workplace, promoting mental wellbeing is not the main business of teachers. Here, integration into practice is also likely to take the form of improved schools policies and also of improved educational practices and programmes.
	The peculiarities of each setting in relation to MHP are explored further in the settings specific manuals.

1.2 What is Mental Health?

A positive state	Mental health is not just the absence of mental illness, but involves a positive sense of wellbeing also. Mental Health is thus the emotional and spiritual resilience, which enables us to enjoy life and to survive pain and disappointment and sadness. It is a positive sense of well-being and an underlying belief on our own and other's dignity and worth.
	Mental illness is characterised by a range of negative emotions and states – it may involve depression, anxiety, delusions and a range of other symptoms. It is best to think of mental health and wellbeing as being separate from mental illness – it is something which is qualitatively different from and can help protect against mental health problems.

1.3 What is Mental Health Promotion (MHP)?

Mental Health Promotion	The promotion of Mental Health works at three levels and each level is relevant to the whole population, to individuals at risk, vulnerable groups and people with mental health problems.
	1. **Strengthening individuals** - or increasing emotional resilience through interventions to promote self-esteem, life and coping skills, negotiating relationships and parenting skills
	2. **Strengthening communities** - this involves increasing social inclusion and participation, improving environments, developing health and social services which support mental health, workplace health, community safety and self help networks. In the current context, communities refer to each of the three settings.
	3. **Reducing structural barriers to mental health** - through initiatives to reduce discrimination and inequalities and to promote access to education, meaningful employment, housing, and support for those who are vulnerable.

1.4 Ethics and MHP

The importance of ethics	Ethical issues are of major importance in MHP as the focus of concern is on health issues generally and mental health issues specifically. While the focus of concern here is to maintain and promote mental wellbeing, rather than dealing with mental illness, there are nonetheless ethical concerns which apply. These concerns vary somewhat between the settings and a larger range of them apply in the schools and older people's residences settings.
	In both the school and older people's settings, the staff who work there have a duty of care towards their clients. While this is not the case in the workplace setting, employers nevertheless have a duty to maintain the safety and health of their employees. In practical terms, this means that the issues of informed consent must be addressed, particularly in the first two settings.
	MHP programmes often involve the collection of sensitive mental health related information from individuals. Where this is the case, there is a need to do so in a professional manner where confidentiality and anonymity are guaranteed.
	For each of the three settings, there is an obligation on the person who is implementing MHP to ensure that no harm is done through implementing the MHP project. The methods used for the assessment of potential risk vary with each setting - they may involve some form of ethics committee in the Older people's settings, they may involve health safety committees in the workplace and they may involve parents committees in the schools.
	The full range of ethical issues that may apply are considered in more detail in the settings specific manuals. There is also a ProMenPol statement of how to deal with ethical issues available at:
	http://www.mentalhealthpromotion.net/?i=promenpol.en.reportsanddeliverables.66

1.5 Why Should you Undertake MHP?

A health philosophy	Many organisations have a philosophy to care for the health and welfare of individuals for whom they are responsible, i.e. pupils, employees or older persons. This can include specific commitments to undertake health actions and can be expressed in terms of an explicit health policy for the particular setting.
Dealing with problems	MHP can be viewed as having a role to play in solving organisational problems. Examples include health problems in the workforce or clientele, absenteeism problems and low morale.
The benefits	Many organisations undertake MHP actions because of the benefits they expect to gain. Benefits include reductions in health related costs, an improvement in absenteeism and productivity, improved morale and improved health and wellbeing.

1.6 The MHP Approach

A number of important features are embodied in this manual which are central to developing effective MHP programmes. These include:

- Beneficiary participation in the programme
- Communications and feedback
- A commitment to a balanced approach
- A focus on causes of ill health
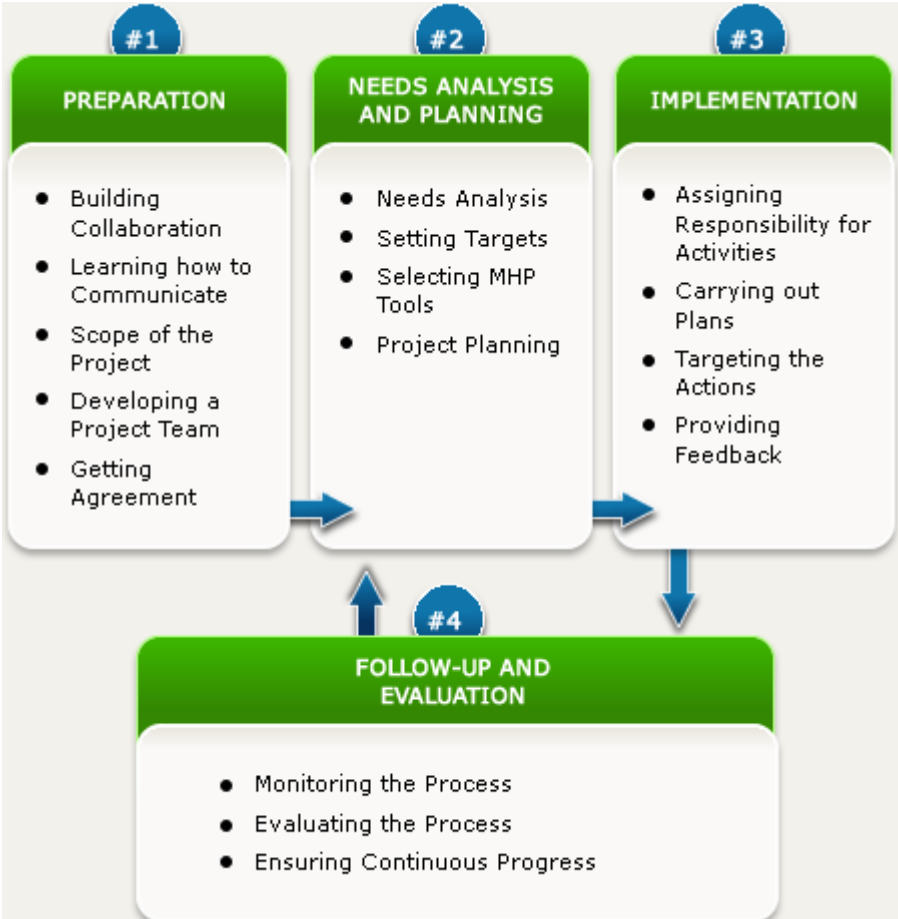- The programme should be needs based

Participation	Participation should be an explicit goal in designing the MHP programme because it is essential for effectiveness.
Communications	Communications refers to the need to keep stakeholders informed of the progress of the MHP project.
Balanced Activities	MHP actions should address both the individual and the environmental setting. Adopting this balanced approach is far more likely to be effective in improving mental health and wellbeing, as it deals with all of the causes of wellbeing and ill-health, rather than just a few.
Needs-Based	MHP should be based on the needs of individuals, be it in school, the workplace or residential care settings. Here, needs refer to personal preferences for action and objective and subjective risks.
	It is especially important to take into account participants' preferences for action. Doing so provides a reliable way of ensuring high levels of involvement in the programme.

1.7 Who Should Use this Manual

	This manual can be used by a wide range of people, either inside or outside of the three settings. It is intended for use as a resource that a team of people can use to plan and manage an MHP programme.
Internal actors	A certain level of health related expertise is assumed on the part of the user of the manual, though there may be a need to call in health and other expertise during the programme, depending on the resources available to the MHP project.
	Many of the types of expertise needed to generate interest in, plan, manage and monitor a MHP project are generally easily found in large organisations. The project can be implemented in much the same way that any other organisational project is managed - it involves getting support for the concept, setting up a project team, analysing the problems to be addressed, designing a programme, and implementing and monitoring the programme. The kinds of people who are typically involved in these kinds of processes can use this manual to develop and implement a MHP programme.

External actors	There is also a range of actors external to the setting who could be involved. They could include: ▪ Health education/promotion agencies ▪ Health and safety agencies ▪ Insurance companies dealing with health ▪ Local health authorities ▪ Private health consultants ▪ Occupational health practices These suggestions should not be viewed as being exclusive - any person who feels that they want to establish a MHP programme can use the manual, once they are in a position to put together a team of people with the relevant skills and authority to make it happen.

1.8 Contents of the Manual

4 Phases of activity	The manual is organised into 4 phases of activity. These are outlined below. **Figure 1. Overview of the Phases of the Manual**

	Within each of these phases the following contents are to be found: • Objectives of the phase • What needs to be done and how to do it • Types of tools relevant to this phase that can be found on the ProMenPol database
Access to the ProMenPol database	Furthermore there is a chapter explaining you how to access the ProMenPol database.

2. Making Preparations

2.1 Overview

It is important to get the MHP programme off to a good start. It is likely to be a new process in most settings, and MHP projects are not often high on the organisations list of priorities.

It is desirable that the MHP project is integrated into the ongoing stream of organisational activities as smoothly as possible, and that the early activities of establishing MHP are both soundly and broadly based.

As you move through the activities in this phase it will become clear that there is a philosophy underlying the MHP process. Setting up the process should involve using the best practices from project management - it should be treated as any other organisational change project would be.   These principles of approach are reflected in the five activities of this phase – How to build collaboration; How to communicate; Scoping the project; Existing activities; and Developing a project team**.**

A key success factor for an MHP project is building a committed project team which has a clear brief to manage and implement the project. This team should have representatives of the major stakeholders in the setting, as well as people with the expertise to contribute meaningfully to the development of the project.

The project cannot proceed if it is not actively supported by the major stakeholders in your organisation.   A significant function of this phase is to build support for creating an MHP project. This means getting the <u>visible</u> approval of top management, middle management and representatives of the setting.   The project team will have to set up appropriate structures to support the MHP project e.g. communications channels, reporting relationships, policy development structures. These may be achieved by adapting existing structures or by setting up new structures. Finally, one of the aims of this phase is to identify possible areas which the MHP project might address by obtaining the opinion of stakeholders.

This phase of the MHP process can often be one of the longest phases, particularly where it is difficult to gain support for the project. Getting started demands persistence on your part and a good knowledge of how projects of any kind develop within your organisational setting, be it a school, a workplace or a residential care facility.

2.2 Objectives

1. To generate real and visible commitment to the MHP process

2. To establish a project team

3. To establish appropriate structures for the MHP process

4. To develop a view of possible areas which the MHP project will address

5. To monitor and assess how well this phase was run

2.3 What Needs to be Done and How to Do It

There are five main activities which take place during the Preparations phase:

1. Building Collaboration

2. Learning how to communicate

3. Scope of the project

4. Developing a project team

5 Getting agreement

These activities do not necessarily run consecutively, many can run concurrently, and the order in which they take place is not always fixed. Tools to support these activities are available in the tools database.

2.3.1 How to Build Collaboration

Aims	- Build a network of people interested in the MHP process - Raise awareness amongst this group of what MHP is and why it is important - Promote the MHP project - Establish who is important to the MHP process
What needs to be done	A successful start to an MHP project usually relies on a core group of people who share a vision of the project and who can influence its setting up. The initiator needs to build a network of potential supporters for the project from those responsible in each setting. It is also important to identify key stakeholders in each setting. These may include:

Schools	Workplaces	Older peoples homes
- Parents or guardians - Teachers - Boards of management - Pupils	- Management - Workers representatives - Health and safety personnel - HR management	- Medical staff - Care staff - Residents - Nursing staff - Families

All of these groups may not need to be involved to the same degree, particularly at these early stages. The goal of this activity is not to involve all stakeholders, rather to identify them, to inform them that a MHP process is about to start, and to identify allies in the process.

	A useful tip is not to spread the network too widely so that it contains people who are only lukewarm supporters of the project. It is far better at this stage to have a small number of people (even two or three) who are genuinely committed to the project.
	It is important to clearly communicate the benefits of the project to the organisation and to individuals. Formal and informal meetings are a useful way to promote awareness of what MHP is, its benefits and typical content of an MHP project, to disseminate information on the process and to clarify gaps in knowledge.
Who is involved?	The person who initiates the MHP concept will usually be someone with some knowledge of what MHP involves, are in a position to identify and influence the major stakeholders and have a plan of action to establish a MHP project.

2.3.2 Communications

Aims:	Establish communication channels and reporting relationships for the project
Communic-ations and Reporting	There is a need to set up communications channels and reporting relationships. Most settings already have these structures in place and you should try to integrate communications and reporting procedures for the MHP project into the existing structures. As one of the more difficult tasks in any initiative is that of communications, appropriate channels need to be set up at an early stage to promote the effective participation of all stakeholders. Consideration should be given to the following issues when setting up these channels: ▪ Which groups are the targets of communication? ▪ What kinds of messages are to be sent? ▪ What are the communications mechanisms in the organisation? ▪ How is progress feedback to be communicated to the project team? You also need to address reporting relationships. One of the dangers in setting up a project is that it becomes isolated from the normal decision making machinery of the setting. This involves seeking and maintaining reporting relationships with the strategic, financial and human resource functions within the setting.
Who is involved?	The network of people involved in setting up the project and the main stakeholders will be involved in selecting people to participate in the project team. These should also be involved in identifying channels of communication and agreeing reporting relationships for the project.

2.3.3 Scoping the Project

Aims	▪ Establish the brief of the MHP project ▪ Gather existing information on the mental health activities within

	the setting
What needs to be done	The goal of this activity is to situate the MHP project within the context of ongoing operations of the setting. It involves defining the brief for the project, what problems it is expected to solve, what resources are likely to be involved etc. It also involves gathering information on existing activities within the setting. This activity is mainly an exercise in understanding the setting, the nature of its current health related activities and the nature of the problem which the MHP project will address. An important task is to make an inventory of health activities which already take place within the setting. This information is important, not only because it prevents duplication of effort, but because it will provide a good level of insight into the health philosophy of the setting. Information about current health activities and possible problems which may be solved by MHP programmes is usually gained by conducting interviews with the principal stakeholders.
Who is involved?	Scoping the extent of the MHP project needs to be undertaken by someone who has an in-depth knowledge of the MHP process and who can provide information on what the project typically involves in terms of resources, types of activities, levels of commitment, etc. Some settings will have in-house expertise, for example from the occupational health department, the human resource department or from general management while other settings may need to bring in an external consultant to support this activity.

2.3.4 Developing a Project Team

Aims:	Establish project team
What needs to be done	This activity is perhaps the most important activity in the Preparations phase - it builds the concrete structures which will be needed for the MHP process to proceed. The more secure the foundations which are built here, the easier the process will become and the more far-reaching the effects of the MHP project will be.

Establishing a project team	There are two ways of establishing a project team:
	
	  ▪ by adapting existing setting structures (e.g. health and safety committees) or
	
	  ▪ By setting up a new team with the explicit brief to support the MHP process.
	
	The issues which need to be addressed here include the membership of the team to run the project, who will the team report to, what will the function or brief of the team be, and what communications channels will it use?
	
	The brief of the project team will vary according to the size of the MHP project, the level of formality within the setting, the resources available to the project and the nature of the MHP project itself.

2.3.5 Getting Agreement

Aims	• Get explicit commitment and support for the project from top management
	• Identify the goals of the project and draw up an initial project plan
	• Identify the resources available to the project
What needs to be done	This activity involves setting out an explicit agreement for the MHP process, to be agreed between the people responsible for the project, the decision makers within the setting and the other major stakeholders. This agreement may take the form of a 'contract' which serves to provide a visible commitment to the MHP process, especially by decision makers, but also by the other stakeholders. The agreement should include the following elements: • The scope of the project in terms of its philosophy and the range of issues to be addressed • The commitment of the stakeholders • A commitment to a balanced approach, i.e. individual and environmental interventions • Resources available to the project • Scheduling of the project • Responsibilities • Communications and reporting
Who is involved?	The project team are responsible for this activity.

2.4 Types of Tools Relevant for this Phase

The kinds of tools which are relevant during this phase include:

- Reports and generic information about mental health promotion
- Background information about mental health promotion
- Information about the target group
- Tools that enhance the capacity to build up collaboration
- Tools that improve communications with the target group
- Tools that help develop a project team

3. Needs Analysis and Planning

3.1 Overview

This phase is central to the MHP project, because it establishes the current health status within the setting and identifies areas which need to be improved. The output of this phase provides the basic information on which decisions about the MHP project will be based.

- Use of existing data

- Use of expert opinion

- Identifying recipient needs – varies according to setting

- Analysing data

- Developing a plan

The needs <u>analysis</u> phase can take quite a long time. To try to overcome the problems associated with activities which are spread over long periods (loss of interest etc.) two levels of needs assessment are proposed. The first level builds on the problem areas identified in the Preparations phase and redefines those using already existing data from the setting. This data combined with interviews with key personnel will provide an initial, high-level overview of whether health related problems exist and also an initial description of what types of health problem these are.

The findings from this first level analysis will provide a focus for the second level analysis which aims to examine in detail the needs and problems experienced by people within the setting using specific tools such as a questionnaire or group meetings. Other advantages of using two levels of analysis is that after the first level of analysis, it is possible to undertake some health actions. Ultimately the aim is to undertake action and problem solving oriented assessment.

The success of this phase depends on a range of issues. Most important of these is the participation of individuals in the data gathering exercise. To ensure people participate, they need to be well briefed about the project and its activities, why it is being undertaken and how they stand to benefit from it. The exact nature of participation will depend on the setting.

Open communication ensures that potential difficulties and conflicts are avoided. Issues such as confidentiality, anonymity and security need also to be addressed with the appropriate stakeholders for two main reasons. Firstly, it guarantees that the information gathered from participants is reliable. Secondly, because personal information from medical services or human resources records may be used, it is essential to have appropriate procedures in place.

Finally, the needs identification activities are likely to generate quite a lot of expectations within the settings. People may be aware that something related to health is taking place in their surroundings, and often rumours will spread as regards the motives for introducing such

a project. For this reason it is essential that information, feedback, communication actions and transparency of activities are considered.

3.2 Objectives

1. To gather information on mental health needs and problems using existing data and/or survey data

2. To analyse data related to a setting's health in order to identify health-related problems and needs

3. To obtain a comprehensive mental health profile. This profile will detail all relevant factors relating to the health and will serve as the basis for prioritising problems and needs.

4. to report needs to the project team and other stakeholders in a clear and simple manner.

3.3 What Needs to be Done and How to Do It

Four main activities take place during the Needs analysis phase. These are:

1. Needs analysis - Gathering and analysing the data

2. Setting targets

3. Selecting MHP tools

4. Project planning

These activities need to take place in sequence – priority and target setting depends on knowledge of needs and project planning needs knowledge of the targets for the MHP programme.

3.3.1 1a Needs Analysis - Gathering Data

Aims	To define the setting's mental health problems and needs on the basis of existing and newly collected information
What needs to be done	This activity has two tasks: ▪ Gathering existing information on problems and needs ▪ Collecting new information on problems and needs The range and type of existing information available will vary according to the setting you are operating in. However, all settings will have information available that will be useful in identifying the mental health promotion needs of the target groups for the programme. For example, schools may have information available on pupil attendance and teacher's reports; workplaces may have absenteeism and health and safety information while older people's residences may have information on health status, number of visits and so on. All of these types of information may provide useful insights into mental health promotion needs.

	It will also be necessary to collect new information which is more targeted to the setting and the kinds of mental health promotions needs that you expect to identify. In schools, for example, this may relate to bullying or peer support for children; in workplaces it may relate to stress at work or absence from work, while in older people's residences, it may relate to loneliness or cognitive functioning. A range of methods may be used to collect this information. They may involve using interviews, questionnaires, group based techniques or objective tests. The procedures to be used for collecting this information will vary according to the setting that you are operating in – more detail on these procedures can be found in the setting specific toolkit.
Who is involved?	▪ The project team ▪ The target group

3.3.2 1b Needs Analysis – Analysing Data

Aims	▪ To analyse the data gathered from existing sources in order to generate an initial list of problems and needs. ▪ To analyse the survey data and identify the main problems and needs of the target group. ▪ To generate a report on the outcomes of the questionnaire analysis and report this to the key stakeholders in the setting
What needs to be done	Depending on the type, quality and quantity of data, appropriate data analysis procedures must be applied. In most cases, data analysis may be undertaken by the project team or by the project team under the supervision of an expert. However, in cases where working with confidential data is a significant concern, it may be necessary to consider appointing someone outside the setting like an external expert, or someone trusted within the setting such as a physician to perform the data analysis. The focus of the data analysis activity is to have a problem and action orientation. Interpretation of the data in this phase will require the data to be broken down by the major demographic factors and the setting conditions. Taking the workplace as an example, information on the rate of absenteeism is in itself not meaningful in terms of needs identification. However, absenteeism rates in relation to causes, workforce demography or workplace location can provide useful information. All of the information obtained in the needs analysis phase should be integrated during this activity. The process of analysing data, while requiring some expertise, should be guided by the project team, and not left to an expert. In particular, it is essential that the project team pose a set of questions which are to be

	answered by the person undertaking the analysis. Examples of typical questions include:
	- What are the most important mental health problems in the setting? - Which groups within the setting report the poorest mental health? - What are the most important actions which could be taken to improve mental health? - What factors seem to influence mental health the most?
	Questions such as these (and also more detailed ones) should be presented to the person undertaking the analysis of the data so that the process of identifying the most important problems can be driven by the project team as representatives of the setting.
	A final issue which should be addressed during the analysis concerns confidentiality. While it goes without saying that information security procedures should be maintained, confidentiality can be breached when reporting on the data. This can arise if the groups identified in the analysis are too small. For example, a report which states that a group of five people in a specific area have reported particularly poor mental health, enabling the identification of individual persons. As a rule of thumb, it is desirable that no analysis should be performed on groups of less than twenty people.
	It should be noted that there are other ethical issues apart from confidentiality which may apply, particularly in the schools and older people's residences settings. For examples, there are issues related to duty of care, non-malfeasance and obtaining informed consent to take part in an MHP programme which need to be addressed. These settings specific concerns are addressed in more detail in the settings specific manuals for MHP.
Who is involved?	The project team is responsible for the analysis of the data and may engage an expert (internal or external) to assist them with this task.

3.3.3 2.   Setting Targets

Aims	To establish the targets for the MHP programme
What needs to be done	The main task here is to set targets for the MHP programme. This activity is undertaken by the project team and, will in consultation with the major stakeholders in the setting, establish the parameters of the MHP programme. These include: - The aims of the programme – these should be set in terms that are measurable - The numbers of beneficiaries of the programme - The desired outcomes of the programme in terms, for example, mental wellbeing improvements. The desired outcomes may also

	be set in terms of intermediate outcomes, such as levels of social support, reductions in reports of bullying, numbers of visitors and so on.
	▪ The duration of the programme – it is important here to allow enough time for the programme to take effect.
	▪ The benefits of the programme for the beneficiaries.
	The needs analysis should provide the basis for setting the targets – this will provide you with a list of issues to be addressed and an assessment of how important they are in relation to each other.
	When the targets for the programme are set, you must communicate these with the major stakeholders within the setting. This will help to maintain the momentum of the programme and set realistic expectations for what might be achieved. Feedback should be taken and used to amend the programme targets.
Who is involved?	The project team are involved in drafting the programme targets. The beneficiaries of the programme (or their representatives) are involved on providing feedback on these targets.

3.3.4 Selecting MHP Tools

Aims	To select the mental health promotion tools and interventions that are most appropriate for the project
What needs to be done	Selecting the right MHP tools and interventions for the project is key to its success. There is a very wide range of tools available that can potentially help the implementation process. The problem for most projects is not a lack of available tools but easily identifiable and useful tools. Often the MHP implementer is confused by the information about potential tools in terms of their reliability, previous usage and how well they fit their needs.
	The ProMenPol database of tools provides a guide to some of the more robust tools that are available for implementation in any of the three settings. If you need a guide to the kinds of tools that are available, this is a good place to start your search. In addition, the setting specific Toolkit-Manuals will guide you in making a choice.
	Some technical knowledge is useful in making the selection of MHP tools for the MHP project. The key issue in making a selection is to ensure that the tools selected are appropriate for the kind of project you will undertake and meeting the needs of your target group.
	Where possible, you should try to use MHP tools that have been evaluated, as this gives you a better chance of successfully meeting your goals. There may be circumstances where you may wish to uses tools that do not have a strong record of evaluation, such as when new tools are being launched, but even in these circumstances you should look for clear information about the quality of the tools and the support that may available when using it.

	The ProMenPOl Toolkit contains information on the amount of evaluation information that is available for each tool within the database.
Who is involved?	The project team, backed up by technical expertise of needed.

3.3.5 Project Planning

Aims	To produce a project plan that enables the project to proceed efficiently
What needs to be done	This activity will produce a project plan that will enable all of the participants in the project to be clear on what will happen, when it will happen, who will do it and what resources will be applied to it. The specific elements of the project plan will be: ▪ Aims of the project ▪ Targets of the project ▪ Activities to be undertaken ▪ Responsibilities and accountabilities ▪ Budget for the project ▪ Project schedule ▪ Expected outcomes of the project ▪ Contingency plans ▪ Training needs ▪ Resources required ▪ Monitoring procedures This plan will be used both for communication and project management purposes, i.e. all of the stakeholders should be aware of its details and the project manager will use it manage the operations of the project. The plan should be implemented in a flexible manner to take account of any changes in circumstances that occur during the project.
Who is involved?	The project team are responsible of developing the project plan. The project manager is responsible for its implementation. You should note that there may be a need to change the membership of the project team at this stage and to appoint a different project manager. The tasks of implementing the plan are quite different to all of the activities that have taken place up until this stage. Technical and managerial skills may be needed for the remaining activities the remaining activities (depending on their nature) and these may not exist within the original project team. In addition, it is important to try to integrate the project into the mainstream of the operations of the setting – selecting a project manager who is in the mainstream will help this goal.

3.4 Types of Tools Relevant for this Phase

The kinds of tools which are classified under this step include:

- Needs analysis/organisation survey type tools

- Instruments that allow the setting of targets and/or the establishment of baseline

- Identification of individuals at risk

- Tools to evaluate what functions well in the setting and what could be improved

- Framework documents that allow a systematic approach to Mental Health Promotion

- 'How to' Manuals will generally be classified here

- Tools to assist in project planning

4. Implementation Phase

4.1 Overview

This phase deals with the issues relating to the implementation of mental health activities in the settings. Using the mental health programme plan developed in the last phase, the project team needs to determine which activities can be financed and implemented (there may be more than one) during the first year and then they can begin to develop the implementation programme. Before an activity can be implemented the project team has to assess what resources, facilities and personnel are needed; it must be clear what the aims are, how to meet these aims; and who is going to do what, when and how. When considering the implementation of each activity it is important to consider how to cope with resistance to activities and how to encourage people to participate. Finally, when the implementation programme for each activity has been completed, the project team are ready to implement the activities.

To ensure that implementation runs as smoothly as possible, it is important to communicate to people about which activities have been selected, when they will be introduced and the procedures they need to follow to participate in the activity.

4.2 Objectives

1. To develop an implementation programme for each activity

2. To implement activities

4.3 What Needs to be Done and How to Do It

There are four main activities which take place during the implementation phase. It is recommended that these activities are conducted consecutively.

1. Assigning responsibility for activities

2. Carrying out plans

3. Targeting the actions

4. Providing feedback

4.3.1 Assigning Responsibility for Activities

Aims	To identify and assign the necessary resources, facilities and personnel to the prioritised activities.
What needs to be done	Each of the activities to be implemented should be listed and the resources, i.e. the aids, materials, personnel, facilities necessary to run each activity should be detailed. Additional information such as when and where the activity will take place, who will pay for the activity etc. should also be considered.
	Activities may be provided in-house by qualified personnel, or by expert

| | personnel outside the setting. There are often advantages in using in-house personnel because they are familiar with the setting's culture and also they can relate to the problems experienced by the target groups involved of that setting more easily than someone from outside the setting.

A key part of this task is to assign responsibility for implementing each of the activities to a person or group. They will have responsibility for its organisation and for monitoring its success. |
|---|---|
| **Who is involved?** | The project Manager (and possibly the project team) with the assistance of any in-house personnel who may have experience of providing or obtaining training programmes. |

4.3.2 Carrying Out Plans

Aims	▪ To communicate to participants the activities that have been selected and how they may become involved in them. ▪ To implement each activity according to the schedule.
What needs to be done	Before implementing any of the activities of the MHP programme, it is important to ensure that all products; aids, materials, programme facilities and whatever is needed to run the activity is available in sufficient quantities and ready to use. Prior to the implementation of an activity a meeting should take place for all involved in the running of the activity to make sure that everything is organised and that everyone is clear on their responsibilities.

For some activities or improvements it can be useful to pre-test them in practice, before introducing them on a larger scale in the setting. Conducting a pre-test activity is also a useful way to gather participant's reactions to the activity.

You will need to inform those involved of when the activity will be run, the duration of the activity, the cost (if any) and determine the number of individuals interested in participating in the activity.

Incentives are a useful way to encourage and maintain effective involvement during the implementation of activities. Depending on the setting, incentives such as providing T-shirts, rebates on course fees, or cash payments can encourage people to enrol in an activity or programme. |
| **Who is involved?** | The main participants here are the project manager, who directs and manages the activities and the people responsible for implementing each MHP activity. The target groups will be involved as participants in the activity. |

4.3.3 Targeting the Actions

Aims	To identify and engage with the main target groups for the activities
What needs to be done	There are two elements to this activity – ensuring the target groups are effectively engaged in the activities and ensuring that targets are set for each of the activities that take place. The project plan has already identified the main target groups for the MHP activities. However, there is a need to ensure that not only are these groups identified, but that they are actively communicated with and persuaded to take part in the activities through whatever are the most effective channels. The second element of this activity is to set targets for each of the activities that take place. These may be set in terms of the expected outcomes of the activities or in terms of intermediate outcomes which may lead to the ultimate outcomes being achieved. In addition, it is important to set targets in terms of the process of implementing the MHP activities. For example, indicators such as numbers taking part in an activity, satisfaction levels with activity and any problems that may arise can all contribute to a better understanding of the implementation process.
Who is involved?	Project manager and project team

4.3.4 Providing Feedback

Aims	To inform participants and other stakeholders about the progress and outcomes of the MHP activities
What needs to be done	Providing feedback is an essential part of implementing MHP. Participants and other stakeholders need to be informed about the process of implementing MHP and about its results. In addition, feedback needs to be obtained from participants and other stakeholders for the purposes of improving the quality of the MHP activities. The purpose of this feedback is twofold: ▪ Participants (or their representatives) should be informed of progress as a means of ensuring their continued participation. In addition, feedback from participants can be used as a source of information for improving MHP activities ▪ Other stakeholders (in particular, those internal to the organisation who have sanctioned the MHP programme, need feedback in order to ensure the continuation and development of the programme in the future. Feedback may be provided formally or informally. For managerial stakeholders, it is important to ensure that reporting feasibilities are carried out while for participant stakeholders feedback should be both formal and informal – the formal element should be part of the communications strategy of the project while the informal feedback may take place when the

	opportunities arise.
Who is involved?	The project manager is responsible for obtaining and providing feedback. They may be supported by the project team.

4.4 Types of Tools Relevant for this Phase

The tools that are relevant to this step can be divided into types. The first type includes tools that:

- Provide guidance on how to carry out plans and manage a project. These tools will address such issues as – how is responsibility distributed, who should participate, how are the targets of the actions measured, ways and means of providing feedback.

- 'How to' Manuals will be relevant to this step as well.

- Many of these documents will be generic rather than specific to the target group although there will be exceptions.

The second type includes all instruments that are about intervening with people. Thus it includes:

- Individual assessment instruments,

- Individual planning tools,

- Training and development tools,

- Counselling and support approaches, and

- Programmes of promotion and prevention, e.g. suicide prevention.

- Any tools that are about bringing about change in people's attitudes, awareness or behaviour in relation to mental health are included under this step.

5. Follow-up and Evaluation

5.1 Overview

The central activities undertaken during this phase – Follow-up and evaluation of the MHP project - provide the basis for reviewing the total value of the project and for making recommendations for changes in the future.

Evaluating a MHP programme can be a complex task. It is often the case that many different activities are run during these programmes and it may be impossible to get a clear picture of how each action contributed to the overall effect of the MHP programme. It is however, possible to say something about the overall effects of the programme and it is important that at least a basic evaluation is carried out to find out what effects the MHP project has had in the setting. If resources permit (this may require expert assistance), additional analyses which provide more in-depth information should be undertaken.

Evaluation of the MHP project is important to determine whether the project fulfilled its aims. Undertaking an evaluation enables you to assess the costs and benefits of the project in terms of both hard and soft measures. Both qualitative (interviews, discussions) and quantitative (statistics) data are useful in this analysis. The evaluation results form the basis for revising future MHP plans and activities.

There are two distinct but related activities needed for this phase – monitoring of the MHP programme and assessment of the information collected during the monitoring activities. A third activity also needs to take place – ensuring continuous progress, which is based on the outputs of the assessment activities.

5.2 Objectives

The aims of this phase of the process are:

1. To see if the objectives of the programme are met
2. To assess the effectiveness of the programme, activities, costs and benefits
3. To see if the process of implementing MHP has worked
4. To provide feedback to participants, management and project team
5. To gather information to inform future activities

5.3 What needs to be Done and How to Do It

There are three principal activities during this phase. It is not always possible or feasible to carry out a full-scale evaluation. However, it is very important that even a basic evaluation is carried out so that some judgement can be made on the value of the MHP project as a whole.

1. Monitoring the process
2. Evaluating the process

3. Ensuring continuous Progress

5.3.1 Monitoring and Evaluating the Process

Aims	- To gather information that can be used to evaluate the MHP programme - To monitor the progress of the health programme plan and adjust the plan accordingly
What needs to be done	At the beginning of the MHP programme, it is important to develop a monitoring protocol. This consists of stating what information will be collected, who will collect it and when it will be collected. It is too late to gather monitoring information after the programme has finished. The kinds of information that may be of interest are: - Process information – This refers to information about the process of implementation. It might include measures such as numbers participating in the programme, satisfaction with how the process was organised and so on. - Output information – This refers to the immediate impact of the programme, and may include measures of participation individual activities, initial reactions to the programme and so on. - Outcome information – this refers to the longer term impact that the programme has had on the target groups and the organisation as a whole. Measures of outcomes include health and wellbeing, organisational performance and so on The monitoring protocol for the MHP project should contain the following kinds of information: - The objectives of the programme (these should be stated in terms which makes them easy to measure) - Specific targets of the programme (these are generally numerically stated objectives, e.g. numbers of participants, percentage improvement in health and wellbeing) - The monitoring instruments to be used (e.g. interviews, focus groups, questionnaires) - The schedule of and responsibilities for monitoring activities The information collected for purposes of monitoring the programme may be either quantitative or qualitative. Quantitative information may be collected via such instruments as questionnaires or interviews and allows for easy numerical analysis of the information. Qualitative information is usually collected via interviews or other face-to-face techniques (though questionnaires may also be used). This

	information It provides a richer picture of what has happened than quantitative information, but is more complex to analyse during the evaluation activity.
Who is involved?	The project manager and project participants

5.3.2 Evaluating the Process

Aims	To assess the extent to which the project has met its objectives and targets
What needs to be done	The evaluation activity is concerned with transforming the information gathered during the monitoring activity from raw information into a set of assessments of the extent to which the programme has met its objectives. This activity is undertaken not only to see if the project has worked after it has finished, but also to provide ongoing feedback throughout the implementation process in order to improve the quality of the programme as it proceeds.

Evaluation may be a highly technical process for which expert help may be needed, but in its simplest form it involves comparing information that has been collected about the performance of the programme against the original aims, objectives and targets of the programme.

For a simple evaluation, you will need the aims and objectives for each of the activities that have been undertaken as part of the MHP programme. These should have been expressed as in terms that can be measured. You will also need to take account of any specific targets that have been set as part of the programme. These should then be compared to the monitoring data that has been collected. Some limited data analysis may be required (e.g. the calculations of frequencies and percentages), but no special skills are required for this level of analysis. This form of evaluation generally answers questions about the numbers taking part in the programme, their level of satisfaction with it and how the programme might be improved.

For a more complex evaluation, expert assistance may be needed, especially if it is intended to publish the evaluation as a scientific study. Generally, such evaluations aim to answer questions concerning the causation of effects or the efficiency of the interventions made. Complex statistical analysis is needed to adequately address these questions. |
| **Who is involved?** | The project team, the participants in the programme, instructors, experts if involved |

5.3.3 Ensuring Continuous Progress

| **Aims** | • To ensure that the MHP programme is improved as it proceeds

• To ensure that future MHP programmes are optimally designed |
|---|---|
| **What needs to be done** | The purpose of this activity is to ensure that the MHP programme is subject to continuous improvement as it proceeds. In addition, when a given MHP |

	programme has been completed, it is important to ensure that any subsequent programmes take account of the experiences gained in running the first one.
	These can only be undertaken effectively if there is adequate monitoring and evaluation information collected. In the case of improving the quality of a programme while it is running, monitoring information needs to be available in a timely and understandable fashion. In addition, the project must be set up in such a way that relevant information is communicated to people who are in a position to make changes to the programme, i.e. the project manager and those involved directly in implementation.
	In the case of seeking to improve subsequent programmes, the timeliness of information is less urgent. However, the quality of the information needs to be high, as it must serve two functions – it must be sufficiently detailed to allow for programme design decisions to be made and it must be sufficiently persuasive to allow it to be used to influence decision makers to sanction new MHP programmes.
	The activities of this phase are key to achieving better MHP both over the lifecycle of a specific programme and also over the course of multiple MHP programmes.
Who is involved?	Project manager, Project team, Programme implementers, Decision makers

5.4 Types of Tools Relevant for this Phase

Follow-up tools assist the person responsible for Mental Health Promotion to adapt what is currently in place to search for more effective and efficient ways to achieve better results. Thus, many of the tools will be about:

- Review and monitoring,
- Evaluation,
- Continuous improvement,
- Reporting,
- Policy development as a result of intervention.

PLEASE NOTE: There is an overlap between the tools that are useful in needs analysis and planning and those that can be used for feedback and follow up.

6. Access to the ProMenPol Database

The ProMenPol Database is a structured selection of Mental Health Promotion tools relevant for three distinct settings:

- Schools
- The Workplace and
- Older Peoples' Residence.

These Mental Health Promotion tools are structured according to a modification of the ICF Classification, the ICD10 Classification and a categorisation based on Health Promotion models.

The ProMenPol Database and its associated Tools can be accessed in a number of ways:

- **Browsing the ProMenPol Database** – the user can view the entire ProMenPol Database in the languages available.
- **Simple Search** – this enables users to search all of the ProMenPol database regardless of language based on a pre-selected number of filters.
- **Advanced Keyword Search** – this enables users to execute an Advanced Keyword Search based on the ICF Classification, ICD10 Classification and a categorisation based on Health Promotion models.
- **ProMenPol Toolkit** – which enables users to access the database via the ProMenPol Toolkit

If you wish to search the database, go to:

http://www.mentalhealthpromotion.net/?i=promenpol.en.toolkittab