

Planning, monitoring and evaluating mental health promotion

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Promoting mental health is critically important. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just.¹ Mental illness is having an increasingly detrimental impact on the lives of individuals and communities.

As an emerging discipline, the contribution that mental health promotion can make in the enhancement of mental health is still misunderstood and sometimes contested. For this reason there is a need for projects to be aware of the evidence base which they are contributing to and how best to describe their activity.

This resource helps organisations promote mental health more effectively by assisting in planning and monitoring the many strategies that make a positive contribution to social, emotional and spiritual wellbeing.

Since 1999, VicHealth has been at the forefront of promoting mental health and wellbeing. Building on its previous work, the *Mental Health Promotion Framework 2005–2007*, it continues to concentrate on three key factors that are known to have a major impact on mental health:

- Social inclusion.
- Freedom from discrimination and violence.
- Access to economic participation.

These factors have implications for all aspect of our lives including our personal relationships, employment, recreation and education. Consequently, the promotion of mental health and wellbeing is not simply confined to the health sector. All sectors such as local government, education, sport, justice and the arts can play a part.

Mental health and wellbeing can be somewhat elusive concepts because they seem to embrace, or at least accommodate, so many different ideas and possible actions.

These ideas and actions reflect the various sectors and diverse settings within which mental health promotion occurs. Such diversity can make it a little difficult to describe how and why certain strategies promote mental health.

Any mental health promotion activity can have short-term impacts, intermediate outcomes and long-term benefits. In the resource, we focus on the intermediate outcomes as they are expressed in VicHealth's framework. These outcomes lead directly to the long-term benefits of promoting mental health and wellbeing.

If we are to achieve the changes required to address the growing burden of mental ill health, a skilled workforce and collaborative effort will be required. This resource contributes to this effort.

The resource

The resource uses VicHealth's *Mental Health Promotion Framework 2005–2007* and focuses on the list of intermediate outcomes. It uses them as a basis for planning, evaluation and monitoring of projects that promote mental health and wellbeing.² The intermediate outcomes should emerge over a two- to five-year period. Sometimes projects do not go for this long; however, even very short projects can work toward these outcomes.

The exercises in this resource enable you to:

- Become familiar with the intermediate outcomes in VicHealth's *Mental Health Promotion Framework 2005–2007*.
- Plan your mental health promotion project.
- Monitor the success of your project against each of the expected outcomes.

The exercises are designed as group activities. If the project has a reference group or steering committee, completion of the tasks could be part of its responsibilities.

VicHealth's *Mental Health Promotion Framework 2005–2007*

Key Social & Economic Determinants of Mental Health & Themes for Action

Social inclusion

- Supportive relationships
- Involvement in community & group activities
- Civic engagement

Freedom from discrimination & violence

- Valuing of diversity
- Physical security
- Self determination & control of one's life

Access to economic resources

- Work
- Education
- Housing
- Money



Population Groups & Action Areas

Population groups

- Children
- Young people
- Women & men
- Older people
- Indigenous communities
- Culturally diverse communities
- Rural communities

Health promotion action

- Research, monitoring & evaluation
- Direct participation programs
- Organisational development (including workforce development)
- Community strengthening
- Communication & social marketing
- Advocacy
- Legislative & policy reform



Settings for Action

HOUSING TRANSPORT	COMMUNITY SERVICES CORPORATE	EDUCATION PUBLIC	WORKPLACE ARTS	SPORT & RECREATION LOCAL GOVT	HEALTH JUSTICE	ACADEMIC
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Intermediate Outcomes

Individual

- Projects & programs which facilitate:
- Involvement in community & group activities
 - Access to supportive relationships
 - Self esteem & self efficacy
 - Access to education & employment
 - Self determination & control
 - Mental health literacy

Organisational

- Organisations which are:
- Inclusive, responsive, safe, supportive & sustainable
 - Working in partnerships across sectors
 - Implementing evidence-informed approaches to their work

Community

- Environments which:
- Are inclusive, responsive, safe, supportive & sustainable
 - Value civic engagement
 - Are cohesive
 - Reflect awareness of mental health & wellbeing issues

Societal

- A society with:
- Integrated, sustained & supportive policy & programs
 - Strong legislative platforms for mental health & wellbeing
 - Appropriate resource allocation
 - Responsive & inclusive governance structures



Long-term Benefits

- Increased sense of belonging
- Improved physical health
- Less stress, anxiety & depression
- Less substance misuse
- Enhanced skill levels
- Resources & activities integrated across organisations, sectors & settings
- Community valuing of diversity & actively disowning discrimination
- Less violence & crime
- Improved productivity
- Reduced social & health inequalities
- Improved quality of life & life expectancy

Exercise 1:

Becoming familiar with VicHealth's intermediate outcomes of mental health promotion interventions

Familiarise yourself with the *Framework for the promotion of mental health and wellbeing*. Discuss the implications of VicHealth's intermediate outcomes for your work, and your initial thoughts on how they might be (or are being) achieved.

The Framework can be used as a filter through which you can plan your project activity.

1. Which determinant is being addressed?
2. Which population group is being targeted?
3. Which health promotion action or methodology applied?
4. In which setting will it take place?
5. In which of the 4 dimensions will there be intermediate outcomes?

Differentiating the impact of mental health promotion strategies

As you will see from the framework, mental health promotion strategies have an impact on:

- Individuals.
- Organisations.
- Communities.
- Societal structures.

There is considerable overlap between each of these as mental health promotion strategies cross a number of these dimensions. The impact any project will have varies and will depend on the scope and the time available.

Individuals

A project has the potential to have an impact on individual participants directly. The project, though, will be only one of a number of potential influences on a person's mental health and wellbeing.

Organisations

In most cases, mental health promotion initiatives are delivered at the local level through community-based organisations. These organisations are increasingly working in partnership with others so interventions have a greater impact and are likely to be sustained.

Promoting mental health and wellbeing should be embedded more permanently in *what* services and programs the organisation offers, and the *way* in which these are delivered.

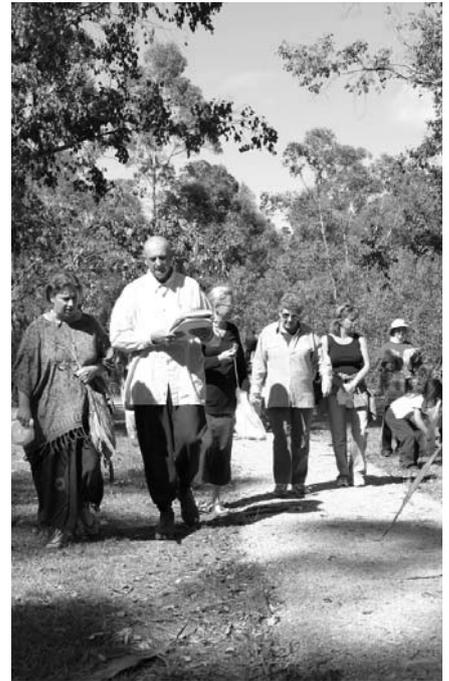
Communities

Mental health promotion strategies can also have an impact on the community. This reflects the project's ability to influence the context in which it sits. The context can include the environment, other organisations (the professional community), and members of the lay community who have not been directly involved in the activity. This last group might include, for example, people who use a community-designed park a number of years after the funding that developed it has ceased.

A short-term project's ability to have a major and lasting influence on a whole community is quite modest. It can, though, be a contributing factor by creating the conditions by which major changes can occur outside the project's specific focus.

Societal structures

A single mental health promotion initiative may not often be able to influence society as a whole. However, even small projects can sometimes make an important contribution to shifting a sector or policies that cross a range of contexts. Basic research in a new area can help create a public debate or inform policy development that is already under way. Such projects can advocate on behalf of a particular population group, or get an issue onto the public agenda. Major changes in policy seldom come out of the blue. They are normally the result of a series of smaller initiatives that exert an upward pressure on whole sectors and governments.



Creative Junction Project, Shire of Yarra Ranges.
Photo by Jane Poynton.

Evidence in planning, monitoring and evaluation

The role of evidence in the planning and monitoring of mental health promotion activity can be described in the following ways:

Firstly, evidence is used to define the nature of the problem to be addressed. This includes practitioner's knowledge and objective data such as research reports.

Secondly evidence is used to assist planning through:

- Deciding what strategies to take (what has worked before and why).
- Identify which partners are best placed to address the strategies.
- Convince someone of a position being taken.

Thirdly evidence is used for monitoring and evaluation, regardless of the evaluation methodology used.

In all instances the following considerations remain important.

Basing planning decisions on evidence

If evidence is information that is used to support a particular conclusion.

It is therefore important to ask who needs the evidence and how is it going to be used.

Planning, monitoring and evaluation are based on evidence that is demonstrable, robust, defensible and, preferably, confirmable through different sources.

The key questions for evidence are:

- Who needs to know?
- How will they use the information?
- What information needs to be gathered?
- How do you gather the information accurately, efficiently and ethically?
- What is the source of the information?
- How should the evidence be presented to be most persuasive?

Using practice knowledge and external evidence for planning

The development of a project relies on marshalling evidence to create a robust and defensible rationale for the strategies you are taking. Generally evidence can come from two sources: workers' local knowledge and experience, and external research and data.

Workers normally have a wealth of information about effective practice and the community. This local knowledge needs to be supported by external evidence. For example, using evidence of previous and similar work can ensure new projects build on past learnings and avoid some of the pitfalls previously encountered. Of course, every project is different and previous work needs to be interpreted within the new context. There is, though, value in building on common processes and extending promising leads.

Other forms of external evidence can include the demographic profile of the community, its socio-economic status, the infrastructure that supports the community, and the burden of disease experienced by the target group. This type of evidence, whether it is based on local data or research, can give you

confidence that you are focusing on the most important issues and targeting the right people in the appropriate location.³

This comprehensive understanding of the mental health issue being addressed contributes to your definition of the problem.

Using evidence for monitoring and evaluation

Within a project, there are different types of evidence that might be useful to inform decision-making and help make judgements about the work's success. These include:

- Policy evidence that demonstrates how a project fits within a particular context.
- Research evidence of what constitutes effective practice and how the project builds on this.
- Structural evidence of organisational changes that address the promotion of mental health and wellbeing.
- Program evidence of what strategies in the project contribute to mental health promotion.
- Anecdotal evidence documenting the opinion of a range of stakeholders regarding the way the project



HotHouse Theatre's Wonderlands by Katherine Thomson. Photo by Jules Boag

promotes mental health. This can be gathered individually or through what is typically called a ‘focus group’.

- Survey evidence where the opinions of a particular class of stakeholders are canvassed in a standardised way.
- Exemplary evidence where a class of events is represented by a single case study.
- Artefactual evidence including such things as invitations to participate in the project, minutes of meetings, flyers, or photographs of the project.
- Experimental evidence in which a well-defined intervention and responses are measured using a valid and reliable resource.

Contributing to knowledge of effective practice

Many innovative projects are, to some extent, pilots. They are designed to test out a particular hypothesis or way of working, or are relatively short-term interventions to bring about more sustained change in, for example, local government, arts organisations or the community sector. For organisations or whole sectors to change, evidence needs to be presented that will persuade decision-makers of the merits of the particular case. In this way, the work in one site contributes to the evidence base that underpins effective mental health promotion.

Negative cases can be as powerful in terms of learning as those that are highly successful.

In this final role for evidence, the audience is almost exclusively external to the project. People want to know how the learnings from the project can be applied to new contexts. In this sense, the project becomes a positive (or negative) model for further actions and interventions. The questions posed above can be reiterated:

‘Who needs to know what?’ and ‘How should the information be presented to convince them?’.

Exercise 2:

A causal mind map

Having a very clear sense of why you are doing what you are doing is fundamental to planning. The mind map is a group process that enables you to examine the issue you are trying to address by looking at its causes and implications. This helps the issue to be seen in a broad context. A completed mind map for the example of single mothers who are socially isolated is presented to give you an idea of how it might look.

This exercise is useful for looking at the ways in which problems, causes and solutions can be linked, and is a good place to start when planning. The mind map normally takes an hour and a half to complete and it is best to do it in groups of 5–10 people.

Step 1: The selected issue is written in the centre of a whiteboard or piece of butcher’s paper. Using the above example, the issue is that many young single mothers are isolated in the community and this has a detrimental effect on their mental health.

The group then asks why single mothers are isolated. This process is a combination of brainstorming and reflective discussion. The ideas can stem from people’s practical experience or ‘external’ research such as government reports or demographic statistics. The ideas are written on the sheet. For example, these young people are socially isolated *because* they have limited incomes, are new to the area, are removed from their existing social networks and cannot get to places where they make new friends.

Step 2: The group then asks why this second level of issues has arisen. For example, these mothers have not been able to make new friends because there are few public spaces where they can take their children and meet similar people, and transport is a problem. Again, the issues are put on the sheet and linked with lines.

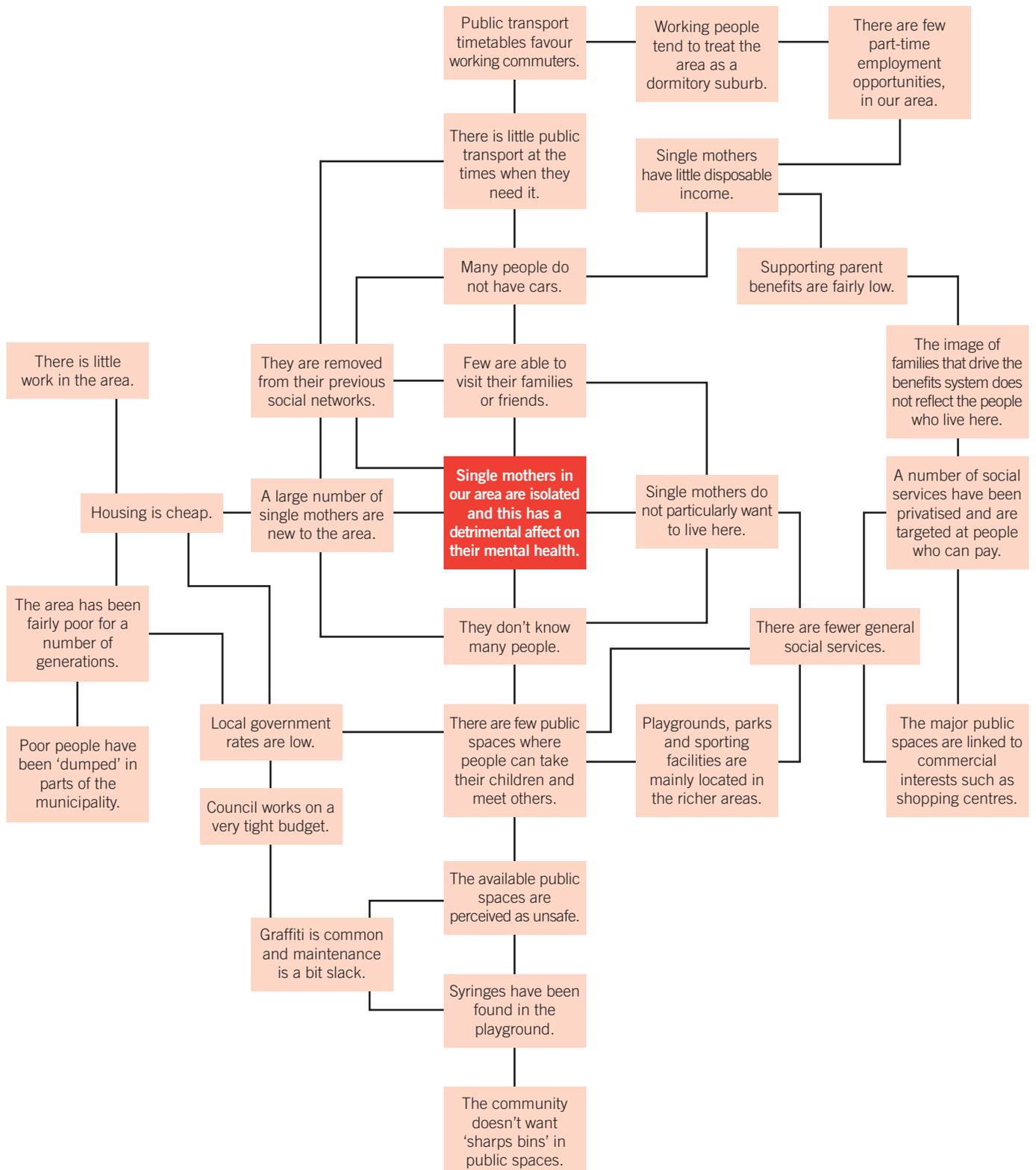
Step 3: The group continues to move out from the central issue asking the question why something is the case and showing the links between the various ideas. For example, local government rates are low in the area and this is linked to the fact that housing is cheap, the area has been used by government over a number of years to relocate poorer people, and the council cannot afford to spend a lot of money on services and amenities such as playgrounds. The chart becomes a mind map of interrelated issues.

Step 4: Having developed a comprehensive understanding of the issue that focuses on causes and implications, the group decides on those things they may be able to influence through the project. A line can be drawn around part of the chart to show which things are going to be addressed through the project. The group can then generate suggestions regarding possible strategies.

Note: It is useful to make the mind map as large as possible with quite a lot of space between the various levels so people can write their ideas and draw out as much complexity as possible.

To expand on this exercise you might identify an issue around which you can develop a causal mind map following the 4 steps.

A sample causal mind map



Monitoring your project

Monitoring your project's progress and reflecting on it in a systematic way develops a more comprehensive understanding of what is going on, whether it is on track in terms of its intentions, and what impact it is having.

Exercise 3:

Evaluating the influence of your project using VicHealth's intermediate outcomes

This exercise helps you monitor and review your project in terms of the intermediate outcomes from VicHealth's Mental Health Promotion Framework. It would be worth doing the exercise two or three times over the course of, say, a two-year project. The first time could be about six months into the project. As with the other exercises, it's good to do it as a group. For some of the outcomes, there will be formal evidence from different sources. Sometimes, though, the evidence may be slight and impressionistic. Over the life of the project, evidence will accumulate and become more robust.

The intermediate outcomes listed in the framework have been teased out to give them a fuller definition. Rank the success of your project on a five-point scale: 1 = Completely unsuccessful and 5 = Completely successful. It is useful to provide evidence for your scoring including such things as reports, organisational policies etc. Sometimes projects have a fairly confined focus regarding mental health promotion and there are a number of VicHealth's outcomes that are not being addressed. Consequently, there is also a 'not applicable' category. (This gets a zero.) However, it is worth noting how many times 'not applicable' is checked and there may be scope to broaden the project a little.

Your answers are a summary of the evidence you have been gathering over time. In most projects, success is mixed. There are always going to be examples of where the project has been successful and where it has been less so. Look for the dominant patterns, weigh up the evidence and rank each of the outcomes 'on balance'.

At the end of each section, make a total of your scores. Look for the trends. For example, a project may be very strong on achieving individual and community outcomes but have very little impact on organisations. Use the results as a way of progressing or even re-focusing your project.



Gurunjan Budgers at Footscray Community Arts Centre. Photo by John Sones.

7.1 Individuals

Rating

	Completely unsuccessful	1	2	3	4	Completely successful	5	Not applicable
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7.1.1 The project has involved participants in group activities.

How successful has the project been in:

• Enabling participants to meet and interact with a range of new people?								
• Developing a sense of community and belonging among participants?								
• Developing structures that will enable the group activities to continue after the project finishes?								

TOTAL – 7.1.1

7.1.2 The project has provided access to supportive relationships.

How successful has the project been in enabling participants to:

• Build meaningful, strong, supportive and interdependent relationships?								
• Do things for others to ensure the relationships are reciprocal?								
• Pursue the relationships outside the confines of the project's activities?								

TOTAL – 7.1.2

7.1.3 The project has contributed to participants' self-esteem and self-efficacy.

How successful has the project been in enabling participants to:

• Be treated with respect and as equal partners by workers and other participants?								
• Make a positive contribution to a group, organisation or the community?								
• Feel valued for their contribution?								

TOTAL – 7.1.3

7.1.4 The project has increased access to education and employment opportunities among participants.

How successful has the project been in enabling participants to:

• Make explicit links between the activities of the project and potential education and employment opportunities?								
• Develop skills that increase their access to education and employment opportunities?								
• Address barriers they may have to education and employment opportunities?								

TOTAL – 7.1.4

Rating

					Completely unsuccessful	2	3	4	Completely successful	Not applicable
					1	2	3	4	5	

7.1.5 The project has enabled participants to exercise self-determination and control within a variety of contexts.

How successful has the project been in enabling participants to:

• Take responsibility by initiating activities, making decisions and setting goals within the project?						
• Solve problems by drawing on their individual and collective strengths?						
• Achieve personally valued goals?						

TOTAL – 7.1.5

7.1.6 The project has enhanced participants' literacy about mental health and wellbeing.

How successful has the project been in enabling participants to:

• Understand, through action and dialogue, that mental health is about wellbeing?						
• Reflect on their mental health and wellbeing and those things that make a positive contribution?						
• Engage in a dialogue with others about mental health and wellbeing?						

TOTAL – 7.1.6

POSSIBLE SCORE OUR SCORE

90	
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7.2 Organisations

Rating

	Rating					Not applicable
	Completely unsuccessful	1	2	3	4	

7.2.1 Within the project, the lead organisation has been inclusive.

How successful has the project been in:

• Recruiting and involving a range of people, particularly those who are socially excluded?						
• Respecting all participants and valuing their contributions?						
• Addressing social exclusion in the allocation of resources?						

TOTAL – 7.2.1

7.2.2 Within the project, the lead organisation has been responsive to stakeholders.

How successful has the project been in:

• Demonstrating trustworthiness by acting in a way that is expected or promised, and having fair and transparent processes?						
• Canvassing the opinions of the project's stakeholders on a regular basis, and providing structures through which their contributions can be expressed?						
• Acting on this information and communicating this back to stakeholders?						

TOTAL – 7.2.2

7.2.3 Within the project, the lead organisation has provided a safe and supportive environment for participants and staff.

How successful has the project been in:

• Welcoming diverse population groups by being aware of such things as the language of written information, signage, the physical location and layout of venues, and the scheduled times of activities?						
• Identifying and working to alleviate barriers that limit access to the project that are faced by particular populations groups such as a lack of transport, money or childcare?						
• Identifying and minimising risks to the lead organisation, project participants and employees (such as meeting occupational health and safety and privacy regulations, and dealing with controversy that may threaten the viability of the project)?						

TOTAL – 7.2.3

Rating

					Completely unsuccessful	2	3	4	Completely successful	Not applicable
					1	2	3	4	5	

7.2.4 Within the project, the lead organisation worked in partnerships across sectors.

How successful has the project been in:

• Identifying potential partners who could make a contribution to the project and developing formal and informal ways of collaborating?						
• Developing an understanding of the promotion of mental health and wellbeing among partner organisations?						
• Developing sustainable structures among the lead and partner organisations to ensure the impact of the project continues?						

TOTAL – 7.2.4

7.2.5 Within the project, the lead organisation has implemented evidence-based approaches in its work.

How successful has the project been in:

• Gathering and analysing data on its impact and using this to inform decisions about future projects within the organisation?						
• Using external evidence regarding the promotion of mental health and wellbeing to have an impact on the organisation's policies, protocols and work practices?						
• Enabling the organisation to keep up to date regarding the promotion of mental health and wellbeing?						

TOTAL – 7.2.5

POSSIBLE SCORE	OUR SCORE
75	

7.3 Communities

Rating

					Completely unsuccessful	2	3	4	Completely successful	Not applicable
					1	2	3	4	5	

7.3.1 The project has contributed to public environments that are safe, supportive and inclusive.

How successful has the project been in contributing to:

<ul style="list-style-type: none"> • Accessible public environments that encourage diverse and socially excluded groups to gather and mix with others through the provision of such things as seating, walking and bicycle tracks and facilities that are free or low-cost to use? 						
<ul style="list-style-type: none"> • Perceptions of safety of public environments by users through such things as efficient lighting, enhanced use by diverse groups, and lack of vandalism, graffiti and litter? 						
<ul style="list-style-type: none"> • Public environments that reflect the identity of people who are current or potential users and in which they have some pride, sense of ownership and interest in its preservation? 						

TOTAL – 7.3.1

7.3.2 The project has been successful in enhancing community connectedness.

How successful has the project been in contributing to:

<ul style="list-style-type: none"> • Increasing the sense of identity of the community by emphasising those things that are unique or distinctive to the group and common among members? 						
<ul style="list-style-type: none"> • Strengthening existing informal community networks and more formal institutions through the provision of resources and expertise? 						
<ul style="list-style-type: none"> • Enhancing community and personal interdependency (e.g. identifying strengths of individuals and organisations and encouraging them to share expertise and skills)? 						

TOTAL – 7.3.2

Rating

					Completely unsuccessful	2	3	4	Completely successful	Not applicable
					1	2	3	4	5	

7.3.3 The project has enhanced civic engagement.

How successful has the project been in contributing to:

• Addressing barriers to participation in organisations and institutions by socially excluded community members such as cost, transport, location, language and structure?						
• Expanding the range of opportunities for community members to participate in local organisations and institutions including such things as volunteering or engaging in processes of governance?						
• Increasing the participation rates of community members, particularly those who are socially excluded, in the life of organisations and institutions?						

TOTAL – 7.3.3

7.3.4 The project has increased awareness of issues related to mental health and wellbeing.

How successful has the project been in contributing to:

• Developing and using the rhetoric of mental health and wellbeing through the public promotion of its activities?						
• Contributing to public and organisational policies addressing the promotion of mental health and wellbeing?						
• Initiating public discourse about mental health and wellbeing?						

TOTAL – 7.3.4

POSSIBLE SCORE OUR SCORE

60	
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7.4 Society

Rating

					Completely unsuccessful	2	3	4	Completely successful	Not applicable
					1				5	

7.4.1 The project contributes to or advocates to establish integrated sustained and supportive policies and programs to promote mental health and wellbeing.

How successful has the project been in:

• Addressing current gaps in research, programs or policies regarding mental health promotion?						
• Investigating ways in which successful short-term initiatives can be sustained in the medium and longer term?						
• Ensuring current programs and policies that promote mental health and wellbeing, or have the potential to do so, are integrated and sustained?						

TOTAL – 7.4.1

7.4.2 The project has contributed to a strong legislative platform promoting mental health and wellbeing.

How successful has the project been in:

• Identifying the impact of legislation on the promotion of mental health and wellbeing, particularly among people who are socially excluded?						
• Providing positive solutions to enhance the legislative platform?						
• Lobbying appropriate people to bring about the necessary changes?						

TOTAL – 7.4.2

7.4.3 The project has advocated to ensure resources are available to promote mental health and wellbeing.

How successful has the project been in:

• Investigating potential sources of funds for the promotion of mental health and wellbeing?						
• Demonstrating the implications for mental health and wellbeing of programs that are currently funded?						
• Advocating for new resources to be available for the promotion of mental health and wellbeing?						

TOTAL – 7.4.3

Rating

Rating					Not applicable
1	2	3	4	5	
Completely unsuccessful					Completely successful

7.4.4 The project has worked within, or sought to establish, governance structures to promote mental health and wellbeing.

How successful has the project been in:

• Establishing structures that enable community members to determine the direction of policies and programs?						
• Ensuring governance structures are transparent, trustworthy and effective in delivering programs that promote mental health and wellbeing?						
• Contributing to an understanding of risks associated with a failure to promote mental health and wellbeing and the ways these can be managed in the medium and long term?						

TOTAL – 7.4.4

POSSIBLE SCORE	OUR SCORE
60	

- 1 Victorian Health Promotion Foundation (VicHealth) 1999, *Mental health promotion plan 1999–2002*, VicHealth, Melbourne.
- 2 This resource complements the Department of Human Services Integrated Health Promotion Planning Framework. However, it specifically uses the work of VicHealth as one approach to mental health promotion.
- 3 The Victorian State Government has published an excellent guide to understanding communities through the use of local data: Office of Community Building 2004, *Getting to know your community: a guide to using local data*, Department of Victorian Communities, Melbourne, available at: <http://www.dvc.vic.gov.au/building.htm>.

The resource was written by John McLeod for VicHealth, 2005.

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