



Project No.: 044406

Project Acronym: PROMENPOL

Project Title: Promoting and Protecting Mental Health – Supporting Policy through Integration of Research, Current Approaches and Practices

Instrument: Co-ordination Action

Call Identifier: FP6-2005-SSP-5A

PROMENPOL Toolkit Version 1 D4.3

Project Start Date: 01/01/2007

Duration: 36 Months

Due date of deliverable: 14/08/2008

Actual submission date: 07/2008

Organisation name of lead contractor for this deliverable: **WRC**

Revision [draft - 01]

Project co-funded by the European Commission within the Sixth Framework Programme (2002-2006)		
Dissemination Level		
PU	Public	✓
PP	Restricted to other programme participants (including the Commission Services)	
RE	Restricted to a group specified by the consortium (including the Commission Services)	
CO	Confidential, only for members of the consortium (including the Commission Services)	

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Document History					
Edi	Date	Confidentiality	Description	Action	Pages
01	20/06/2008	High	PROMENPOL Toolkit Version 1	C	1-41

(*) Action: I = Insert R = Replace C = Creation

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1. Introduction

A major focus of the ProMenPol project is to identify tools for the protection and promotion of mental health within the 3 settings of interest, educational institutions, workplace and older peoples' residences. Over 300 tools have now been collected and categorised using the ProMenPol framework¹ (for further information on the development of the framework behind the database, please refer to ProMenPol Framework V1 & V2 Deliverable - D4.1).

These tools have been uploaded onto the ProMenPol website so that these resources can be easily searched for and viewed by practitioners and educators within the field of Mental Health Promotion and Protection. In essence, the ProMenPol database is a structured selection of Mental Health Promotion tools, categorised according to the ProMenPol framework, which contains an ICF Classification, ICD10 Classification and a Mental Health Promotion Classification.

In addition, a mental health toolkit which can be customised in various ways has been developed. The ProMenPol toolkit is a sub-set of the ProMenPol Database. It is structured for each setting and contains a set of tools which support the entire implementation process of mental health promotion. This toolkit was produced by applying a specific set of criteria (application in the field, country normally used in, stage of development, evaluation and research available and level of beneficiary involvement in design) to each of the tools in the ProMenPol Database. Those tools with the 'highest' scores were included in the Toolkit. This process is explained in greater detail in the methodology section of this report.

The tools within the ProMenPol toolkit will be implemented in the pilot projects during workpackage 6, to review the practicality and usefulness of the toolkit. Based on the feedback from the pilot sites, it is envisaged that the toolkit will be reviewed and revised and version 2 of the toolkit will be produced. This report covers version 1 of the toolkit.

In overall terms, this report sets out to explain in greater detail:

- The methodology of the development of the ProMenPol Toolkit
- How the Database and Toolkit are presented on the ProMenPol website
- How the Database and Toolkit can be utilised

It should be noted that although this is the 'Toolkit' deliverable, the Database is also reported on as it is interlinked with the toolkit. As mentioned earlier, the toolkit is a sub-section of the database. In addition to the fact that users can search using one or the

¹ There were two main sources used as the basis for developing the ProMenPol framework. The first source is the International Classification of Functioning, Health and Disability (ICF) and the second source is current thinking in the field of Mental Health Promotion (MHP). The main distinction between the two approaches to classification is the extent to which each focuses on a different perspective of the mental health process. On the one hand the ICF sets out to document the implications of mental health in terms of functioning, activity and participation for an individual. On the other hand the MHP approach focuses on the role of the mental health promoter and classifies interventions and strategies from this perspective.

other or both, it would not make sense to report on the Toolkit alone without references to the database.

2. Methodology

This chapter sets out to explain the methodology of the development of the ProMenPol Toolkit.

2.1 Selecting Tools for the Toolkit

The development and the application of the selection criteria are described in the following.

2.1.1 Criteria Development

The distinction between the ProMenPol Database which has an extensive and varied set of tools, instruments, methodologies and approaches in the fields of Mental Health Promotion and Protection and the ProMenPol Toolkit is that the Toolkit reflects what the ProMenPol partners know about the tools in terms of their relevance and utility. Consequently, not all Tools on the database were to be included in the Toolkit. The ones that were included in the Toolkit were considered by the researchers, on the basis of the information available, to be the most robust and/or credible. In order to judge this, a set of criteria was developed in order for the researchers to rate tools and consequently, based on this information, select them for the toolkit. It is important to emphasise that this judgement was made on the basis of the information which was available to the person judging each tool at the time.

The criteria that would assist us in deciding what tools would be in the toolkit were developed via a direct consultative approach with all Partners in the ProMenPol Project. The literature has reported similar structures for applying criteria to 'evaluate' the quality of tools, for example the Federal Centre for Health Education in Germany used quality criteria from the literature. Also, the main requirement was that the criteria we choose would be, from the researchers perspective, as concrete as possible and would cover information that was convenient and realistic for desk-researchers within the project to find.

Initial criteria were developed based on information from the literature and discussion with researchers internal to the project. The criteria was revised based on discussions between all project Partners at a ProMenPol PCC meeting in February 2008, and a final criteria was decided upon. The below section outlines this core criteria and includes a detailed explanation of each descriptor.

2.1.2 How the criteria were applied

Three core criteria and one additional criterion were chosen as a basis for characterising Mental Health Promotion Tools that would approach the credibility and utility of each tool for the ProMenPol Toolkit.

The core criteria are:

1. Application in the field

This criterion is about the extent to which a Tool or Approach is currently in use and how widely it is applied. There is no implication in this rating that tools which are mainly used in one jurisdiction are any better or worse than tools that have international scope. The main thing was to indicate to the user of the Toolkit how easy it is likely to be to transfer the tool or approach to his or her own context. Thus the criterion is about how widely accepted an approach is rather than how 'good' it is. At other times, tools that are widely applied and for which there is general professional acceptance across jurisdictions are likely to be more easily transferred in terms of risk and usefulness. Because we were creating an international toolkit, this was taken into account in choosing tools.

The descriptors used for this criterion were:

- A. **Applied internationally:** This was checked through the explanatory materials describing a tool and/or through a Google search. For tools that are not in English the search was carried out in the home language of the tool and the English equivalent if it exists.
- B. **Primarily used in one country:** This was judged from knowledge of the tool or from the descriptive and technical materials associated with a tool. Once again a Google search was carried out to confirm that it is primarily applied in one jurisdiction.
- C. **Limited application:** This was judged on the basis that the tool website or descriptive and technical materials do not refer to scope of application and the Google search yields relatively little information about where it is being applied.
- NF. **Information about application on this issue was not found:** In some cases it was better to use this descriptor rather than the previous one particularly if little was known about a tool. Basically this descriptor was used if there was no information about the scope of application on the website of the tool, in the descriptive and technical materials associated with it or from a general Google search.
- NA. **This criterion is not applicable to this type of tool:** There were times when the scope of application criterion was considered to be irrelevant to a particular tool or approach. For example, if a policy was only recently being launched but it is clearly something that is required in the field of Mental Health then the NA descriptor can be used to indicate that no conclusion should be reached on the basis of this criterion for this tool or approach.

2. Stage of Development

A related criterion was how well developed a tool is. Once again it was important to emphasise that there is no implication that tools that are at an early stage of development are any less effective or useful than more established tools. In fact the opposite may be the case because more recent tools may have learnt from the mistakes of previous attempts to produce a useful tool. Nevertheless, it is important for the user of the toolkit to be aware that vigilance is required in applying the approach or instrument.

The following descriptors were applied to this criterion:

- A. **Well Established:** This descriptor was used for tools and approaches which have been in place for over three years. Generally speaking these types of tools

will have been used in international studies or will be considered to the standard or benchmark for other tools. The Ottawa Charter is clearly well established as are many of the central policies that have been promoted by NGOs in fields such as Occupational Health and Workplace Health Promotion. If expert knowledge was not available the best way of checking the extent to which a tool is established was to examine the bibliography (if any) provided with the tool to see what the earliest reference to the tool is. A Google search was also used with a date criteria over 5 years previously and the researcher then review the hits for evidence that it was being used at that time.

- B. **Recently produced (2-3 years):** This was judged on the basis of the descriptive and technical materials associated with the tool or with the Google search using tool title and date as described above.
- C. **First experiences available/pilot phase:** This was judged from the tool website, descriptive and technical materials or associated reports. A Google Scholar search also could provide researchers with the details of some recent articles.
- NF. **Information about application on this issue was not found:** In some cases it was difficult to establish how long a tool has been in use even when an initial date can be identified. For example, it may be the case with a particular tool that it was originally developed in a project that finished in 2000 but there is no evidence that it has actually been used since that date. This descriptor was used in such cases.
- NA. **This criterion is not applicable to this type of tool:** Clearly there were some types of tools and approaches for which this criterion is not relevant. For example with a report that has recently been issued by an NGO or an national or international agency it was appropriate to use this descriptor to indicate that stage of development does not actually make any sense in relation to the document.

3. Evaluation and Research

This criterion was more relevant to some types of tools than others. It was most relevant to any normal/standardised assessment tool or to specific individual interventions which need to be tested using appropriate research designs. It was less relevant to a general framework or set of implementation guidelines for policy and procedures.

The following descriptors were applied to this criterion:

- A. **Research, Evaluation Studies or Technical Data are available:** This descriptor was judged on the basis of the users manual in the case of a normed or standardised instrument where reliability and validity data was reported. For other types of tools the website provided a bibliography. A Google Scholar search was also useful. This descriptor was only used if it was immediately clear that there is abundant research or statistics available.
- B. **Referred to in a wide range of reports and papers:** This descriptor was used when there were no reports, evaluations or technical data specifically on a particular tool but it was referred to or used in the context of other studies or positions papers. The distinction between this descriptor and the one below is that references were relatively easy to find and frequent. The primary source for judging this was Google Scholar or expert opinion.

- C. **Research evidence is inconsistent:** This was judged from a Google Scholar search. The descriptor referred not so much to the content of the articles but to the fact that they are few and far between.
- NF. **Information about application on this issue was not found:** If a Google Scholar search yielded no hits and a general Google search yielded only non-academic hits then this was the appropriate descriptor.
- NA. **This criterion is not applicable to this type of tool:** Clearly there were many types of tools and approaches for which this criterion is not relevant. It was mainly relevant to instruments and interventions that require to be evaluated. For example a 'How to Manual' for human resource managers will probably not have been the subject of research and evaluation. Similarly, training materials may not have been evaluated but it may not be considered necessary. If it was considered appropriate that a tool or intervention should be evaluated but no evidence was found the previous descriptor (NF) was used.

The additional criterion is:

4. Beneficiary Involvement in Design

In some settings user involvement has a high importance when judging the appropriateness of a tool or intervention. Thus, person-centred approaches tend to be given priority in choosing to implement a particular intervention option. This is particular the case with vulnerable groups such as younger children, people with disabilities and older people. The same requirement for use centre design is not evident in the field of Workplace Mental Health Promotion and Protection.

The descriptors used for this criterion were:

- A. **Active participation in the design clearly described:** The main source for reviewing this criterion was the website or descriptive and/or technical materials associated with the tool or approach. Given that User Involvement is an important criterion in many fields of activity it is likely that this will be emphasised by those promoting the approach. This descriptor was only used where it was absolutely explicit that part of the design process involved the genuine participation of potential beneficiaries.
- B. **Some reference to active participation in the design:** This descriptor was used when it was not clear from documentation associated with the tool that users were involved in the design process but where the principle of active participation was referred to either in a general way or where the principle of users participation was inherent in descriptions of the tool.
- C. **No reference to active participation in design:** Once again this was judged primarily from tool documents, websites and descriptions. If no reference was made to active participation and when it was considered that user involvement would have been appropriate, this descriptor was used.
- NF. **Information about application on this issue was not found:** Given that the main source of evidence upon which judgements were made in relation to this criterion are the documents produced by those promoting the tool it was unlikely that this descriptor would be used frequently. Nevertheless, it sometimes was not possible to gain access to the documents that might have specified user involvement and hence this would be the appropriate descriptor.

NA. **This criterion is not applicable to this type of tool:** There were many cases where this descriptor was not relevant. This was particularly so for tools and approaches which are developed for the workplace where worker involvement in the implementation of the approach will probably require the active involvement of workers, but where it is unlikely that a participative approach will have been adopted in the design phase. In the other contexts it was also the case that active participation in the design process may be considered to be irrelevant. In these cases this was the appropriate descriptor.

The ProMenPol criteria and descriptors were used as one of the parameters for selecting the initial version of the toolkit. The basic logic for the selection was that in the first instance it is preferable to include within the Toolkit the widely accepted and tested instruments and methods. Once this stage of selection is completed, gaps in the toolkit will be identified and other tools will be selected on the basis of creating a complete Toolkit which covers all areas of the Mental Health Promotion from the perspective of the practitioner. This may in some cases result in the inclusion of some approaches that are still in development and for which strong evidence has yet to emerge. Equally, the person using the Toolkit will have the option of ignoring the Toolkit proposals and exploring the ProMenPol database directly using a keyword search.

In some cases the person making the judgement may have been unable to identify an appropriate data source to come to any conclusion about a tool. In this case the descriptor '*Information about the application on this issue was not found*' (NF) was applied to that criterion.

It is also important to note that not all criteria apply to all tools and thus in some instances the descriptor that was applied to a criterion was '*This criteria is not applicable to this type of tool*' (NA). For example, there were some tools such as survey questionnaires which require to be tested for validity and reliability while for other types of tools such as a policy framework this approach is irrelevant. Another example is where Beneficiary involvement in the design of a tool is more relevant to some settings than others.

2.1.3 Tool Selection

A maximum of 15 minutes per tool was assigned to search for evidence in relation to all criteria as outlined above. If at this stage no information was found the NF descriptor was used.

There were a number of channels through which a search was carried out. In the first place it was best to start with the materials and/or manuals associated with the tool. It is usually the case that this type of information is highlighted by those who are promoting a particular approach or tool. In the second place, using Google and Google scholar helped identify research papers, reports and websites. If the name of a tool resulted in over 100 hits and these were distributed across a range of jurisdictions and the content was positive, this could be sufficient to complete the descriptor for this criterion. Accessing and scanning all 100 websites was not required but simply a sample of them. In the third place, where the person making the judgement had knowledge of the tool itself or had access to someone with experience of the approach the rating could be completed without reference to documents or websites. Which ever approach was adopted the search time was limited to a maximum of 15 minutes.

For tools that were not in English the search was carried out in the home language of the tool. The descriptors had been translated beforehand by native speakers of the ProMenPol team.

The ratings on each descriptor were each given a value as described in Table 1 below. The purpose of this was for the researcher who was selecting the tools to see clearly and quantitatively the ratings chosen for each tool.

Table 1: Values used to represent ratings on the descriptors

Value	Application in the Field	Stage of Development	Evaluation and Research	Beneficiary Involvement in Design
3	Applied Internationally	Well Established	Studies/Technical Data Available	Active participation clearly described
2	General use in one country	Recently Produced (2-3) years	Referenced Widely	Some reference to active participation
1	Limited application	First experiences/Pilot Phase	Inconsistent Evidence	No reference to active participation
Blank	No Information Found Descriptor not applicable	No Information Found Descriptor not applicable	No Information Found Descriptor not applicable	No Information Found Descriptor not applicable

The ratings that were chosen, using the above methodology, on each of the descriptors were presented in a spreadsheet beside the name of each tool. The methodology for selecting the tools is outlined below:

- a. The researcher selected the descriptors for each tool. Any tool that was rated as value 3 or 2 on more than two descriptors was included in the toolkit.
- b. Once reviewed and selected, the researcher then examined those tools which were rated 3 or 2 on two or more descriptors. It was not essential to select all tools that have been rated in this way.
- c. Finally, there were a number of tools that were not been rated on the descriptors. These were carefully reviewed as it is possible that they are very well suited for the toolkit.

If issues for clarification or other concerns were encountered while rating a tool or approach the researchers were advised to contact Donal McAnaney or Caroline Hart who could try to address the issue or to refer on to someone who can.

2.2 The Toolkit 4 Step Process Model

In addition to being judged on the descriptors explained above, the tools of the toolkit were also categorised along a step-process which is described below.

2.2.1 Development of the 4 Step Process Model

There are a relatively large number of tools and models which adopt a phased approach to the workplace health intervention process. Many of these have been designed for the purposes of designing and implementing health and safety interventions, which are in turn based on the hazard control cycle and risk analysis. Other influences on these models are project management tools and problem solving methodologies.

Within the context of health promotion, such models are relatively rare, since the main traditions of health promotion have emanated from health education where the predominant paradigm is focused on the individual and on individual learning, rather than on project management or organisational change. However, within the workplace setting, because of the strong influence of health and safety paradigms, it has been necessary and useful to design health promotion interventions using a stepwise approach that is consistent with how health and safety is practiced.

Two such models have been drawn on, each of which have had some international usage, especially in Europe. While these implementation or process models have been designed for implementing a mix of workplace health promotion and OSH interventions in the workplace, they have not been specifically designed for use in relation to mental health promotion, or for use in settings other than the workplace.

Nevertheless, the principles on project management and of health promotion (e.g. project team formation, setting up the project) are embedded within these models and this feature makes them suitable for adaptation with the three settings of interest to the current project.

The first of these is the European Methodology for Workplace Health Promotion (Wynne et al, 1996)². The methodology describes a 7-phase model to implement workplace health promotion. 1. Getting started; 2. Marketing; 3. Needs analysis; 4. Planning; 5. Implementation; 6. Evaluation; and 7. Consolidation. Each phase is described in terms of a set of activities, priorities, typical problems and their resolution

² Wynne, R., Grundemann, R., Moncada, S. and Lundberg, B. (1996). A manual for promoting health at work. Dublin, Work Research Centre.

and a set of tools to support these activities. The methodology can be used by anyone who wants to implement any form of WHP including mental health promotion.

The second model has been developed in Finland by the Finnish Institute of Occupational Health to support the implementation of the national Maintenance of Work Ability Programme³. This programme combines interventions from the disciplines of health and safety, occupational hygiene, occupational health, health promotion and rehabilitation. It is capable of supporting mental health promotion in the workplace. This model has been widely used in Finland and elsewhere.

These models both address the issue of how to implement health promotion initiatives in a systematic way. For purposes of ProMenPol, however, there was a need to ensure that the main activities outlined in each model were covered in the integrated model that was developed. In addition, activities and approaches which were specific to the workplace setting were altered or omitted in order to make the model sufficiently generic to be applicable in the other settings. A final consideration in developing the model was to make it simple enough for its main features to be understandable within the other settings of interest.

The two models were then edited and organised according to the 4 step procedure outlined in the FIOH model (4 steps were adopted as this leads to a simpler approach to the issue). The activities on this model were then checked for their applicability to the non-workplace settings and following comments from the project partners a final 4 Step Process Model was produced as below:

- Step 1: Preparation
- Step 2: Needs Analysis and Planning
- Step 3: Implementation/Intervention
- Step 4: Follow up and Evaluation

2.2.2 Classification of Tools using the 4 Step Process Model

The next step in the development of the Toolkit was to classify each of the tools in the Toolkit using the 4 Step Process Model. That is, tools were assigned to the step which was most relevant (or step's' because the same tool can be relevant to more than one step and in some cases a comprehensive tool can be relevant to all steps).

Step 1: Preparation

This step is about getting ready to embark upon a Mental Health Promotion initiative within an organisation. Thus the kind of tools and materials that are placed in this category are:

- Reports and generic information about mental health promotion
- Background information about mental health promotion
- Information about the target group
- Other more general policy documents

³ Finnish Institute for Occupational Health. Steps for workplace health promotion.
<http://www.ttl.fi/Internet/English/Thematic+pages/Whp/WHP-steps+for+workplace+health+promotion/>)

Tools that:

- Enhance the capacity to build up collaboration
- Improve communications with the target group
- Develop a project team

Step 2: Needs Analysis and Planning

Before embarking on a Mental Health Promotion initiative good practice dictates that one should carry out an analysis of the needs of the organisation and the intended beneficiaries to identify the priorities for intervention. Thus the focus of this step is on the organisation. Once the most important needs have been identified it is essential to develop a plan/strategy to respond to identified needs. 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 information of the activities
- Identification of at risk individuals
- 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

Step 3: Implementation/Interventions

The tools that are relevant to this step can be divided into two sub-groups.

The first sub-group 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 are relevant to this step as well.
- Many of these documents are generic rather than specific to the target group although there will be exceptions

The second sub-group 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
- 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.

Step 4 Follow Up and Evaluation

This step is about measuring and evaluating the impact of initiatives which have been carried out and reviewing the implications for future action. Follow up tools assist the person responsible for Mental Health Promotion to adapt what is currently in place in search of more effective and efficient ways to achieve better results. Thus many of the tools are about:

- Review and monitoring
- Evaluation
- Continuous improvement
- Reporting
- Policy Development

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.

The toolkit is accessed through the ProMenPol website and when it is entered users can see that it is organised according to the 4 Step Process Model. Thus all the tools in the Toolkit have been assigned to a particular Step or Steps, making the Toolkit very user friendly. This is explained in greater detail in Section 3.2 below.

3. The ProMenPol Database and Toolkit

The ProMenPol Toolkit and Database can be accessed from the ProMenPol website www.mentalhealthpromotion.net. Once the Toolkit option has been selected the following screen appears:

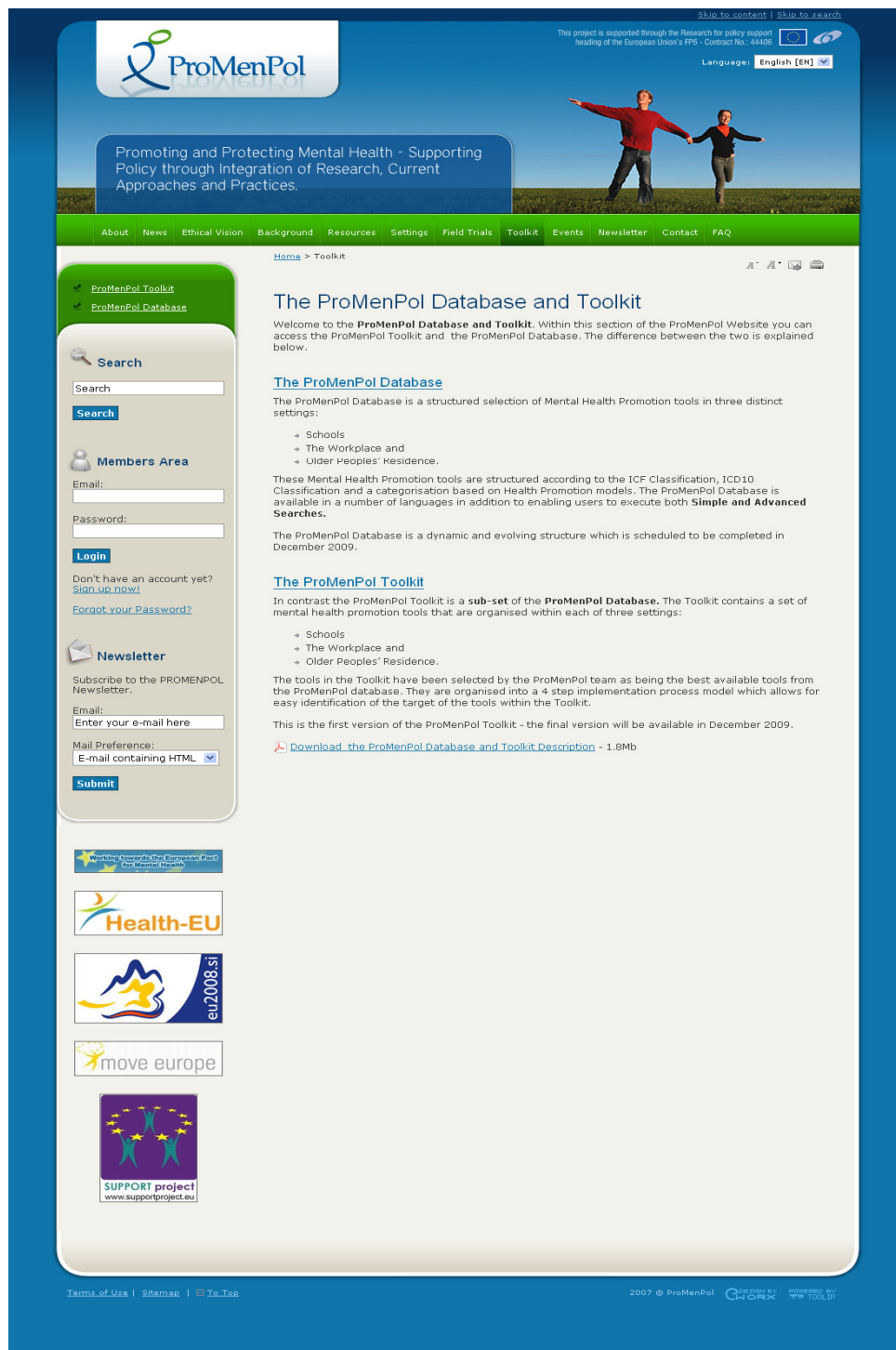


Figure 1: The ProMenPol Toolkit and Database Page

Within this screen users have the option either to access the **ProMenPol Toolkit** or alternatively the **ProMenPol Database**.

3.1 The ProMenPol Database

The ProMenPol Database is accessed by clicking on the link [The ProMenPol Database](#) within the text or alternatively access the Database via the left hand side menu option [ProMenPol Database](#). This action results in the following screen appearing:



Figure 2: The ProMenPol Database Page

By clicking on [Database](#), users access the ProMenPol Database and see the following screen appearing:

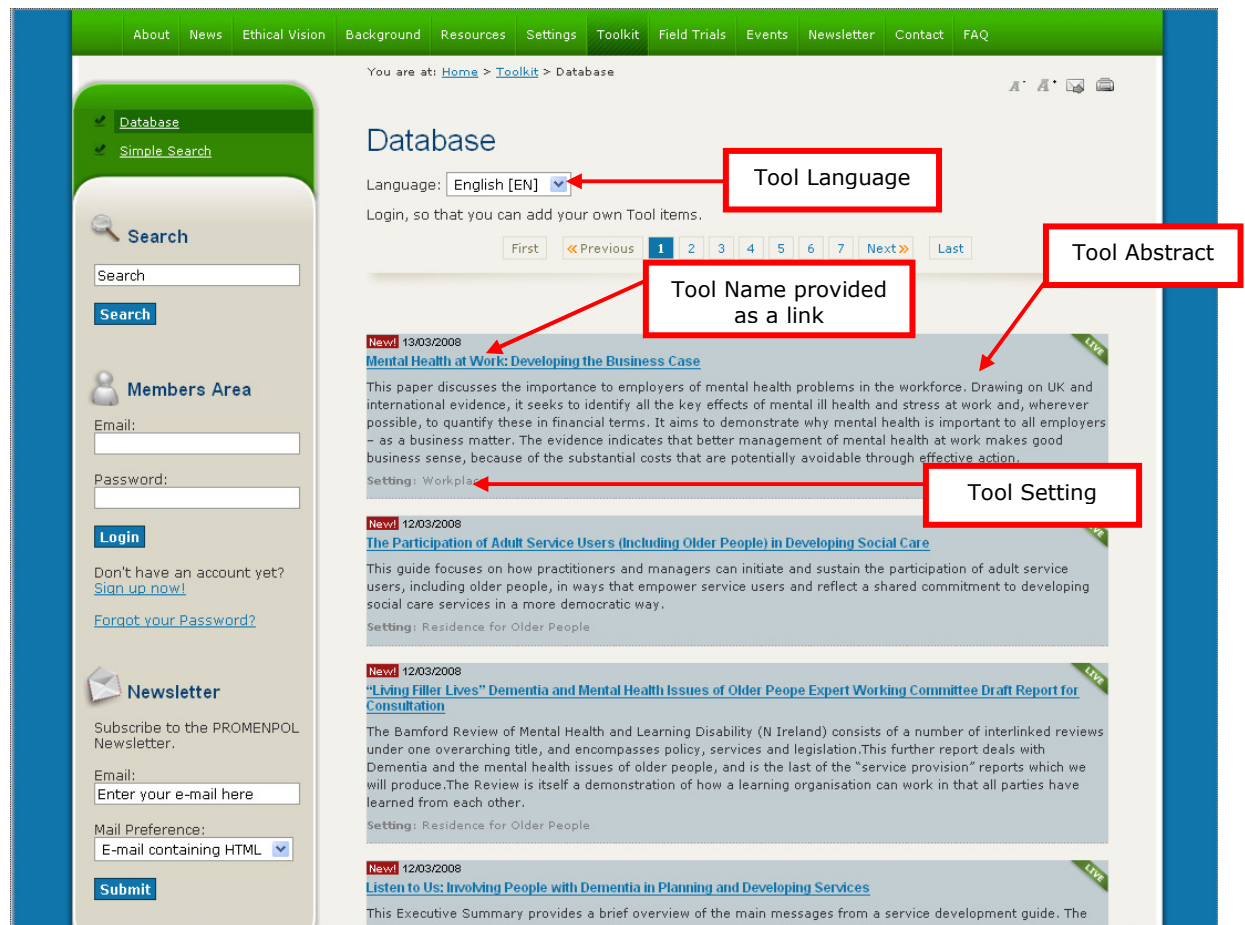


Figure 3: The ProMenPol Database - Tools Listing Page

The purpose of this display page is to present a listing of all the Tools that are currently available within the ProMenPol Database. In the current example a number of tools are displayed. A short abstract about the tools is provided as is the Setting details and the date that the tool went live on the website.

In order to view more details, for instance, about the tool - **Mental Health at Work: Developing the Business Case** – the user clicks the name of the tool which is represented as a link. This action takes the user to the respective tool's home page which provides detailed information about the selected tool in addition to the possibility of viewing its associated ICF Details and MHP Details.

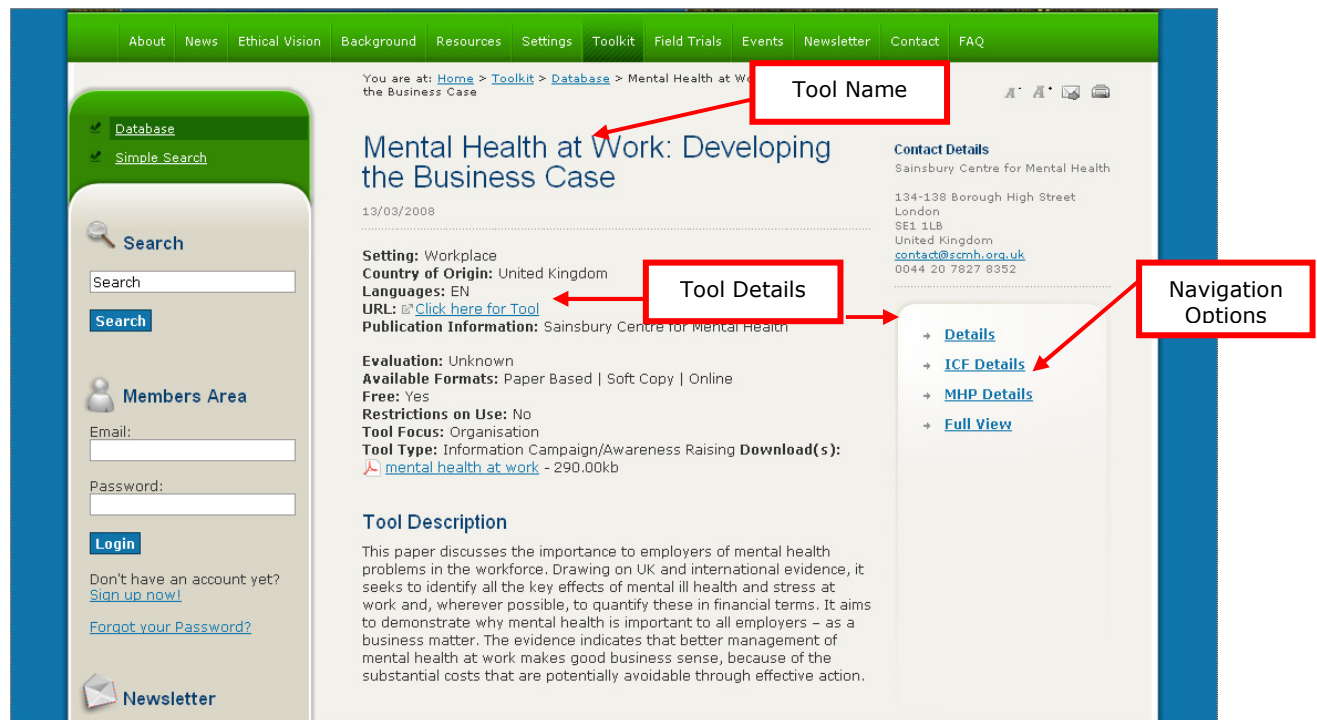
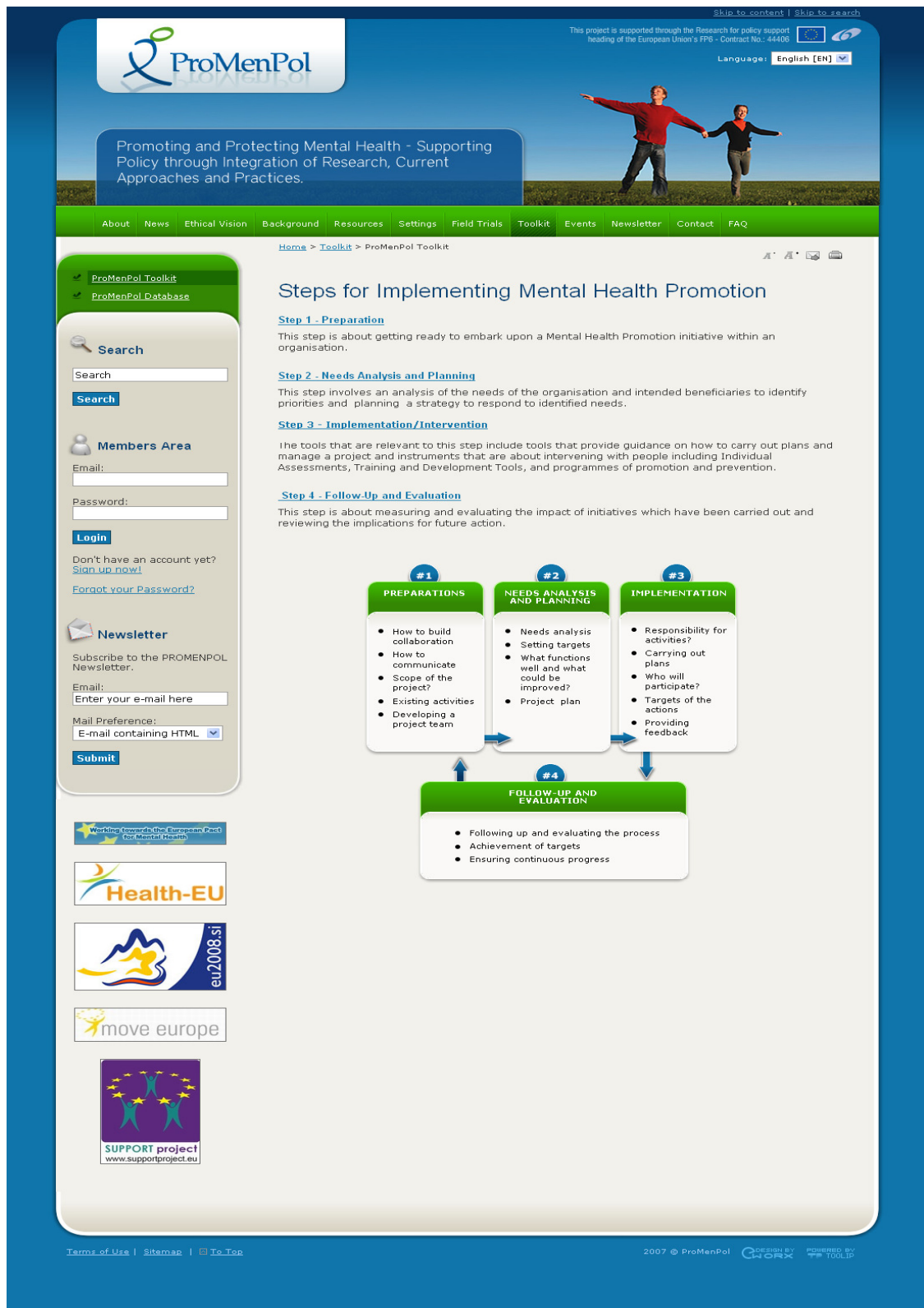


Figure 4: The Mental Health at Work: Developing the Business Case Homepage

3.2 The ProMenPol Toolkit

The ProMenPol toolkit is accessed by clicking on the link [The ProMenPol Toolkit](#) within the text or alternatively by using the left hand side menu option [ProMenPol Toolkit](#). This action results in the following screen appearing:



The screenshot displays the ProMenPol Toolkit homepage. At the top, the ProMenPol logo is on the left, and project information (supported by the European Union's FP6, Contract No.: 44408) and a language selector (English [EN]) are on the right. A banner image shows two people running in a field. Below the banner is a navigation menu with links: About, News, Ethical Vision, Background, Resources, Settings, Field Trials, Toolkit, Events, Newsletter, Contact, and FAQ. The main content area is titled "Steps for Implementing Mental Health Promotion" and lists four steps:

- Step 1 - Preparation**: This step is about getting ready to embark upon a Mental Health Promotion initiative within an organisation.
- Step 2 - Needs Analysis and Planning**: This step involves an analysis of the needs of the organisation and intended beneficiaries to identify priorities and planning a strategy to respond to identified needs.
- Step 3 - Implementation/Intervention**: The tools that are relevant to this step include tools that provide guidance on how to carry out plans and manage a project and instruments that are about intervening with people including Individual Assessments, Training and Development Tools, and programmes of promotion and prevention.
- Step 4 - Follow-Up and Evaluation**: This step is about measuring and evaluating the impact of initiatives which have been carried out and reviewing the implications for future action.

A flowchart below the steps shows the sequence: #1 PREPARATIONS, #2 NEEDS ANALYSIS AND PLANNING, #3 IMPLEMENTATION, and #4 FOLLOW-UP AND EVALUATION. The flowchart includes specific tasks for each step:

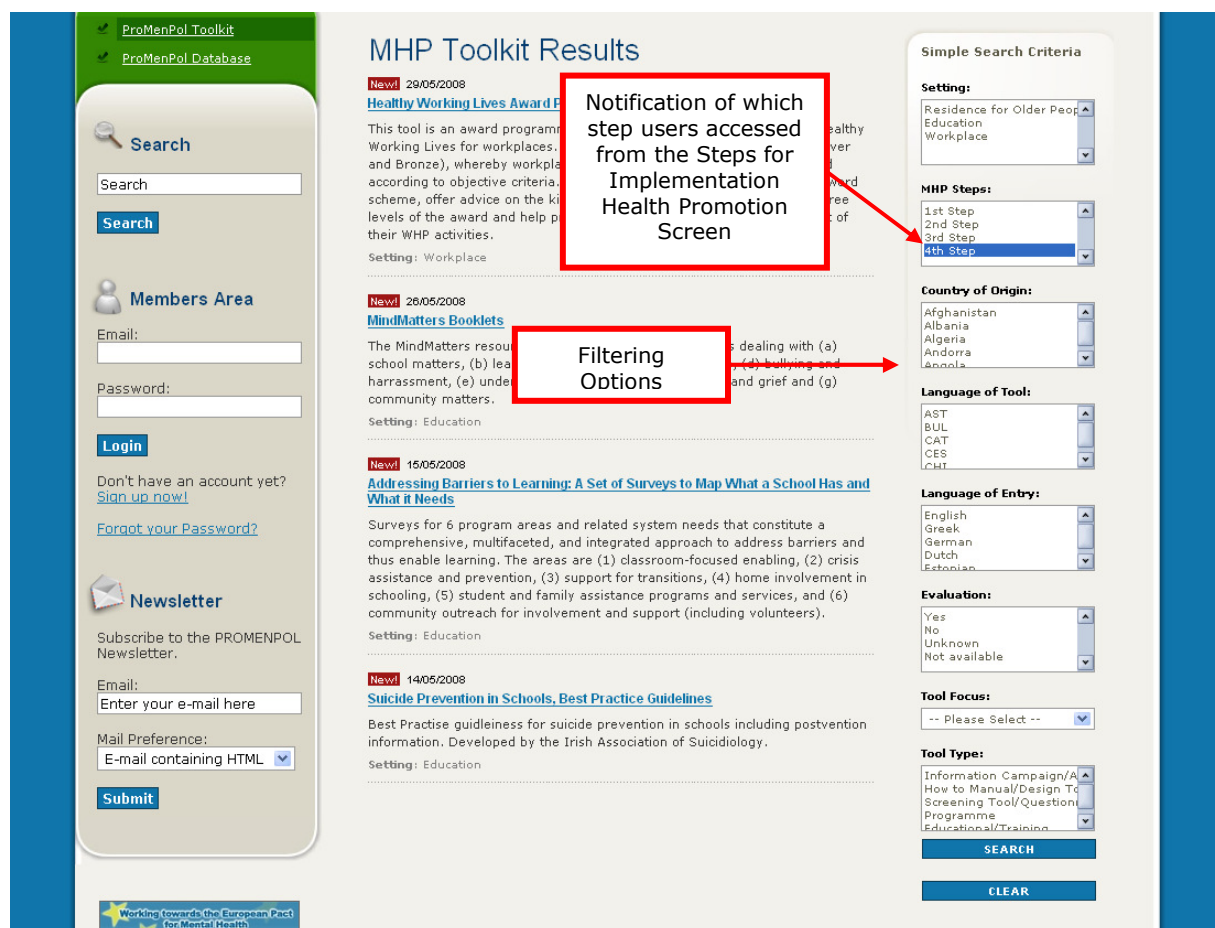
- PREPARATIONS**:
 - How to build collaboration
 - How to communicate
 - Scope of the project?
 - Existing activities
 - Developing a project team
- NEEDS ANALYSIS AND PLANNING**:
 - Needs analysis
 - Setting targets
 - What functions well and what could be improved?
 - Project plan
- IMPLEMENTATION**:
 - Responsibility for activities?
 - Carrying out plans
 - Who will participate?
 - Targets of the actions
 - Providing feedback
- FOLLOW-UP AND EVALUATION**:
 - Following up and evaluating the process
 - Achievement of targets
 - Ensuring continuous progress

The left sidebar contains a search bar, a members area with login and registration links, and a newsletter subscription form. At the bottom, there are logos for "Working towards the European Pact for Mental Health", "Health-EU", "eu2008.si", "move europe", and "SUPPORT project".

Figure 5: The Toolkit Homepage: the 4 Steps for Implementing MHP

This page provides users with an overview of the four steps associated with implementing Mental Health Promotion (please see the Methodology Section of this report for further information on the development of the Four Steps).

In order to view tools associated with each of the 4 steps users have the option to either click the link associated with the Step e.g. [Step 4 Prevention](#) or alternatively clicking within the diagram. This action results in the following screen appearing:



MHP Toolkit Results

Simple Search Criteria

Setting:
Residence for Older People
Education
Workplace

MHP Steps:
1st Step
2nd Step
3rd Step
4th Step

Country of Origin:
Afghanistan
Albania
Algeria
Andorra
Armenia

Language of Tool:
AST
BUL
CAT
CES
CHT

Language of Entry:
English
Greek
German
Dutch
Estonian

Evaluation:
Yes
No
Unknown
Not available

Tool Focus:
-- Please Select --

Tool Type:
Information Campaign/A
How to Manual/Design To
Screening Tool/Question
Programme
Educational/Training

SEARCH

CLEAR

Notification of which step users accessed from the Steps for Implementation Health Promotion Screen

Filtering Options

Figure 6: The ProMenPol MHP Toolkit Results Page

The MHP Toolkit Results screen is divided into two panels. The first panel presents users with a list of all tools associated with the selected **Step**. Upon entering the screen users are notified in which step they find themselves via the highlighted **MHP Step** option (in this instance it is Step 4). The second panel enables users to tailor/filter their results according to their respective requirements. For instance if **Following and Evaluation Tools for the Workplace** are required these options are selected directly from the filtering options and the Search Button is clicked in order to execute the search. The results will appear in the first panel.

3.3 Viewing Tool Details

3.3.1 Tool Metadata

If the user chooses to see more data on a specific tool (e.g. the 'Suicide Prevention in Schools, Best Practice guidelines' which appears at the bottom of Figure 2 above), they can do so by clicking on the name of the tool which is represented as a link, and the following **Tool Homepage** screen will appear:

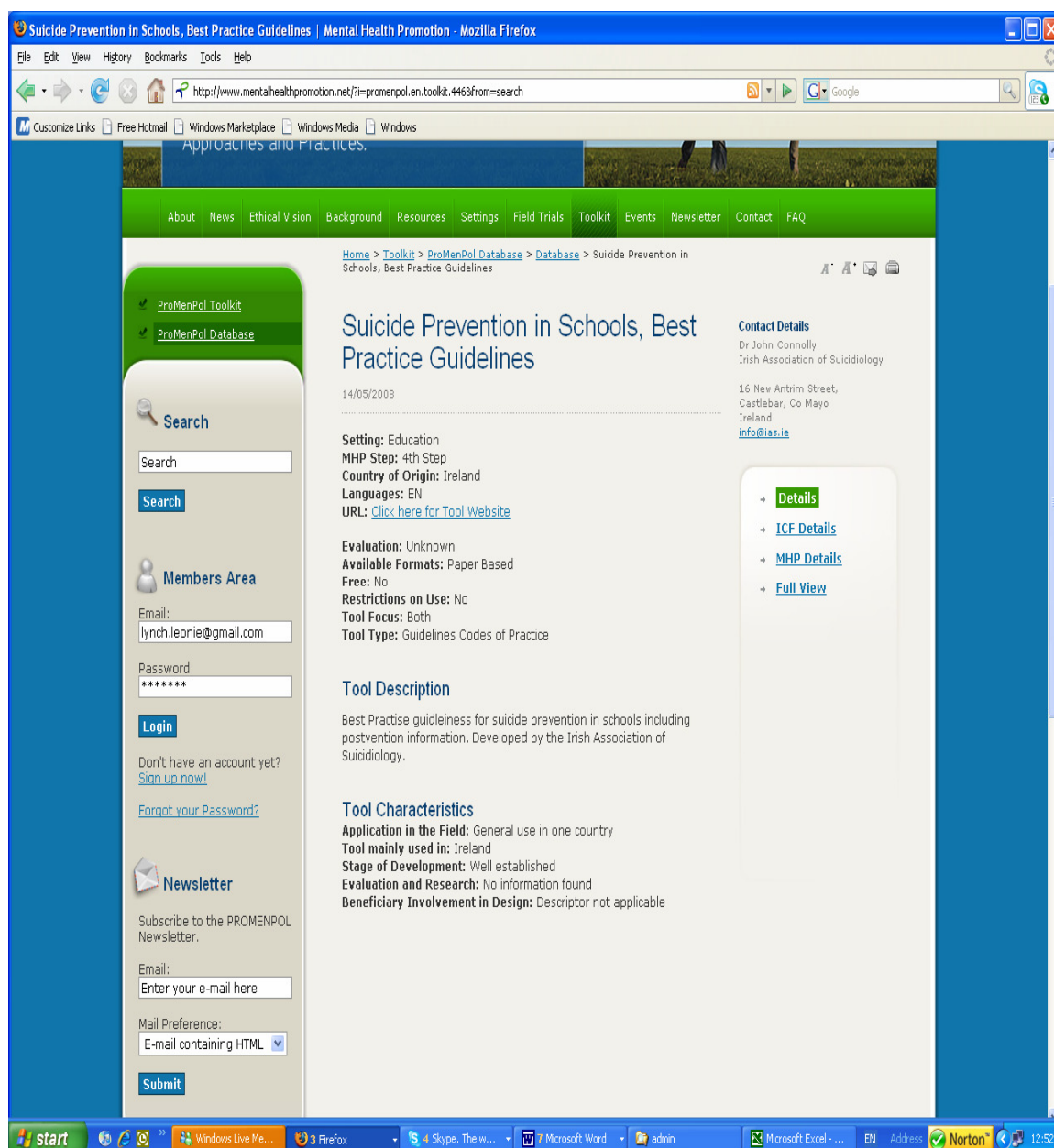


Figure 7: Suicide Prevention in Schools, Best Practice Guidelines: Tool Homepage Screen

Within this screen, users can see that the tool is applicable to the education setting, it is relevant to the 4th MHP step i.e. follow up and evaluation, it originated in Ireland, it is

available in English etc. The URL for the tool website is given and various other information including a Tool Description. At the end of the page you will see the Tool Characteristics which have been applied to the tool in selecting it for inclusion in the toolkit (Please see Methodology Section within this report for more information).

3.3.2 Viewing ICF Details and MHP Details



Both within the Toolkit itself or in the Database, the user is assisted in viewing and/or navigating between the ICF and MHP Details associated with a given tool, by a sub-menu which is provided on the right hand side of the screen.

The **ICF Details** option allows users to view the ICF Core details relevant to their tool and the **MHP Details** option allows users to view the MHP details relevant to their tool.

For example, if the **ICF Details** option is clicked, the following screen will be displayed.



Figure 8: Suicide Prevention in Schools, Best Practice Guidelines: ICF Details Screen 1

By clicking on **ICF - Core Set**, all the relevant sub-headings associated with the ICF Core Set can be accessed as below:

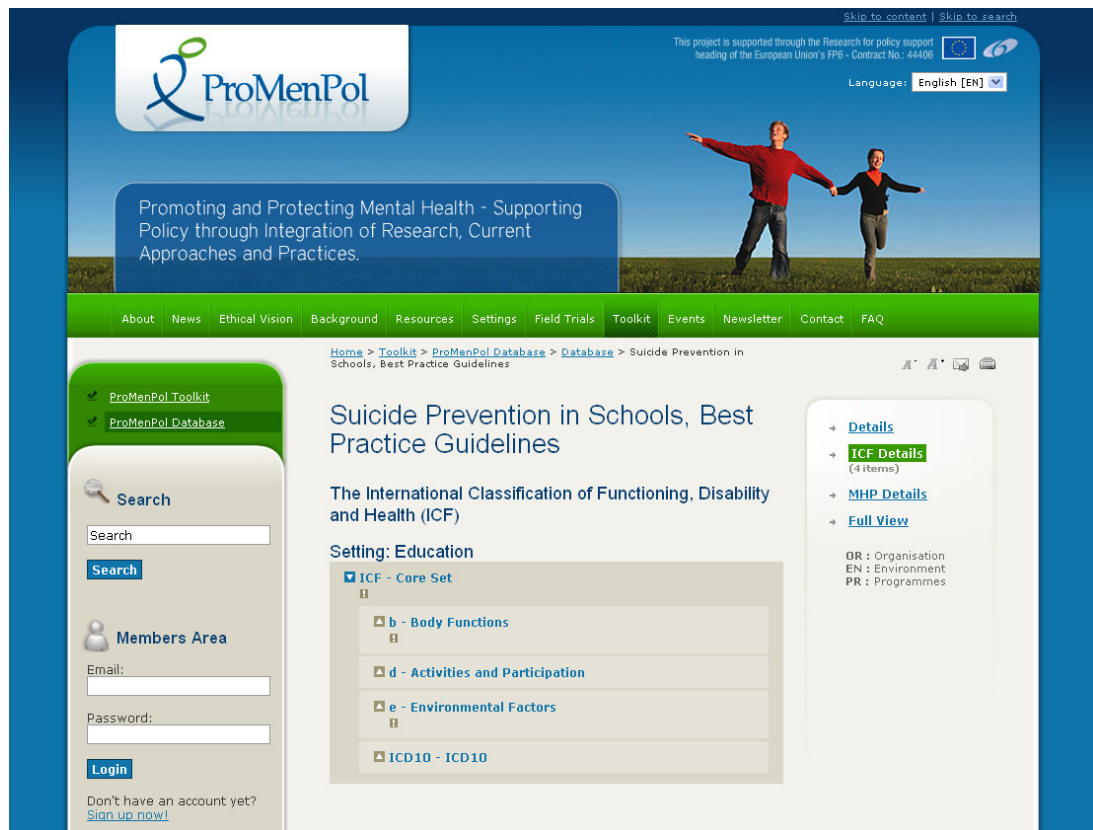
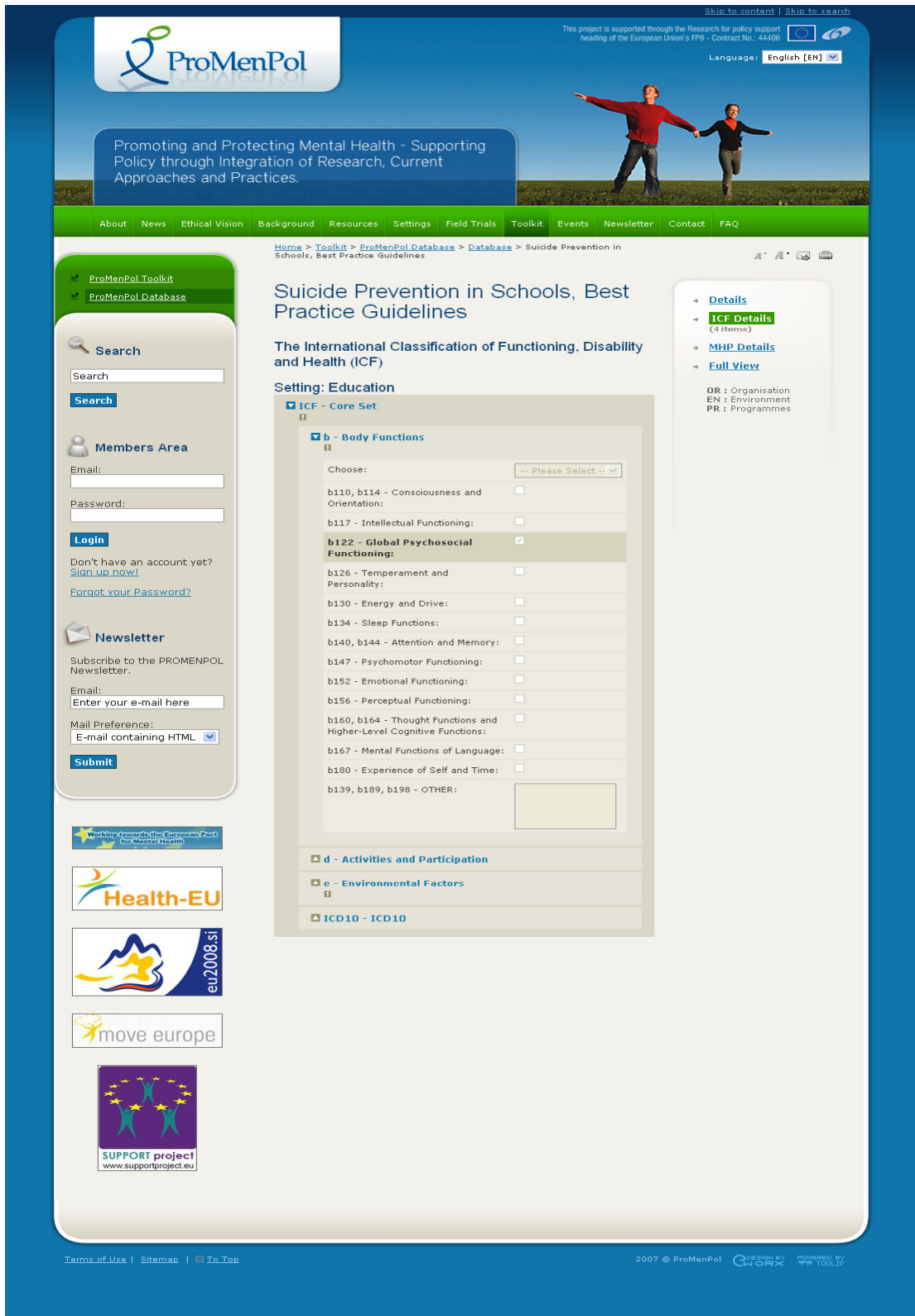


Figure 9: Suicide Prevention in Schools, Best Practice Guidelines: ICF Details Screen 2

Each sub-heading is accessed by clicking on it e.g. if **Body Functions** is clicked, the following screen appears:



The screenshot shows the ProMenPol website interface. At the top, there is a navigation bar with links like 'About', 'News', 'Ethical Vision', 'Background', 'Resources', 'Settings', 'Field Trials', 'Toolkit', 'Events', 'Newsletter', 'Contact', and 'FAQ'. The main content area is titled 'Suicide Prevention in Schools, Best Practice Guidelines' and includes a section for 'The International Classification of Functioning, Disability and Health (ICF)'. Under 'Setting: Education', the 'ICF - Core Set' is displayed, with 'b122 - Global Psychosocial Functioning' selected. The left sidebar contains a search bar, a members area with login and registration options, and a newsletter subscription form. The bottom of the page features logos for 'Working towards the European Pact for Mental Health', 'Health-EU', 'eu2008.si', 'move europe', and 'SUPPORT project'.

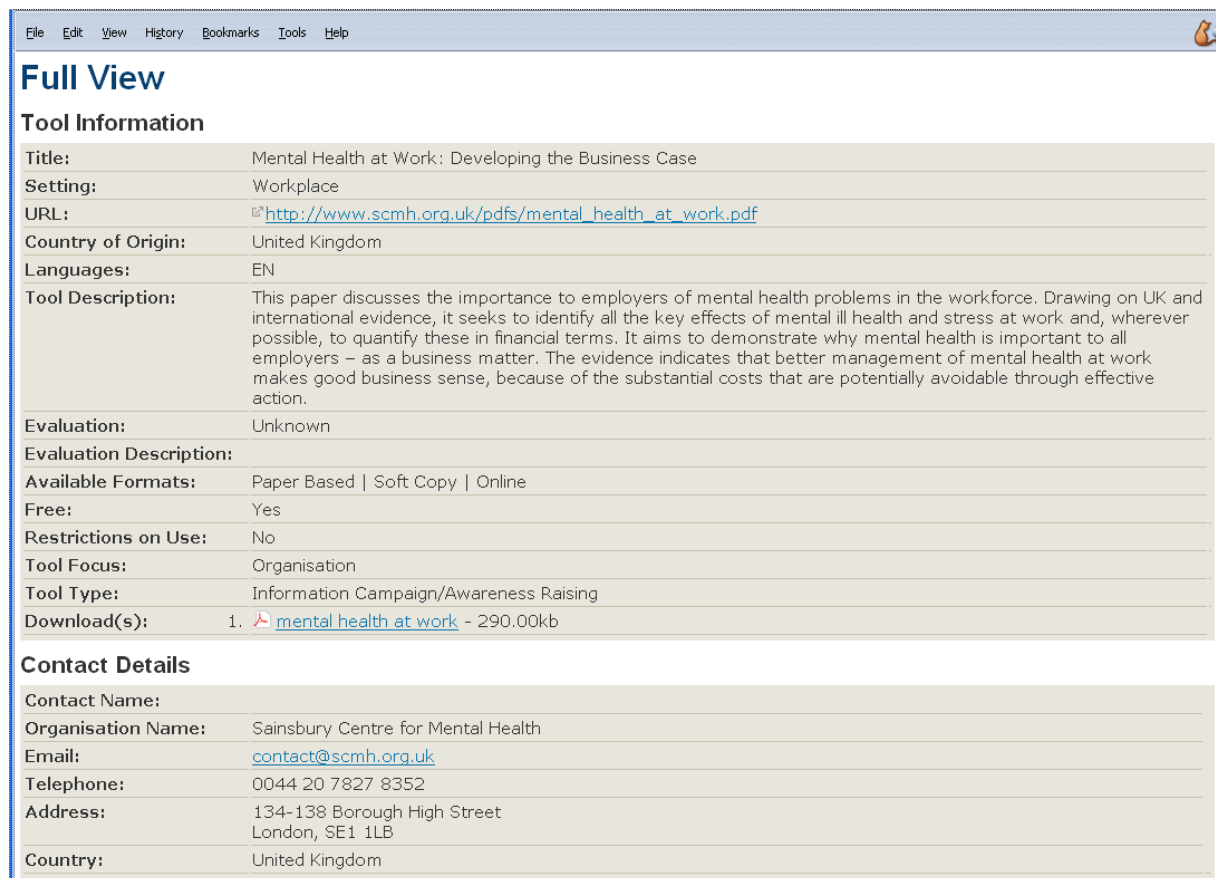
Figure 10: Suicide Prevention in Schools, Best Practice Guidelines: ICF Details Screen 3

The process described above is applicable to all the items associated with the ICF Core Set. In order to view MHP Details the same procedure as above is used.

3.3.3 The Full View

The **Full View** option presents users with an extensive view of the selected tool including both ICF and MHP Details. For viewing purposes it is recommended that users access this option.

The **Full View** screen which pops up as a separate window also offers users the possibility to print information associated with the selected tool by accessing the menu bar provided at the top of the screen.



The screenshot shows a web browser window titled 'Full View'. The browser's menu bar includes File, Edit, View, History, Bookmarks, Tools, and Help. The page content is organized into two main sections: 'Tool Information' and 'Contact Details'.

Tool Information

Title:	Mental Health at Work: Developing the Business Case
Setting:	Workplace
URL:	http://www.scmh.org.uk/pdfs/mental_health_at_work.pdf
Country of Origin:	United Kingdom
Languages:	EN
Tool Description:	This paper discusses the importance to employers of mental health problems in the workforce. Drawing on UK and international evidence, it seeks to identify all the key effects of mental ill health and stress at work and, wherever possible, to quantify these in financial terms. It aims to demonstrate why mental health is important to all employers – as a business matter. The evidence indicates that better management of mental health at work makes good business sense, because of the substantial costs that are potentially avoidable through effective action.
Evaluation:	Unknown
Evaluation Description:	
Available Formats:	Paper Based Soft Copy Online
Free:	Yes
Restrictions on Use:	No
Tool Focus:	Organisation
Tool Type:	Information Campaign/Awareness Raising
Download(s):	1. mental health at work - 290.00kb

Contact Details

Contact Name:	
Organisation Name:	Sainsbury Centre for Mental Health
Email:	contact@scmh.org.uk
Telephone:	0044 20 7827 8352
Address:	134-138 Borough High Street London, SE1 1LB
Country:	United Kingdom

Figure 11: Full View Option Associated with the Mental Health at Work: Developing the Business Case Tool

3.3.4 Tools in Other Languages

Within the ProMenPol Database and toolkit, tools in other languages are provided. Currently, the following Tool Languages exist: English (default), German, Finnish, Dutch and Estonian. If a user is interested in reviewing German Tools for instance, they can access the German Tools Section of the ProMenPol Website. They do this by simply selecting German from the pull down menu provided at the top right of the webpage as shown below:



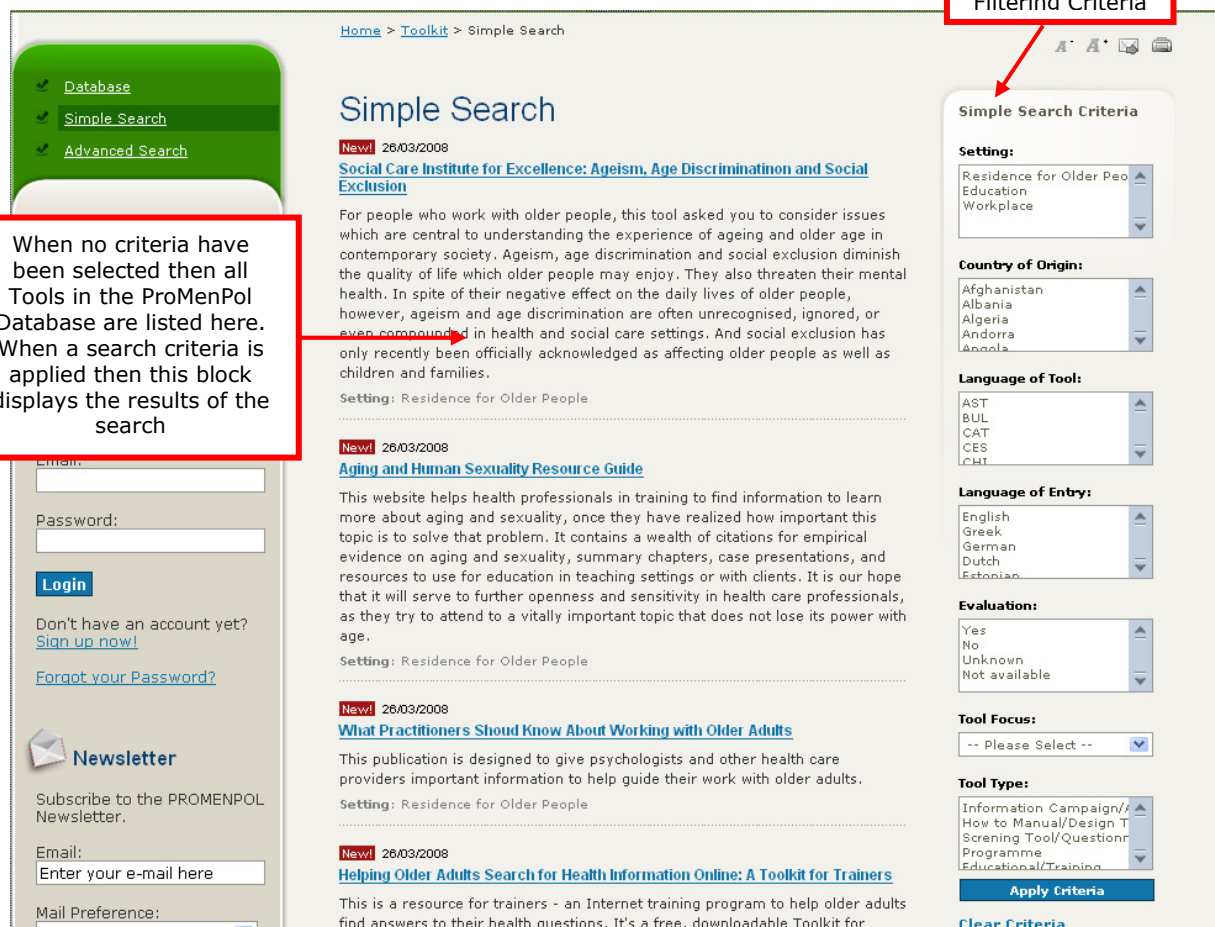
This option would take the user to the German Toolkit.

3.4 Searching the Database

Searching the ProMenPol Database can be executed either via a Simple Search or an Advanced Search Option. Both Options are available from within the **The ProMenPol Database Page** screen.

3.4.1 Carrying out a Simple Search

The Simple Search screen can be accessed from the **ProMenPol Database Page** by clicking on the [Simple Search](#) link. This action will take the user to the **Simple Search Screen**.



Home > Toolkit > Simple Search

Simple Search

New! 26/03/2008
[Social Care Institute for Excellence: Ageism, Age Discrimination and Social Exclusion](#)

For people who work with older people, this tool asked you to consider issues which are central to understanding the experience of ageing and older age in contemporary society. Ageism, age discrimination and social exclusion diminish the quality of life which older people may enjoy. They also threaten their mental health. In spite of their negative effect on the daily lives of older people, however, ageism and age discrimination are often unrecognised, ignored, or even compounded in health and social care settings. And social exclusion has only recently been officially acknowledged as affecting older people as well as children and families.

Setting: Residence for Older People

New! 26/03/2008
[Aging and Human Sexuality Resource Guide](#)

This website helps health professionals in training to find information to learn more about aging and sexuality, once they have realized how important this topic is to solve that problem. It contains a wealth of citations for empirical evidence on aging and sexuality, summary chapters, case presentations, and resources to use for education in teaching settings or with clients. It is our hope that it will serve to further openness and sensitivity in health care professionals, as they try to attend to a vitally important topic that does not lose its power with age.

Setting: Residence for Older People

New! 26/03/2008
[What Practitioners Should Know About Working with Older Adults](#)

This publication is designed to give psychologists and other health care providers important information to help guide their work with older adults.

Setting: Residence for Older People

New! 26/03/2008
[Helping Older Adults Search for Health Information Online: A Toolkit for Trainers](#)

This is a resource for trainers - an Internet training program to help older adults find answers to their health questions. It's a free, downloadable Toolkit for

Simple Search Criteria

Setting:
 Residence for Older People
 Education
 Workplace

Country of Origin:
 Afghanistan
 Albania
 Algeria
 Andorra
 Angola

Language of Tool:
 AST
 BUL
 CAT
 CES
 CHI

Language of Entry:
 English
 Greek
 German
 Dutch
 Estonian

Evaluation:
 Yes
 No
 Unknown
 Not available

Tool Focus:
 -- Please Select --

Tool Type:
 Information Campaign/
 How to Manual/Design T
 Screening Tool/Question
 Programme
 Educational/Training

Apply Criteria

Clear Criteria

When no criteria have been selected then all Tools in the ProMenPol Database are listed here. When a search criteria is applied then this block displays the results of the search

Figure 12: Simple Search Screen

The Simple Search Screen is divided into two panels. The first panel lists all the Tools in the ProMenPol Database regardless of which language they are in. Whereas the second panel provides the Simple Search Criteria.

In order to carry out a Simple Search on the Database – users can select their Search Criteria based on: **Setting, Country of Origin, Language of the Tool, Evaluation, Tool Focus and / or Tool Type**. The user then clicks **Apply Criteria** to start the search.

For example, if a user wishes to retrieve all **Workplace tools** – they simply click the **Workplace Setting** option and then click **Apply Criteria** at which point the results of the search will be displayed in the middle section of the page.

3.4.2 Carrying out an Advanced Search

The **Advanced Search** is accessed by clicking the **Advanced Search Link**. Once accessed the following introduction screen will appear:

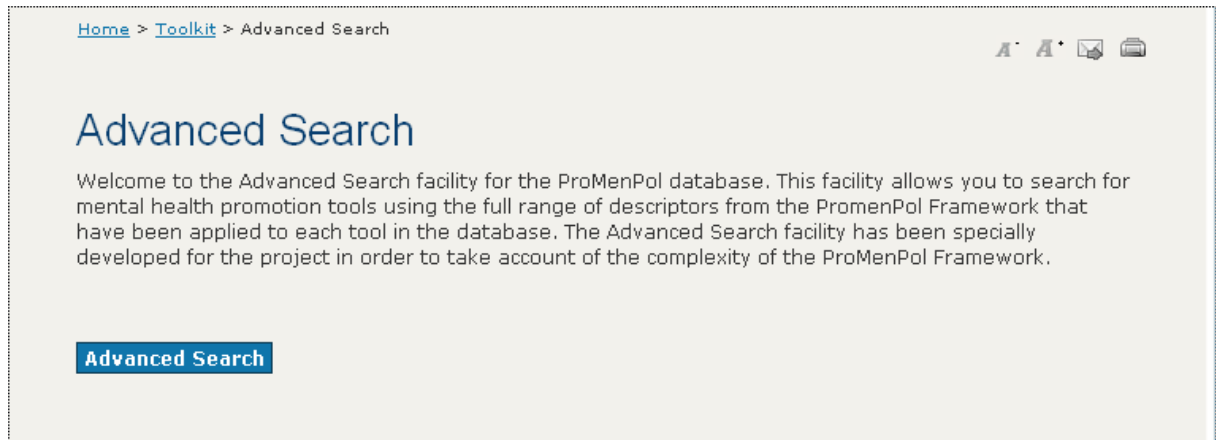


Figure 13: Advanced Search Introductory Screen

Clicking **the Advanced Search** button results in the following screen appearing

[Home](#) > [Toolkit](#) > Advanced Search

Advanced Search - Database

Setting* is a Mandatory Field and must be selected before the search can take place

Setting*: -- Please Select --

Country of Origin: Austria
Azerbaijan
Bahamas
Bahrain

Language of Tool: AST
BUL
CAT
CES

Language of Entry: English
Greek
German
Dutch

Evaluation: Yes
No
Unknown
Not available

Tool Focus: -- Please Select --

Tool Type: Information Campaign/Awareness Raising
How to Manual/Design Tool
Screening Tool/Questionnaire
Programme

Save Criteria

Figure 14: Stage 1 - Advanced Search Screen

Using the Advanced Search facility takes place in two stages:

Stage 1:

The first stage requests users to select their search terms from the lists of meta-data. Users may select as many or as few search terms that are of interest to them.

The **Setting** field has an asterisk next to it indicating that this is a mandatory field. It must be completed in order for the search to take place.

Upon completion of the selection the **Save Criteria** button has to be clicked. This action completes the first stage of the search process and enables the next screen to appear.

[Home](#) > [Toolkit](#) > Advanced Search

Advanced Search - Database

Setting*:
Country of Origin:
Language of Tool:
Language of Entry:
Evaluation:
Tool Focus:
Tool Type:

Residence for Older People
Afghanistan
Albania
Algeria
Andorra
AST
BUL
CAT
CES
English
Greek
German
Dutch
Yes
No
Unknown
Not available
-- Please Select --
Information Campaign/Awareness Raising
How to Manual/Design Tool
Screening Tool/Questionnaire
Programme

Save Criteria

Content Search via the ICF and MHP Codes

+ Search in:
[Details](#)
[ICF Details](#)
[MHP Details](#)

+ Search assets
[Selected Criteria](#)
[Help](#)

Run Search

Figure 15: Stage 2 - Advanced Search Screen

Stage 2:

In this second stage, users can now search the database for tools with specific content of interest to them.

In the panel on the right hand side of the screen, two buttons can be used to search for content. The first of these (ICF details) classifies each of the tools according to the International Classification of Functioning. The second of these (MHP details) classifies tools according to the mental health promotion framework developed by the ProMenPol team.

Users can click on either or both of these buttons to search for tools with specific content of interest. When doing so, they will be presented with set of screens that allow them to explore areas of interest.



Figure 16: Selecting Content Area Screen

After having selected each search term of interest, the user clicks the **Save Criteria** button at the end of the list of terms. This action allows each search criterion entered to be saved. By doing so the panel on the right hand side is updated indicating how many search terms have been selected.

By clicking the **Selected Criteria** button in the right hand panel, all selected advanced search criteria can be viewed. This action will display a full listing in the following format.

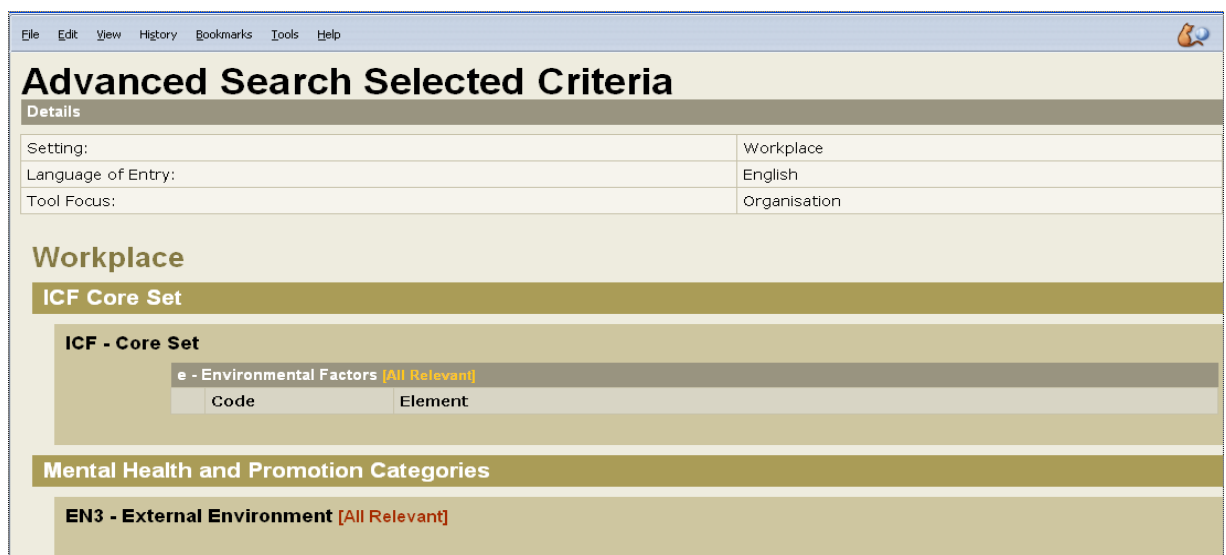


Figure 17: Advanced Search Selected Criteria

Clicking the **Run Search** button on the right hand panel will actually execute the advanced search.

3.4.3 Carrying out a Free Text Search

In addition to the Database Simple Search and Advanced Search – the ProMenPol website offers users the possibility to carry out a **Simple Text Search**. This search is available from all pages within the ProMenPol Website and is located on the left side of the screen.

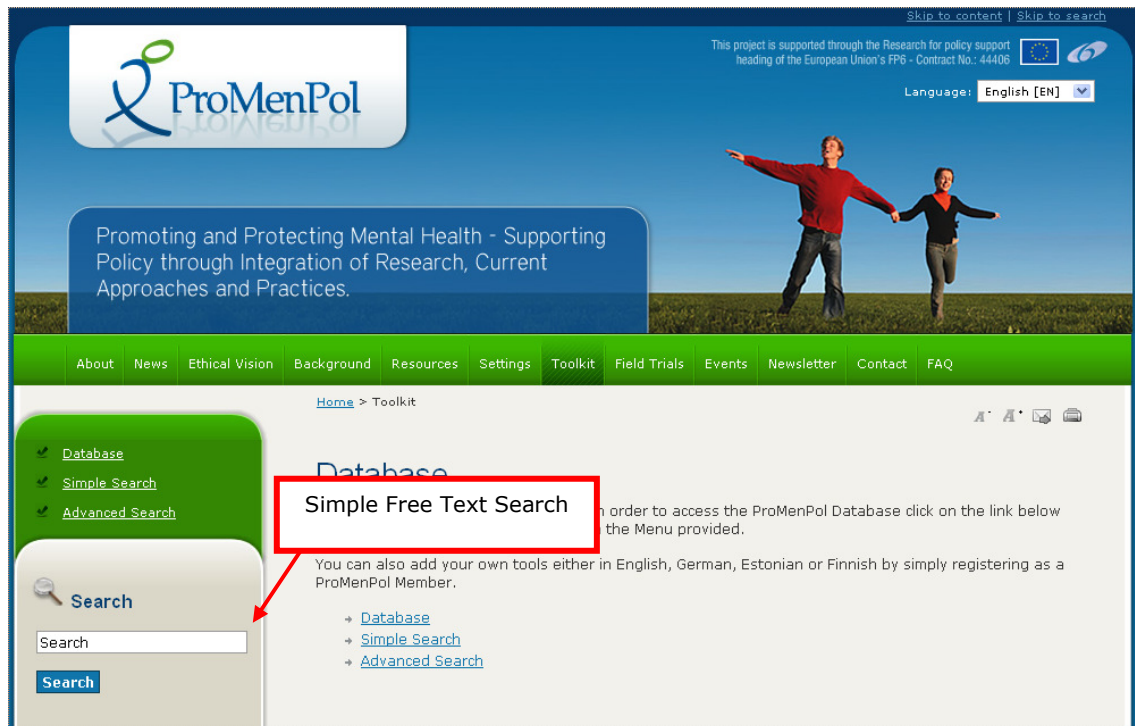


Figure 18: ProMenPol Free Text Search

A Free Text Search is executed by simply entering the text required in the text box and clicking the **Search** button. This action results in the following page appearing:

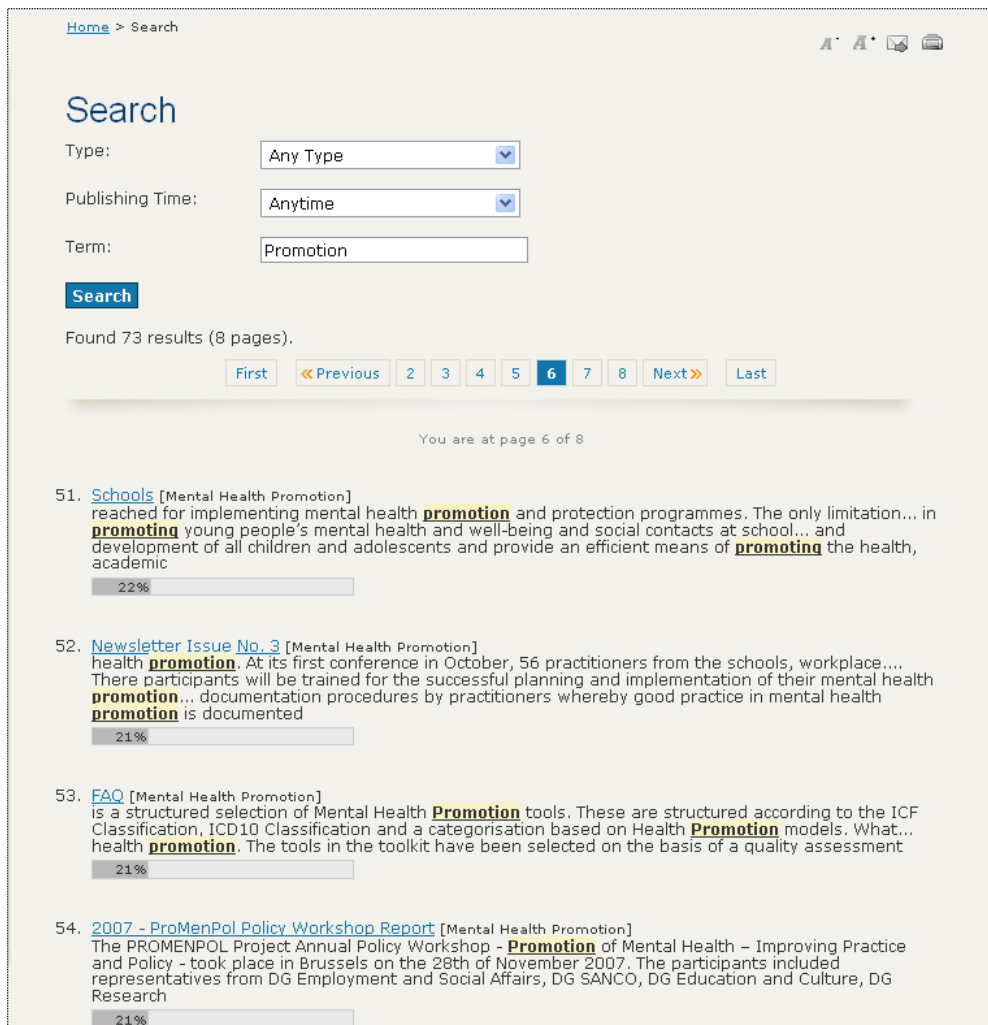


Figure 19: ProMenPol Free Text Search – Results Screen

The purpose of this page is to not only display the results but also to enable the user to restrict the search to any page within the ProMenPol website, by selecting from the options provided in the **Type – pull down menu**. Information provided in this pull down menu corresponds to a page within the ProMenPol website – this correspondence is presented in the Table below.

Table 2: Type vs ProMenPol Website Pages

Type	ProMenPol Website Page
Any Type	Any page within ProMenPol Website
Bibliography Item	Bibliography Page
Event Item	Events
Forum Item	Forums
Link Item	Links
News Item	News
Newsletter Item	Newsletter

Type	ProMenPol Website Page
Project Item	Projects
ProMenPolLibrary Item	ProMenPol Library
Policy Document Item	Policy Documents
Tool Type	Toolkit

In addition to limiting the Free Text Search to a specific page in ProMenPol users have the possibility to also restrict the search to the time the item was published via the **Publishing Time - pull down menu**.

3.5 Adding Third Party Tools

Within the ProMenPol Database users have the possibility to add and manage their own Tools. This is because the ProMenPol consortium view the database and the toolkit as a dynamic resource that should be expanded with as many quality tools as possible over time.

For a third party to upload their own tool, they must first register as Members of the ProMenPol Website. Adding a New Tool to the ProMenPol Database is initiated by accessing the Database Menu and clicking **Add a New Item**. This action will take the user directly to Step 1 the Tool Information Screen.

3.5.1 Step 1: The Tool Information Screen

The **Tool Information Screen** enables users to enter/edit basic information about the tool they wish to add to the ProMenPol Database. This information concerns generic information such as the name of the tool, its description, contact details of the tools owners etc.

An example of the Tool Information Screen is presented below:

You are at: [Home](#) > Toolkit

Create New Item

Please complete the form below in order to submit an Item to the PROMENPOL Editor. Your submission will be reviewed and if appropriate added to the site.

(Required fields are marked by *)

Tool Information

Title: *

URL:

Setting: *

Country of Origin:

Languages:
For multiple selections - press and hold the control key (Ctrl) and then click on your selection.

Tool Description: *

Figure 20: Database Metadata Screen

Once all the basic details have been entered the **CREATE** Button needs to be clicked in order to create the tool in the ProMenPol Tools Database.

Once the Tool has been created users will be returned to the **Database Screen** where the entered tool will now be listed in the list of tools provided at the very end of the list. Additionally, an **Edit** button will appear which will enable users to Edit/Manage their entered tool.

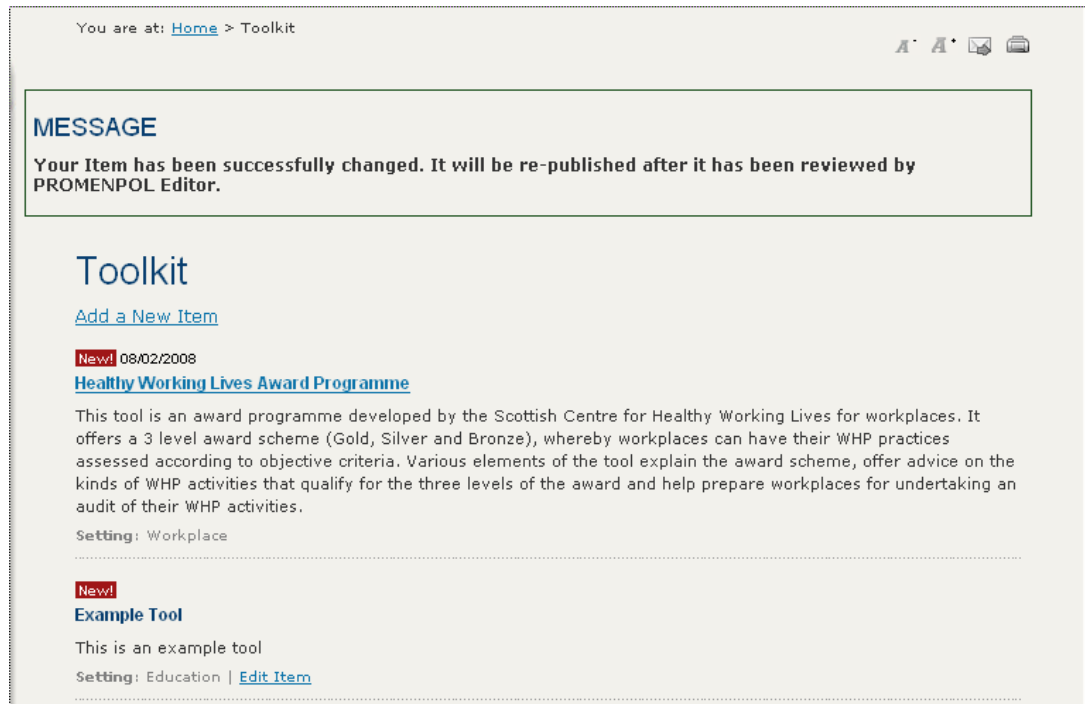


Figure 21: Database Listing Screen

The **Edit Item** button at the bottom of the screen will return users to the **Tool Basic Information Screen** which will now be displayed with the sub-menu displaying the ICF and MHP Details:

You are at: [Home](#) > Toolkit

Edit Item

Please complete the form below to edit the Item you have submitted. Your submission will be reviewed and if appropriate will be added to the site.

(Required fields are marked by *)

Tool Information

Title: *	<input type="text" value="Example Tool"/>
URL:	<input type="text" value="www.example.com"/>
Setting: *	<input type="text" value="Education"/>
Country of Origin:	<input type="text" value="Australia"/>
Languages:	<div> <div>AST</div> <div>BUL</div> <div>CAT</div> <div>CES</div> <div>CHI</div> <div>CYM</div> <div>DA</div> <div>DE</div> <div>EL</div> <div>EN</div> <div>ES</div> <div>ET</div> <div>EUS</div> <div>FI</div> <div>FR</div> <div>GA</div> <div>GLG</div> <div>HRV</div> <div>HU</div> <div>IS</div> </div>

For multiple selections - press and hold the control key (Ctrl) and then click on your selection.

This is an example tool

[→ ICF Details](#)
[→ MHP Details](#)

Figure 22: Database Edit Metadata Screen

Within this screen users now have the possibility to add/edit Tool Information in addition to adding/editing ICF and MHP Details.

3.5.2 Step 2: Creating ICF Core Set Details and MHP details

The **ICF Details** option from the sub-menu allows users to add or edit ICF Core details of their tool and the **MHP Details** option allows users to add or edit the MHP details of their tool. For example, if the **ICF Details** option is clicked, the following screen will be displayed:

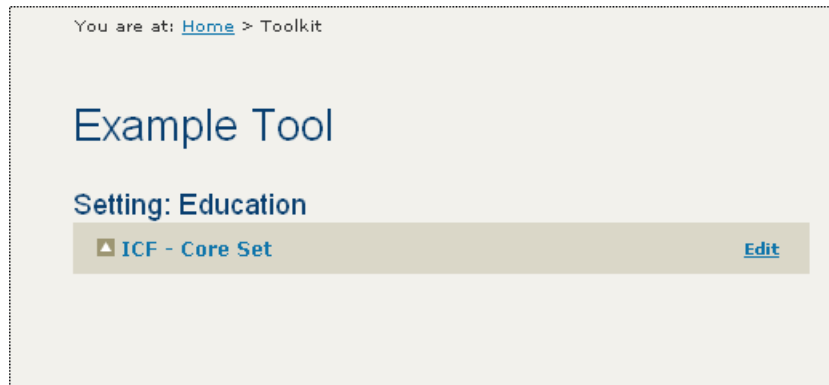


Figure 23: ICF Details Screen 1

By clicking on **ICF - Core Set**, all the possibilities associated with the ICF Core Set can be accessed as below:



Figure 24: ICF Details Screen 2

Each sub-heading is accessed by clicking on it e.g. if **Body Functions** is clicked, the following screen appears:

You are at: [Home](#) > Toolkit

Example Tool

Setting: Education

ICF - Core Set
[Edit](#)

b - Body Functions
[Edit](#)

Choose: -- Please Select --

b110, b114 - Consciousness and Orientation:	<input type="checkbox"/>
b117 - Intellectual Functioning:	<input type="checkbox"/>
b122 - Global Psychosocial Functioning:	<input type="checkbox"/>
b126 - Temperament and Personality:	<input type="checkbox"/>
b130 - Energy and Drive:	<input type="checkbox"/>
b134 - Sleep Functions:	<input type="checkbox"/>
b140, b144 - Attention and Memory:	<input type="checkbox"/>
b147 - Psychomotor Functioning:	<input type="checkbox"/>
b152 - Emotional Functioning:	<input type="checkbox"/>
b156 - Perceptual Functioning:	<input type="checkbox"/>
b160, b164 - Thought Functions and Higher-Level Cognitive Functions:	<input type="checkbox"/>
b167 - Mental Functions of Language:	<input type="checkbox"/>
b180 - Experience of Self and Time:	<input type="checkbox"/>
b139, b189, b198 - OTHER:	<div></div>

d - Activities and Participation
[Edit](#)

Figure 25: ICF Details Screen 3

From within each of the screens presented above users have the option to enter ICF Details associated with their tools by clicking the associated **Edit** Button. Once clicked the options available are activated and the user is able to select from a pull down menu, tick or add comments in relation to a specific Core Set Item for a specific tool. An example is provided in the following screen:

Example Tool

Setting: Education

ICF - Core Set

b - Body Functions

Choose:

-- Please Select --

-- Please Select --
Design Tool
All Relevant
General Reference

b110, b114 - Consciousness and Orientation:

b117 - Intellectual Functioning:

b122 - Global Psychosocial Functioning:

b126 - Temperament and Personality:

b130 - Energy and Drive:

b134 - Sleep Functions:

b140, b144 - Attention and Memory:

b147 - Psychomotor Functioning:

b152 - Emotional Functioning:

b156 - Perceptual Functioning:

b160, b164 - Thought Functions and Higher-Level Cognitive Functions:

b167 - Mental Functions of Language:

b180 - Experience of Self and Time:

b139, b189, b198 - OTHER:

Update Button

Update

Cancel

Editing Button

Figure 26: ICF Details Screen 4

The process described above is applicable to all the items associated with the ICF Core Set. In order to add or edit MHP Details the same procedure as above is used.

It should be noted that even though a tool may have been entered in the ProMenPol Database – it will not become immediately listed in the live website. The reason for this is that the ProMenPol editor will first review the tool and then make it live on the website.