
Supporting the Implementation of ProMenPol Field Trials

Piloting of Mental Health Promotion and Protection Tools

Manual

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Document Title

Supporting the implementation of ProMenPol Field Trials – Piloting of mental health promotion and protection tools

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Executive Summary

Mental health is essential for a happy, fulfilled, and vigorous life, unfortunately, the incidence of mental ill health is currently increasing worldwide. Mental health is not only a central aspect for individuals and their social environment (family, friends, colleagues, etc.); moreover, mental health and well-being are very important for the entire human, social and economic capital of a society.

Many practitioners would like to implement some initiative that would have a positive impact on the mental well-being of their clientele. However, a common response is that there is a barrier to carrying out these kind of initiatives because of a lack of appropriate material, e.g. leaflets, training manuals, (policy) guidelines and programmes. Furthermore, many practitioners are not able to judge whether or not the material is of high quality. In addition, they miss practical support for the implementation of tools that aim to promote mental health.

ProMenPol's aim is to promote and to protect mental health. The project supports practitioners in the implementation of mental health promotion and protection tools. In the course of the ProMenPol project, practitioners from schools, workplaces and residential homes for older people can make use of many supporting structures, such as this implementation manual.

This manual is structured according to practice needs. In the *Introductory chapter 1*, the benefits and the core principles of mental health promotion are addressed. The ProMenPol project is also described very briefly and the central settings are presented. Furthermore, three possible types of Field Trials are introduced.

Chapter 2 focuses on practical implementation issues. The main content of the chapter is a detailed explanation of how to use the ProMenPol online Database and Toolkits that contain hundreds of mental health promotion tools (i.e. access, viewing, searching and adding options). In addition, the 'Step approach' is explained, which shows practitioners how they can get started with the implementation of mental health promotion in practice. Besides the Database and Toolkits of mental health promotion tools, *chapter 2* highlights other helpful supporting structures offered by ProMenPol (e.g. homepage, e-Forums, training, and project partners' details).

Chapter 3 describes the rationale of the documentation of the different Field Trials of ProMenPol. First of all practitioners will have the possibility to give structured feedback on the online Database / Toolkits by using a usability questionnaire (Field Trial Type I). Secondly, the Field Trial Type II documentation will be completed by practitioners who implement mental health promotion tools in schools, workplaces or older peoples' residence in the course of the ProMenPol project. The Field Trial Type III form will be completed by practitioners who have already implemented some mental health promotion tools in practice and who want to share their experiences and give insight into their work.

The annex contains a complete list of all figures in this document, plus essential documentation and a collection of frequently asked questions.

1 Introduction

1.1 Benefits of Positive Mental Health Promotion

Good Mental Health is a major resource for social, economic, and personal development and an important dimension of quality of life and well-being. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour mental health or they can be harmful to it. Mental health promotion actions and interventions aim at making these conditions favourable through public advocacy, public education and healthy public policy.

At the international level in Europe, Member States and European Stakeholder Organisations have the opportunity to work in collaboration with a number of Intergovernmental agencies in the pursuit of mental health promotion.

At national level, the Member States themselves have the commitment in Europe in terms of the WHO EURO Declaration and Action Plan for Mental Health for the implementation of mental health promotion policies and actions, mostly within the context of a mental health national plan, whilst some (few) may include mental health as a component of health promotion policies and actions.

A number of Member States in Europe have introduced the principle of de-centralisation of health, including mental health planning, and the devolution of policy, planning and implementation of strategies to a regional level of authority. In this situation it is important for stakeholder organisations to familiarise themselves with national and regional levels of political authority.

Local community level is akin to a grassroots operation in which many stakeholder organisations have their principal location for the implementation of mental health actions and interventions. This level of operation has the undoubted advantage of closeness to the population being served and in turn facilitates the awareness of needs and opportunities existing in that population.

Mental health promotion at all levels of action focuses on enabling people to achieve their fullest mental health potential. This requires a supportive environment, access to information, improvement of life skills and opportunities to make mentally healthy choices. People cannot achieve their full potential for good mental health unless they are able to take control of all the factors that determine their mental health.

At all levels of operation empowerment of community action is at the heart of the process of mental health promotion. Mental health promotion is more than health care and impacts on many sectors of society. This multiple sector involvement is crucial at all levels of operation.

Public mental health can be best achieved through co-operation between government sectors: Health, education, housing, employment as well as non-government and community-based organisations. This approach challenges sectors to work together to tackle the determinants of health and thereby offering disadvantaged groups a greater opportunity to be involved in creating solutions that support their positive mental health.

The determinants of health can both directly and indirectly influence the positive mental health of our population. For example, they influence an individual's self-esteem as well as people's behaviour and ability to secure employment and housing.

We all have mental health just like we all have physical health. Mental health is the ability we each have to feel, think and act in ways that help us to enjoy life and deal with the challenges we face. Life is a constant up and down, and we can never get rid of problems, crises, sorrow and pain. However, people can reduce their chances of emotional and physical illness by learning how to cope with everyday life events and how to make positive health choices.

Mental health promotion is essentially concerned with:

- How individuals, families, organisations and communities think and feel;
- The factors which influence how we think and feel individually and collectively; and
- The impact it has on overall health and well-being.

Within these areas of concern eight mental health elements for development amongst individuals have been defined:

- Coping,
- Tension and stress management,
- Self-concept and identity,
- Self-esteem,
- Self-development,
- Autonomy,
- Change, and
- Social support and movement.

An investment in mental health promotion has the potential to facilitate change, contribute to the reorientation of the health services and to develop essential skills in health and social service providers to enable them to contribute to the health and well-being of the individuals and communities they serve.

Developing a positive attitude to mental health requires a cultural shift throughout the community and within the health services. There is ample evidence that mental health promotion programmes work and positively influence mental well-being and quality of life, while reducing the risk of mental disorders. Over the last twenty years significant progress has been made in the development of successful evidence-based mental health promotion programmes.

Mental health promotion results in widespread economic benefits and has cost effective outcomes. In addition there is almost no evidence of negative side effects. Therefore, mental health promotion is a low-risk and cost effective investment.

To support a holistic approach and to contribute to a cultural shift to a positive attitude towards mental health at community level and throughout the health services, the appointment of health promotion officers with dedicated responsibility for mental health promotion is essential.

Mental health promotion and mental health care are complementary parts of the spectrum of necessary interventions to achieve good mental health outcomes for the population. Both approaches are essential elements of a comprehensive mental health strategy and a balance should be realized between them, stressing an intersectoral and a multi-disciplinary approach.

The goals of mental health promotion and illness prevention are to maximize mental health and well-being among individuals, families, communities, and populations by focusing on:

- Promotion of positive mental health,
- Earliest possible identification and intervention in mental health problems,
- Reduction of the incidence of mental illness and suicide,
- Prevention of disability due to mental illness and co-occurring conditions, and
- Prevention of conditions commonly associated with mental illness including medical illness, substance abuse and trauma.

1.2 Core Principles in Mental Health Promotion

1.2.1 What is Mental Health¹

Although no single generally accepted definition exists for mental health, the following explanation is used in the context of ProMenPol. Mental health, as an indivisible part of general health, reflects the equilibrium between the individual and his/her environment. The determinants of mental health include:

- Individual factors and experiences (e.g. childhood events, recent traumas, etc.),
- Social interactions (e.g. family relationships, work relationships etc.),
- Societal structures and resources (e.g. welfare and support systems),
- Cultural values (e.g. transitional cultures; multi-cultural conflicts).

Mental Health can also be seen as a bio-psycho-social process comprising protective, predisposing, precipitating, restoring and supporting factors, together with various consequences and outcomes.

There are two main approaches to mental health:

- **Positive mental health** considers mental health as a resource. It is essential to general well-being as well as to our ability to perceive, comprehend and interpret our surroundings, to adapt to them or to change them if necessary, and to communicate with each other. Healthy mental abilities and functions enable us to experience life as being meaningful, and help us to be creative and productive members of society.
- **Negative mental health** deals with mental disorders, symptoms and problems. Mental disorders are defined in current diagnostic classifications by the existence of symptoms (with the exception of psycho-organic disorders and substance abuse disorders). A state is called a disorder when symptoms are long-lasting, beyond the

¹ Lavikainen, Juha, Fryers, Tom, Lehtinen, Ville: Improving Mental Health Information in Europe. Proposal of the MINDFUL Project, Helsinki 2006 (STAKES)

control of the individual, out of proportion to possible external causes, and there is a reduction in functional capacity. Mental symptoms and problems may exist even though the criteria for clinical disorders are not met. These sub-clinical conditions are often a consequence of persistent or temporary distress. They can impose a significant burden on the individual, but they are not always recognized as mental health problems or presented for care.

1.2.2 What is Health Promotion

"Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion goes beyond healthy life-styles to well-being" (WHO, 1986).

To address health promotion issues within various populations and settings, a range of strategies can be used including policy initiatives, environmental strategies, intersectoral partnerships and the broad determinants of health (i.e. employment, housing, income, social support, etc), as well as the more traditional lifestyle and public education initiatives.

1.2.3 Mental Health Promotion

Mental health promotion places mental health within a health promotion framework, and views mental health as being a continuum ranging from optimal to minimal. It defines optimal mental health for the whole population, including people with a diagnosed mental health disorder. Promoting mental health should always be consistent with the health promotion process of "enabling people to increase control over and improve their own health" (WHO, 1986)².

Health promotion and mental health promotion have common elements, in that both:

- focus on the enhancement of well-being rather than on illness,
- address the population as a whole, including people experiencing risk conditions, in the context of everyday life (and in different settings),
- are oriented toward taking action on the determinants of health,
- broaden the focus to include protective factors, rather than simply focusing on risk factors and conditions,
- include a wide range of strategies such as communication, education, policy development, organizational change, community development and local activities,
- acknowledge and reinforce the competencies of the population, and
- encompass the health and social fields as well as medical services.

² World Health Organization. (1986). Ottawa Charter for Health Promotion. Ottawa: Author and Canadian Public Health Association. PDF available by clicking here. Accessed January 30, 2007.

1.2.4 What is Distinctive About Mental Health Promotion?

Mental health promotion emphasizes two key concepts: power and resilience. Power is defined as a person's, group's or community's sense of control over life and the ability to be resilient (Joubert & Raeburn, 1998)³. Building on existing capacities can increase power and control.

Resilience has been defined as "the ability to manage or cope with significant adversity or stress in ways that are not only effective, but may result in an increased ability to respond to future adversity" (Health Canada, 2000, p. 8)⁴. Resilience is influenced by risk factors and protective factors.

A person's increased sense of power and resilience is important not only as an outcome of an intervention, but also as an integral part of the process, where the person truly feels that they are part of the process.

Mental health promotion efforts should start by:

- respecting people as they are,
- recognizing that people have the capacity to cope with life (regardless of whether they are currently coping well or not), and
- acknowledging that they themselves are the best ones to know how to access their own intrinsic capacity.

A person's increased sense of power and resilience is important not only as an outcome of an intervention, but also as an integral part of the process, where the person truly feels that they are part of the process.

1.2.5 What are the Goals of Mental Health Promotion?

- To increase resilience and protective factors:
 - ✓ Increasing an individual's or community's resilience,
 - ✓ Increasing coping skills,
 - ✓ Improving quality of life and feelings of satisfaction,
 - ✓ Increasing self-esteem,
 - ✓ Increasing sense of well-being,
 - ✓ Strengthening social supports, and
 - ✓ Strengthening the balance of physical, social, emotional, spiritual and psychological health.
- To decrease risk factors that contribute to:
 - ✓ Anxiety,
 - ✓ Depression,

³ Joubert, N. & Raeburn, J. (1998). Mental health promotion: People, power and passion. *International Journal of Mental Health Promotion*, inaugural issue, 3.

⁴ Health Canada. (2000). Risk, vulnerability, resilience: Health system implication. Ottawa: Supply and Services Canada. Available online by clicking here. Accessed April 4, 2007.

- ✓ Stress and distress,
 - ✓ Sense of helplessness,
 - ✓ Sexual abuse,
 - ✓ Family conflict,
 - ✓ Problem substance use,
 - ✓ Suicide, and
 - ✓ Violence.
- To reduce inequities in relation to:
 - ✓ Gender,
 - ✓ Poverty,
 - ✓ Physical or mental disability,
 - ✓ Employment status,
 - ✓ Race,
 - ✓ Ethnic background, and
 - ✓ Geographic location.

1.2.6 Key Determinants for Effective Implementation of Mental Health Promotion

In the frame of the EMIP Project⁵ the key determinants for the effective implementation of mental health promotion have been summarized. These determinants are the factors or conditions that influence the scope, level and quality of mental health promotion and prevention activities in a given country. They include:

- Mental health promotion policy: national and regional,
- Cross sector ownership of mental health promotion/prevention,
- Marketing of mental health and well-being,
- Mental health promotion being seen to contribute to improved outcomes for people with mental health problems,
- Governance, performance management and accountability,
- Clear definition of success and how it will be measured,
- Capacity building across all sectors, and
- MHP intelligence/data, evidence base and evaluation.

In addition, Willinsky & Anderson⁶ (2003) found that successful mental health promotion interventions include the following characteristics:

- Clearly stated outcome targets.
- Comprehensive support systems with multiple approaches, including emotional, physical and social support, together with tangible assistance.

⁵ <http://www.emip.org/>

⁶ Willinsky, C., & Anderson, A. (2003). Analysis of Best Practices in Mental Health Promotion Across the Lifespan. Final report. Toronto: Centre for Addiction and Mental Health and Toronto Public Health.

- Intervention in multiple settings, (e.g. home, school, workplaces, daycare centre and community).
- Provision of screening and early interventions for mental health problems at all stages of the lifespan.
- Involvement of relevant parts of the target group's social network.
- Intervention over an extended period.
- Long-term investment in program planning, development and evaluation.

1.2.6.1 What is workplace health promotion (WHP)

The workplace influences health and disease in various ways. Work can cause ill health if employees have to work within health-damaging working conditions, the available skills are inadequate, or support from colleagues is lacking. At the same time work can be a resource for personal development and enhancement of personal skills.

WHP contributes to a wide range of work factors which improve employees' health. These include:

- Management principles and methods which recognise that employees are a necessary success factor for the organisation instead of being viewed only as a cost factor.
- A culture and corresponding leadership principles which include participation of employees and encourage motivation and responsibility of all employees.
- Work organisation principles which provide employees with an appropriate balance between job demands, control over their own work, level of skills and social support.
- A personnel policy which actively incorporates health promotion issues.
- An integrated occupational health and safety service.

The European Network for Workplace Health Promotion (ENWHP) has defined WHP with the Luxemburg Declaration: *Workplace Health Promotion (WHP) is the combined efforts of employers, employees and society to improve the health and well-being of people at work. This can be achieved through a combination of*

- Improving the work organisation and the working environment,
- Promoting active participation, and
- Encouraging personal development.

WHP involves

- Having an organizational commitment to improving the health of the workforce,
- Providing employees with appropriate information and establishing comprehensive communication strategies,
- Involving employees in decision making processes,
- Developing a working culture that is based on partnership,
- Organising work tasks and processes so that they contribute to, rather than damage, health,
- Implementing policies and practices which enhance employee health by making healthy choices the easy choices,

- Recognising that organisations have an impact on people and that this is not always conducive to their health and well-being.

The areas of activity for WHP include [life-styles](#), [ageing](#), corporate culture including staff leadership, staff development, [work-life balance](#), [mental health and stress](#), wellness, [Corporate Social Responsibility \(CSR\)](#) and [nutrition and health](#). The ENWHP quality criteria for WHP and the self assessment tool can be downloaded from the Internet⁷.

1.2.6.2 [Best practice guidelines for MHP programs: Children & Youth](#)

The following 10 guidelines are based on mental health promotion principles that have been identified through critical analysis of literature reviews and can be found on the internet⁸. The guidelines are intended to be used as a tool to improve existing interventions or develop new interventions. Not all components will apply in all contexts, because the guidelines are based on ideal mental health promotion interventions.

1. Address and modify risk and protective factors that indicate possible mental health concerns.
2. Intervene in multiple settings, with a focus on schools.
3. Focus on skill building, empowerment, self-efficacy and individual resilience, and respect.
4. Train non-professionals to establish caring and trusting relationships.
5. Involve multiple stakeholders.
6. Provide comprehensive support systems that focus on peer and parent-child relations, and academic performance.
7. Adopt multiple interventions.
8. Address opportunities for organizational change, policy development and advocacy.
9. Demonstrate a long-term commitment to program planning, development and evaluation.

Ensure that information and services provided are culturally appropriate, equitable and holistic.

1.3 The ProMenPol Project: Content & Aims

1.3.1 Content

ProMenPol is an acronym for the full title of: 'Promoting and protecting mental health-supporting policy through integration of research, current approaches and practice'. ProMenPol is a European Commission funded project under Framework 6. The project began in January 2007 and will continue until December 2009.

⁷ http://www.enwhp.org/fileadmin/downloads/quality_criteria.pdf; <http://www.enwhp.org/index.php?id=63>

⁸ http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Best_Practice_MHYouth/index.html

The broad aim of the project is to analyse the mental health promotion and protection evidence base, disseminate the findings in easily accessible packages, facilitate the take up of best practice through the provision of practical Toolkits and develop health promotion and protection in mental health policy. A key element of the project is the link between mental health promotion practitioners and policy makers. ProMenPol wishes to reduce the gap between policy makers and practitioners within the content of this project by hosting annual practitioner and policy conferences.

The project will examine mental health promotion using a setting approach. Settings are an important cornerstone for successful health promotion as outlined in the 1986 Ottawa Charter⁹. The settings approach moves interventions upstream from defining goals and targets in terms of populations and people, towards goals that look at changes in organisations, systems and the environment. The settings that will be examined in this project are “Schools”, “Workplaces”, and “Residential homes for older people”.

The main outcomes of the project include the following:

- Development of a framework to classify existing mental health promotion resources.
- Development of an online knowledge management centre outlining evaluated mental health promotion toolsets for schools, workplaces and residential homes, which can be accessed by mental health promotion practitioners.
- Evidence of gaps in mental health promotion resources.
- Development of a policy platform and creation of a sustainable collaboration between mental health promotion practitioners and policy makers to carry forward the results and deliverables.

The ProMenPol project is divided into three main areas of work:

Phase 1 conceptualises and characterises the field, builds an effective dissemination platform and identifies the key policy drivers and imperatives for Mental Health at EU and Member State level.

Phase 2 focuses upon the preparation of toolkits, bringing together current good practice, customised to three life stages and three contexts, i.e. school, the workplace and residences for older people and produces a proposal for a cross-sectoral mental health policy platform.

Phase 3 promotes the implementation of pilot projects to review the practicality and usefulness of the toolkits and, based on the feedback from the pilot sites, reviews the instruments and promotes a consensus policy platform on mental health within the EU.

1.3.2 Aims of the Project

Working with both specialist and mainstream researchers, stakeholders, networks, professionals, practitioners and representatives’ organisations, ProMenPol aims to:

- Review the literature and current practices relevant to mental health promotion and protection across each of the three designated settings and report the findings on the ProMenPol website (www.mentalhealthpromotion.net),

⁹ World Health Organization. (1986). Ottawa Charter for Health Promotion. Ottawa: Author and Canadian Public Health Association. PDF available by clicking here. Accessed January 30, 2007.

- Produce a systematic and easy-to-navigate knowledge management system populated with useful information, key reference and important web links,
- Produce a set of three mental health Toolkits customised to the three settings: schools, workplaces and older people's residences,
- Organise a series of pilot implementation projects to evaluate and review the knowledge base and Toolkits,
- Produce a set of multi-sectoral policy principles designed to promote and support more proactive and targeted mental health initiatives in each of the specified sectors,
- Create a sustainable collaboration between the key stakeholders in the project to carry forward the results and deliverables into the later stages of the project and beyond.

1.4 Settings

The Ottawa-Charter of the World Health Organisation on health promotion states that *"Health is created in the context of everyday life – where people live, love, work and play"* (WHO, 1986). Hence, health promotion is often put into practice in settings to reach certain population groups because health is produced and at risk due to setting related circumstances. From an intervention perspective settings are necessary to be able to take their health specialities into account. Health must also be integrated in each system to find a place in organisations and institutions.

In general, the settings approach in (mental) health promotion practice therefore wants to raise awareness for health in the existing structures of these organisations and institutions and wants to combine it with healthy life-styles at the individual level.

Because ProMenPol is based on a life-cycle foundation, the project wants to include people across all life-stages and important life-stage related institutions. Therefore the project distinguishes between three settings: the schools setting for younger people, the workplace setting for the working population and the setting of older people homes for the older population.

1.4.1 Schools

"Schools" within the ProMenPol project framework refers to educational settings for children and adolescents (e.g. students). Educational systems within the European community differ substantially. In some countries 5-year-old children go to school (e.g. in the United Kingdom and Sweden), whereas in others they start when they are 7 years old (e.g. in Estonia). Additionally, the duration of the whole study period varies by country as does the distribution of years between primary and secondary school and university.

In the context of the ProMenPol project it has been agreed that educational settings include children and adolescents in formal education from kindergarten to university.

Within ProMenPol the primary target group to be addressed are the 'gatekeepers', those who do their everyday work in schools and therefore have a key role in promoting and protecting mental health in educational settings.

1.4.2 Workplaces

The definition of workplace is not intended to be exclusive - the interest of ProMenPol is to include as many workplaces as possible in the definition so that as many employees and employers as possible can benefit from the activities of mental health promotion.

Therefore, at one level all workplaces can be considered to be in the "workplace setting". However, there are many different types of organisations and so the "workplace setting" is a general title which incorporates the many specific organisational settings including: large organisations, small and medium sized enterprises (SMEs), micro enterprises, public administrations, health services and welfare (e.g. hospitals), education and training (e.g. schools), and labour market and administration. The key feature of a workplace is that there is an employer who can set policy and who can enable mental health promotion to proceed with their workforce.

Although the end target group for the project is employees, employers and their organisations, the primary target group to be addressed by the ProMenPol Toolkit is human resource managers or other practitioners that can actually apply the tools. Health care professionals involved in mental health promotion are also a target group for the project.

1.4.3 Older People Homes

Within the ProMenPol project, residences for older people include older people in permanent homes, whether this is a nursing home or another residential facility. It also includes older people who live at home who use some form of supportive service. By contrast, older persons in 'transitory' homes, for example hospitals and rehabilitation centres are excluded.

The project will provide a Toolkit that focuses on active ageing and maintaining a healthy mind for the older person, as well as focussing on care staff, managers of residences and allied health professionals who provide services to older people and their families or carers.

1.5 Types of Field Trials

For all organisations coming from the schools, workplaces or older peoples' residences settings they have the possibility to do something of benefit to the mental well-being of their clients and employees. Because of the complexity and diversity of the field of mental health promotion and protection, the ProMenPol project will provide organisations with support and expertise.

Organisations which are interested in mental health promotion can take part in a Promenpol Field Trial, regardless of their setting. To cover the different wishes of organisations, ProMenPol distinguishes between three different types of Field Trials which are explained in the following sections.

1.5.1 Field Trial Type I

ProMenPol supports practice with a knowledge management system of tools and instruments of mental health promotion and protection which are freely available (i.e. the

Toolkit). It is presented online at the Toolkit section on the ProMenPol website (see <http://www.mentalhealthpromotion.net/>). In the Toolkit users can get detailed information about the tools, their aims and instructions.

To ensure the best knowledge transfer from science to practice it is necessary to have feedback from the user groups themselves. The question is: Does the Database with its tools and instruments generate information that addresses the user's needs and are there useful tools available?

Therefore this Field Trial Type I is defined as:

Testing and assessing the ProMenPol Online Database on mental health promotion and protection tools and documenting the toolset's utility, functionality and practicality for your organisation.

This usability test will focus on the utility, functionality and practicability of the mental health promotion toolset and will cover technical, optical/visual, and content dimensions in a standardised questionnaire. The test results will help us to amend and to improve the content of the Database. In turn, this development will optimise the information for practitioners (see chapter 3.1).

1.5.2 Field Trial Type II

The second Field Trial Type is designed for all organisations that want to implement a mental health promotion and protection tool from the ProMenPol online Database. This Field Trial will start with the testing and assessment of the online Database (see Field Trial Type I). This will be followed on by the user selecting one (or more) of the online tools which they are interested in and implementing it in their organisation. The ProMenPol consortium will support this implementation through several structures (see chapter 2.3).

A Field Trial Type II is defined as:

Testing and assessing the ProMenPol Online Database on mental health promotion and protection tools and documenting the toolset's utility, functionality and practicality for your organisation.

Plus: Choosing one (or more) tool(s) from the Online Database, implementing it in your organisation and reporting on its utility and practicality for your organisation.

Users will also be required to complete a qualitative outcomes document detailing how the implementation worked out and detailing the factors that enhanced and impeded the implementation of the chosen tool (see chapter 3.2)

1.5.3 Field Trial Type III

Many organisations already use mental health promotion and protection tools and are very familiar with mental health promotion planning and proceeding. We want to invite these organisations to share their knowledge and experiences of using these tools with us.

Does the implemented tool achieve the desired effects? And if yes: which ones? Therefore, the Type III of the Field Trials is focused on the accomplished outcomes of

existing and currently running mental health promotion and protection initiatives in organisations.

A Field Trial Type III is defined as:

Reporting on a tool already in use by the organisation in the course of an existing initiative and reporting on its utility and practicality.

Users will be required to provide feedback from this type of trial using a qualitative outcomes document, which will provide us with relevant, detailed, user friendly information relating to the use of particular tools. This will serve to enhance the online Database and Toolkit but more importantly it will also be a basis for feedback to policy makers about the main issues and gaps in the area.

1.5.4 Ethical Guidelines for ProMenPol Field Trials

Organisations that volunteer to carry out a Field Trial within the context of the ProMenPol project must pay attention to the potential ethical implications of the actions which they decide to implement. Therefore, it is important that before you embark on a Field Trial you consider whether there are any ethical issues which need to be addressed and whether or not the actions you plan to take may require to go through an ethical approval procedure. It is only Type II Field Trials that are in this position.

Field Trials Type I are basically website and database usability assessments by volunteer practitioners, whereas Type III Field Trials involve experts who have experience in using various tools as part of their work evaluating the content of the Toolkits, making suggestions for changes and uploading new tools that they think are valuable. If these decisions are on the basis of activities involving participants the project in question will have been completed or in process and thus ethical issues will have been dealt with. Nevertheless, Type III documentation will request respondents to indicate the ethical issues, if any, that arose in the past.

Field Trials Type II involve volunteer practitioners carrying out mental health promotion or prevention/protection activities within their own organisations. These organisations need to carry out an ethical review.

To help you with this, ProMenPol has put in place a number of supports:

- The website (www.mentalhealthpromotion.net) includes a section on ethical advice, and also provides a link to our Ethical Vision.
- The project partners have put in place an Ethical Committee which will review any potential ethical issues and provide advice as to whether ethical approval may be required.
- An Ethical Review Questionnaire has been included in this manual. You are asked to complete this and provide a short summary of your intended actions on the accompanying template. Both of these documents should be returned to Gert Lang at the Research Institute of the Red Cross (see chapter 2.3.3).
- Based on the results of the questionnaires the ethical sub-committee will review each Field Trial for potential ethical concerns and provide advice and guidance to the volunteer practitioner who is carrying it out. This could involve putting in place procedures for documenting informed consent or having to apply for ethical approvals

through local or national procedures depending on the particular plans of a pilot site partner.

The aim is to ensure that all those Field Trials Type II that need to undergo a full ethical approval process do so. The types of projects that need to do this are those that are using intrusive procedures, that are targeting vulnerable groups or that are using tools that are not well established.

It is intended that the ProMenPol partners will carry out an ethical review later in the project to identify any ethical issues that have arisen.

The ethical principles of highest relevance to ProMenPol Type II Field Trials are:

- Informed consent,
- Confidentiality,
- Beneficence and non-maleficence, and
- Competence.

These concepts are defined in the ProMenPol Ethical Vision which is available on the website. The guidelines presented below give you a practical overview of the issues to which you should pay attention:

Informed Consent

- Respect and integrate as much as possible the opinions and wishes of others regarding decisions which affect them.
- Provide as much information as is reasonable in clear understandable language to the person or his or her representative.
- Obtain informed consent if the Field Trial involves:
 - ✓ Obtrusive measures,
 - ✓ Invasion into the private lives,
 - ✓ Risks to the participant,
 - ✓ The use of a placebo condition,
 - ✓ A tool which has yet to be evaluated,
 - ✓ Using an experimental design,
 - ✓ Vulnerable target groups, and
 - ✓ Any attempt to change the behaviour of participants
- Seek willing and adequately informed participation for any person of diminished capacity to give informed consent and proceed without this only if the research is considered to be of direct benefit to that person.

Confidentiality and Anonymity

- Produce a guideline for dealing with personalised information in reports
- Have procedures for the storage and release of personalised information

- Quality control of potential, inadvertent references to identifiable individuals
- Ensure that the nature of the data reported is both anonymised and aggregated
- Pilot sites must:
 - ✓ Have a data protection policy and set of procedures
 - ✓ Have a privacy and confidentiality statement which is signed by a representative of the pilot site
 - ✓ Have one person who is responsible for managing personalised information
 - ✓ Produce a guideline for dealing with requests for personalised information.

Beneficence and Non-Maleficance

- Try to choose tools for which most evidence is available. This information is displayed clearly on the website for each tool in terms of:
 - ✓ Field of Application – Is the tool widely used?
 - ✓ Stage of Development – Is the tool well established or in a development phase?
 - ✓ Research and Evaluation- To which extent are information and results available about the effectiveness of the tool?
 - ✓ User Involvement in Design – To which extent were those for whom the tool was intended consulted in designing the tool?
- In order to ensure that the Field Trial is about doing good and avoiding harm, it is essential to:
 - ✓ Carry out a risk assessment to identify any potential areas where people may be put at risk.
 - ✓ If such a circumstance is identified then appropriate supports should be out in place.
 - ✓ Field Trial sites who wish guidance about how to go about this can seek this from the ProMenPol partners.
- Put mechanisms in place to monitor the well-being of participants.
- Monitor the impact and effectiveness of the tools you included in the Field Trial.

Competence

- Do not implement any technique or methodology that is beyond your competence or qualifications.
- Review implementation plans to ensure that there is no concern about competence prior to embarking on a project.
- Each tool in the Toolkit for which specific skills or qualifications are required is flagged on the website.
- Seek additional training or bring in expertise where this is required.

Ethical Approval is generally not required as long as:

- Participation is voluntary,
- The tools being used are well established and evaluated,
- The actions are targeted at the mainstream population (i.e. total workforce, class etc.) or the organisation,
- There are no risks to participants, and
- The pilot site complies with these ProMenPol ethical guidelines.

Finally, it is important to emphasise that ProMenPol is about evaluating whether or not the Database and Toolkit work effectively as a support to those responsible for Mental Health Promotion in education, the workplace and residences for older people. From this perspective it is not impact on the individuals that the focus of the Field Trial is upon but on the utility of the tools contained in the Database and Toolkit and the format and functionality of the website. Do not hesitate to consult with your national contact person if you are in any doubt about the ethical implications of your Field Trial.

Thus it is at the discretion of the person designing the Type II Field Trial to ensure that no ethical issues are raised by the Field Trial by following the guidelines or alternatively making the proper provision to apply for ethical approval where this is required.

2 Using the Toolkits

2.1 The ProMenPol Database and Toolkit

2.1.1 Background

The primary added value to emerge from the ProMenPol project will be a practical and easy to use set of procedures to help a person, not familiar with the broad variety of mental health promotion and protection instruments, to implement mental health promotion initiatives in their own context be it a school, a workplace or a residence for older people. Currently, if such a person decided to search the internet for tools to assist in mental health promotion, he or she could be confronted with over three million hits. Thus, the challenge for the teacher, human resource manager or manager of a residential service for older people is to distinguish between tools, instruments and methodologies which have a track record and those that do not.

The ProMenPol Toolkit aims to provide access to information, knowledge and resources, on a need-to-know basis to those with responsibility for mental health promotion in three contexts, schools, workplaces and residences for older people. In this respect it is a demand driven knowledge system where the users seek the knowledge they need at the time they need it.

The ProMenPol Toolkit is based on three core elements: First, the classification of tools is based on a coherent and systematic set of categories. Secondly, the tools are stored in a Database which can be browsed by means of a user friendly search engine. Thirdly, the Database is populated with a wide range of robust and well developed resources and tools as well as innovative instruments and approaches which are targeted at the practical needs of professionals and other users and customised to the three specific contexts.

The main theoretical challenges faced by the ProMenPol partners in constructing a practical tool set in the area of mental health promotion were to:

- create a framework within which all mental health tools and instruments in three contexts could be described and classified,
- apply this framework to the vast number of approaches, methodologies, instruments, tools, modules and supports, and
- file all these in a Database so that they can be retrieved by those in the field in a timely manner.

The framework has been derived from two primary sources: The first being the International Classification of Functioning, Health and Disability (ICF: WHO, 2001)¹⁰, which is considered to be a universal model of functioning capable of characterising health as well as impairment and which for the first time provides a way of characterising the role of the environment in the maintenance of mental health; secondly, the framework has used the guidelines, principles and models developed by the Mental Health Promotion sector.

¹⁰ www.who.int/classifications/icf/

The ICF derived subset of the framework includes descriptors of:

- Individual mental health functioning such as temperament and personality, energy and drive, sleep functions, attention and memory,
- Individual activities and participation relevant to mental health such as problem solving, decision making, handling stress, effective communication and managing relationships,
- Environmental factors that may facilitate or inhibit good mental health such as communication aids, physical and emotional support, attitudes, services, systems and policies,
- Health conditions such as mood disorders, stress related disorders, behavioural disorders and disorders of psychological development. (Note: This is coded using the ICD 10)¹¹.

The Mental Health Promotion derived subset of the framework includes:

- Policy and Processes including key policies (e.g. anti-bullying and prevention of abuse), enablers (e.g. organisational ethos and person-centred approaches), implementation processes (e.g. communications and risk assessment), performance indicators and outcomes (e.g. individual benefits and social benefits),
- Contextual elements such as infrastructure (e.g. facilities and technologies), social networks (e.g. peer support networks and community) and the external environment (e.g. primary health services and counselling),
- Programmes including generic programmes focused on the general population (e.g. health screening, exercise and work-life balance), targeted programmes for particular groups (e.g. gender, smokers and people in transition) and specific programmes for individuals at risk (e.g. personal development, coping skills and peer support).

The methodology used to derive the framework was adapted from one that has been in use in relation to the ICF. The biggest challenge for professionals in using the ICF in every day practice is that it consists of over 15,000 separate codes. This is an unwieldy framework for individual assessment or service planning. The solution has been to develop a core set of 50 to 100 items which are most relevant to a specific condition. For example, a core set can be generated for post-acute rehabilitation of stroke patients or for people with low back pain. A similar methodology was adopted in ProMenPol to reduce the 15,000 ICF categories to a manageable number of fields. The same approach was applied to the Mental Health Promotion, Guidelines, Principles and Models.

The specific methodology adopted is described below:

1. An initial questionnaire was distributed to all parties involved in the project which contained all ICF and Mental Health Promotion items.
2. Respondents rated each item between "0 = No Relevance" to "3 = Essential".
3. Respondents were sourced from all partner organisations and more than one respondent from each organisation was involved.
4. Responses were analysed to produce a ranked and prioritised list of elements.
5. These were formatted into an initial core set and presented to focus groups.


¹¹ <http://www.who.int/classifications/icd/en/>

-
6. The focus groups were asked to agree or disagree with each item and to suggest additions.
 7. This resulted in a prototype framework which was presented at the first ProMenPol conference to be reviewed by participants.
 8. On the basis of this feedback the framework was adjusted to produce the current version.

2.1.2 Accessing the ProMenPol Toolkit

2.1.2.1 Introduction – Accessing the ProMenPol Toolkit and Database

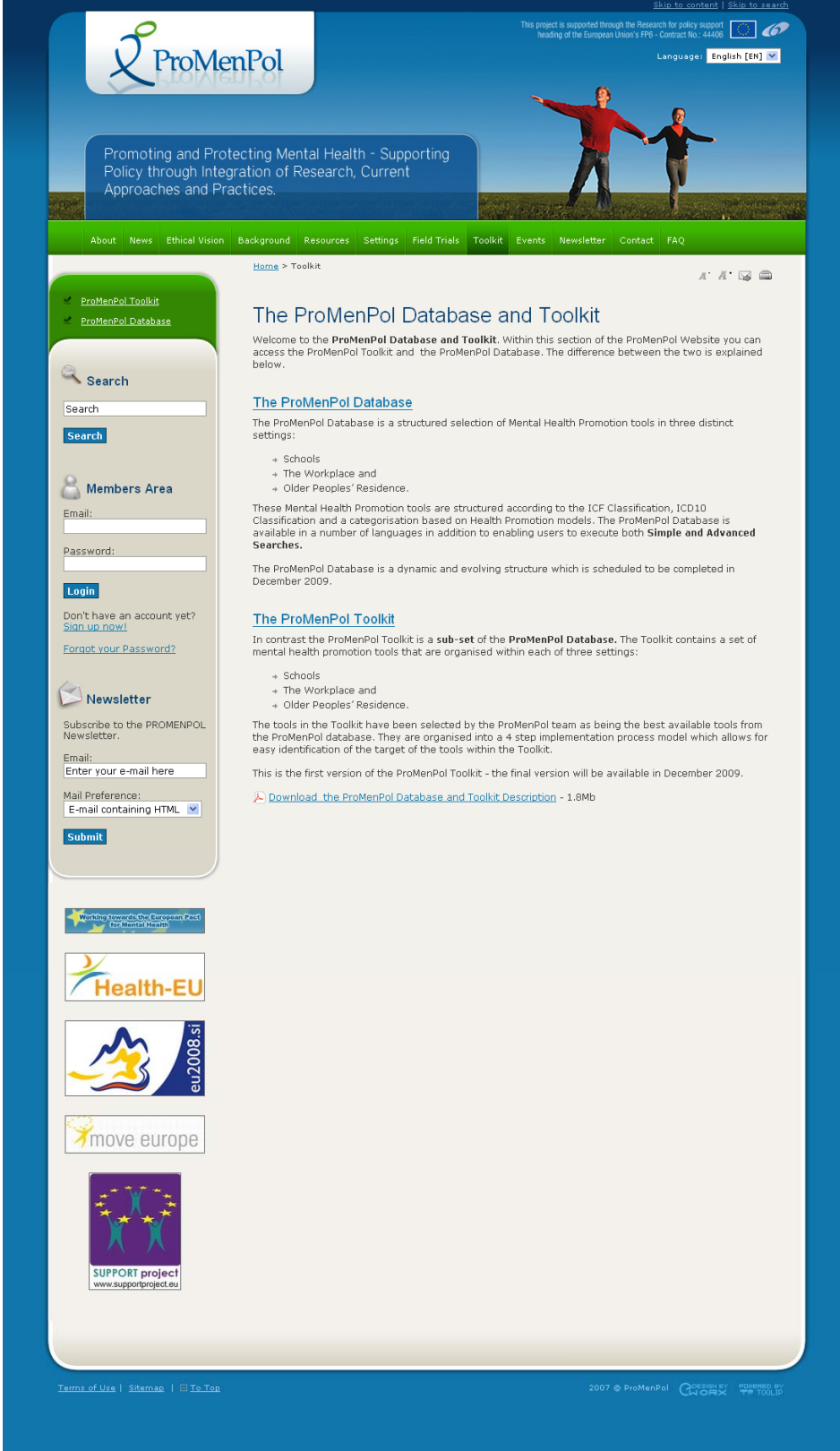
The ProMenPol Toolkit and Database can be accessed from the ProMenPol website www.mentalhealthpromotion.net - Toolkit menu option which is found in the Menu Bar located below the header at the top of the page.



The screenshot shows the ProMenPol homepage. At the top, there is a navigation menu with the following items: About, News, Ethical Vision, Background, Resources, **Toolkit**, Field Trials, Events, Newsletter, and Contact. A red box highlights the 'Toolkit' menu option, and a red arrow points from a callout box containing the text 'Access to the PROMENPOL Database and Toolkit' to this menu item. The main content area features a 'Welcome to the ProMenPol Website' section with a list of services and outputs, including the 'ProMenPol Toolkit'. On the left side, there are sections for Search, Members Area, and Newsletter. At the bottom, there are logos for Health-EU, SUPPORT project, and eu2008.si.

Figure 1: The ProMenPol Homepage

Once the Toolkit option has been selected the following screen will appear.



The screenshot shows the ProMenPol website interface. At the top, there 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 "The ProMenPol Database and Toolkit" and includes a search bar, a members area with login fields, and a newsletter subscription form. The page also features several logos at the bottom, including the European Union flag, Health-EU, eu2008.si, move europe, and SUPPORT project.

The ProMenPol Database and Toolkit

Welcome to the **ProMenPol Database and Toolkit**. Within this section of the ProMenPol Website you can access the ProMenPol Toolkit and the ProMenPol Database. The difference between the two is explained below.

The ProMenPol Database

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

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

These Mental Health Promotion tools are structured according to the ICF Classification, ICD10 Classification and a categorisation based on Health Promotion models. The ProMenPol Database is available in a number of languages in addition to enabling users to execute both **Simple and Advanced Searches**.

The ProMenPol Database is a dynamic and evolving structure which is scheduled to be completed in December 2009.

The ProMenPol Toolkit

In contrast the ProMenPol Toolkit is a **sub-set** of the **ProMenPol Database**. The Toolkit contains a set of mental health promotion tools that are organised within each of three settings:

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

The tools in the Toolkit have been selected by the ProMenPol team as being the best available tools from the ProMenPol database. They are organised into a 4 step implementation process model which allows for easy identification of the target of the tools within the Toolkit.

This is the first version of the ProMenPol Toolkit - the final version will be available in December 2009.

[Download the ProMenPol Database and Toolkit Description - 1.8Mb](#)

Figure 2: The ProMenPol Toolkit and Database Page

Within this screen users have the option to either access the **ProMenPol Toolkit** or alternatively the **ProMenPol Database**. The difference between the two is that:

The ProMenPol Database is a structured selection of Mental Health Promotion tools. These are structured according to the ICF Classification, ICD 10 Classification and a categorisation based on Health Promotion models.

In contrast, 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. The tools in the Toolkit have been selected on the basis of a criteria assessment carried out by the ProMenPol team.

2.1.2.2 [Accessing the ProMenPol Toolkit](#)

To access the ProMenPol Toolkit **[Click]** on the link **The ProMenPol Toolkit** within the text or alternatively access the Toolkit via the left hand side menu option **ProMenPol Toolkit**. The following screen will appear:



The screenshot shows the ProMenPol Toolkit website interface. At the top, there is a navigation menu with links for 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.

Below the text, there is a diagram showing the four steps in a flowchart format:

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

This page provides users with an overview of the Four Steps associated with implementing Mental Health Promotion (see chapter 2.2). In order to view the 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 Preparation](#), or alternatively **[Click]** within the diagram. The following screen will appear:

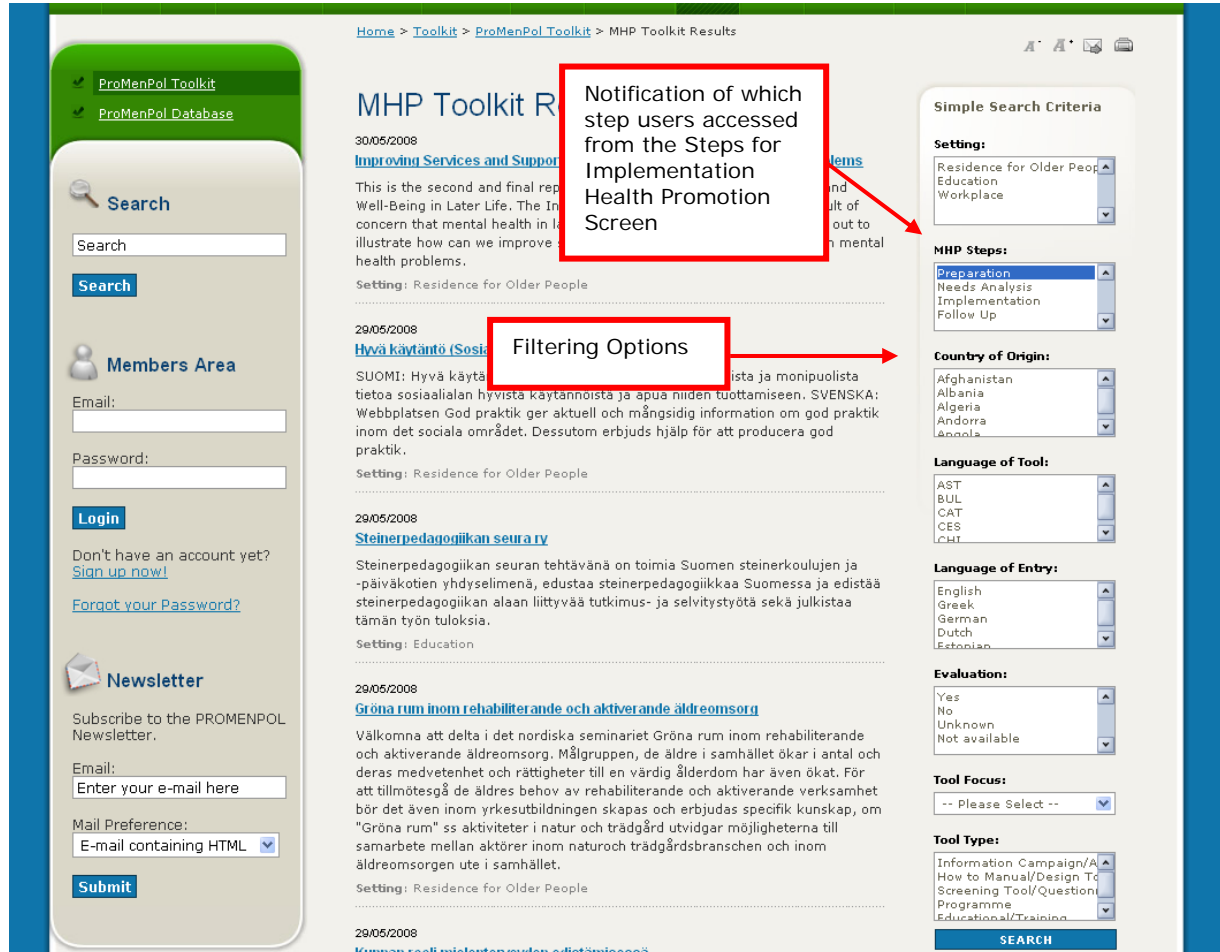


Figure 3: The ProMenPol MHP Toolkit Results Page

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 **Follow-Up 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.

2.1.2.3 [Accessing the ProMenPol Database](#)

To access the ProMenPol Database, **[Click]** on the link **The ProMenPol Database** within the text or alternatively access the Database via the left hand side menu option **ProMenPol Database**. The following screen will appear:



The screenshot shows the ProMenPol Database page. At the top, there is a navigation bar with links: About, News, Ethical Vision, Background, Resources, Settings, Field Trials, Toolkit, Events, Newsletter, Contact, and FAQ. The main content area features a large banner with a couple holding hands in a field, and a text box stating: "Promoting and Protecting Mental Health - Supporting Policy through Integration of Research, Current Approaches and Practices." Below the banner is a search bar and a members area with fields for email and password, and a "Login" button. The main content area contains the heading "ProMenPol Database" and a welcome message: "Welcome to the ProMenPol Database. In order to access the ProMenPol Database click on the link below." It also includes a list of search options: Database, Simple Search, and Advanced Keyword Search.

Figure 4: The ProMenPol Database Page

Within this page now click on [Database](#) in order to access the ProMenPol Database. The following screen will appear:

The screenshot displays the ProMenPol Database Tools Listing Page. The page features a green navigation bar at the top with links for About, News, Ethical Vision, Background, Resources, Settings, Toolkit, Field Trials, Events, Newsletter, Contact, and FAQ. Below the navigation bar, the breadcrumb trail reads "You are at: Home > Toolkit > Database". The main content area is titled "Database" and includes a language dropdown menu set to "English [EN]", a login prompt, and a list of tools. The first tool listed is "Mental Health at Work: Developing the Business Case", dated 13/03/2008. This tool entry includes a short abstract, a setting of "Workplace", and a "LIVE" badge. The second tool is "The Participation of Adult Service Users (Including Older People) in Developing Social Care", dated 12/03/2008, with a setting of "Residence for Older People". The third tool is "Living Fuller Lives" Dementia and Mental Health Issues of Older People Expert Working Committee Draft Report for Consultation, dated 12/03/2008, with a setting of "Residence for Older People". The fourth tool is "Listen to Us: Involving People with Dementia in Planning and Developing Services", dated 12/03/2008. The sidebar on the left contains a search box, a members area with email and password fields, and a newsletter subscription form.

Figure 5: 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 are 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"** – **[Click]** 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 **International Classification of Functioning** (ICF Details) and **Mental Health Promotion and Protection Categories** (MHP Details).

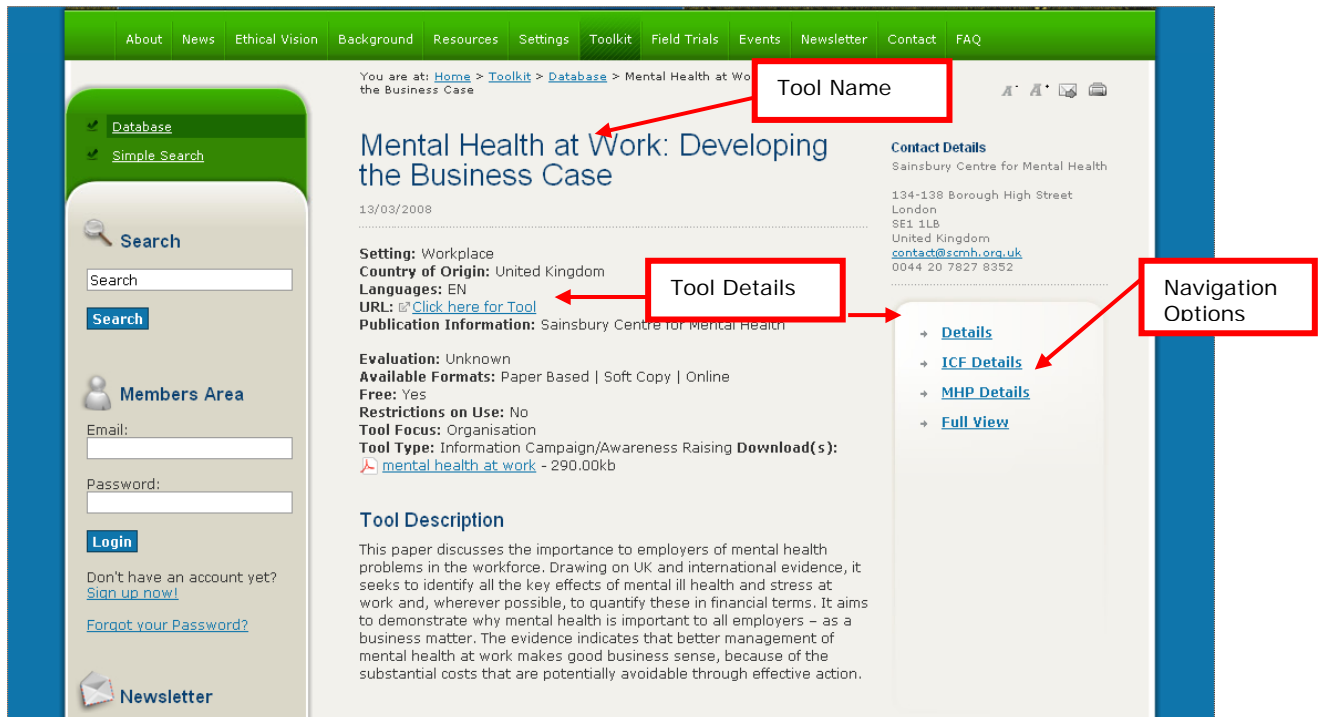


Figure 6: The Mental Health at Work: Developing the Business Case Homepage

2.1.2.4 [Viewing ICF and MHP Details](#)



In order to assist the user in viewing and/or navigating between the ICF and MHP Details associated with a given tool, a sub-menu is provided on the right hand side of the screen. For viewing purposes, however, it is recommended that the **Full View** option is used since this option provides an overall view of the data associated with a given tool in a comprehensive format without having to access the ICF and MHP Details separately.

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.

PLEASE NOTE: Given the size of the data presented in the Full View Option – it may take a few seconds in order for the Full View to load.

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

Tools in Other Languages

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

Database

Language: ▼

Login, so that you can add your own Tool items.

At the top of the Tools Listing Page is the Language Option. Within the ProMenPol Database and Toolkit, tools are also provided in other languages. Currently, the following tool languages exist: English (default), German, Finnish, Dutch

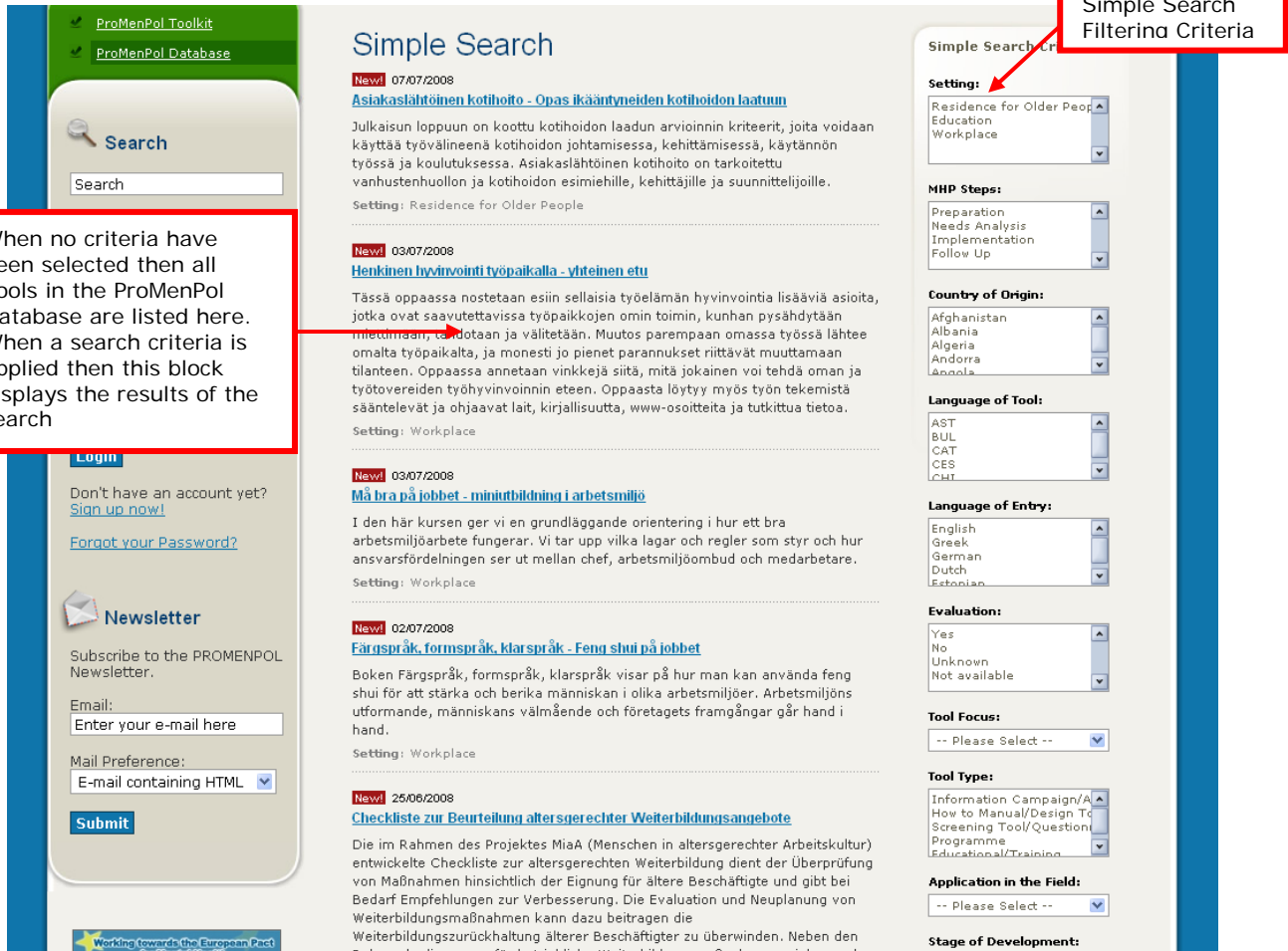
and Estonian. If a user is interested in reviewing German tools for instance, they would simply select German from the pull down menu provided. This option would take the user to the German tools section of the ProMenPol Website.

2.1.2.5 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. Searching the Database should not be confused with the General Search which is located within the left side of the screen.

Carrying out a Simple Search

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



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

Simple Search Filtering Criteria

Simple Search

Setting: Residence for Older People
Education
Workplace

MHP Steps: Preparation
Needs Analysis
Implementation
Follow Up

Country of Origin: Afghanistan
Albania
Algeria
Andorra
Annala

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/A
How to Manual/Design To
Screening Tool/Question
Programme
Educational/Training

Application in the Field: -- Please Select --

Stage of Development:

Figure 8: 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 Filtering 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**. Then **[Click]** **Search** at the bottom of the listing to start the search.

PLEASE NOTE: All Search Filters are Multi-Selects, meaning that you can select more than one field by pressing and holding the control key (CTRL) and then clicking on your selection. The only exception is Tool Focus from where you can select one option.

For example if a user wishes to retrieve all **Workplace tools** – they simply **[Click]** the **Workplace Setting** option. Once a search criterion has been entered – simply **[Click]**

Search at which point the results of the search will be displayed in the middle section of the page.

Carrying out an Advanced Keyword Search

To access the **Advanced Keyword Search** – access the **Database Page** and **[Click]** the **Advanced Keyword Search Link**. Once accessed the following introduction screen will appear.



Figure 9: Advanced Keyword Search Introductory Screen

To access the Advanced Keyword Search – **[Click]** the **Advanced Keyword Search** button. The following screen will appear:

[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 10: Stage 1 - Advanced Keyword 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.

PLEASE NOTE: All Search Options are Multi-Selects, meaning that you can select more than one field by pressing and holding the control key (CTRL) and then clicking on your selection. The only exception is Tool Focus from where you can select one option.

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 **[Click]** on the **Save Criteria** button. This action completes the first stage of the search process and enables the next screen to appear.

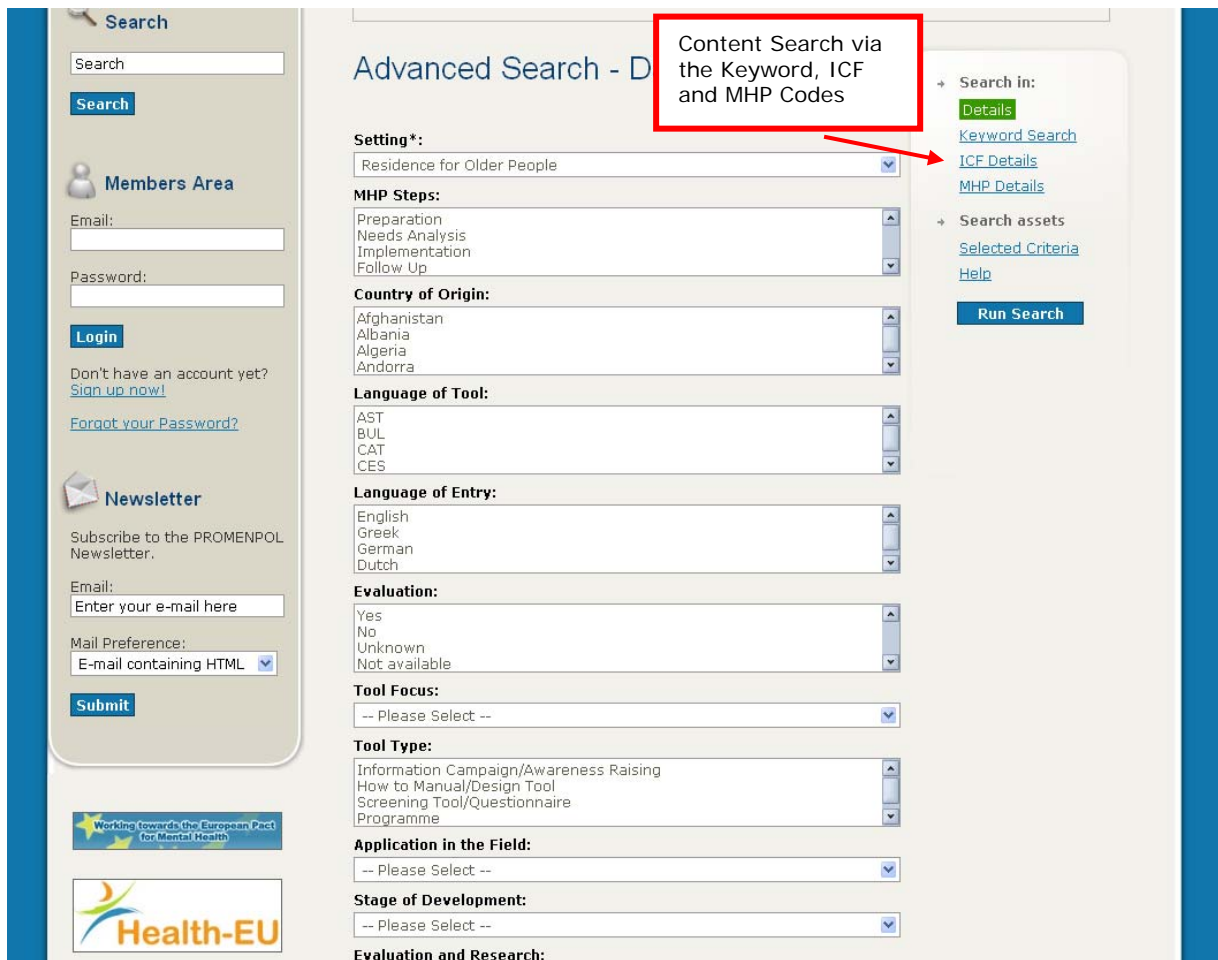


Figure 11: Stage 2 – Advanced Keyword Search Screen

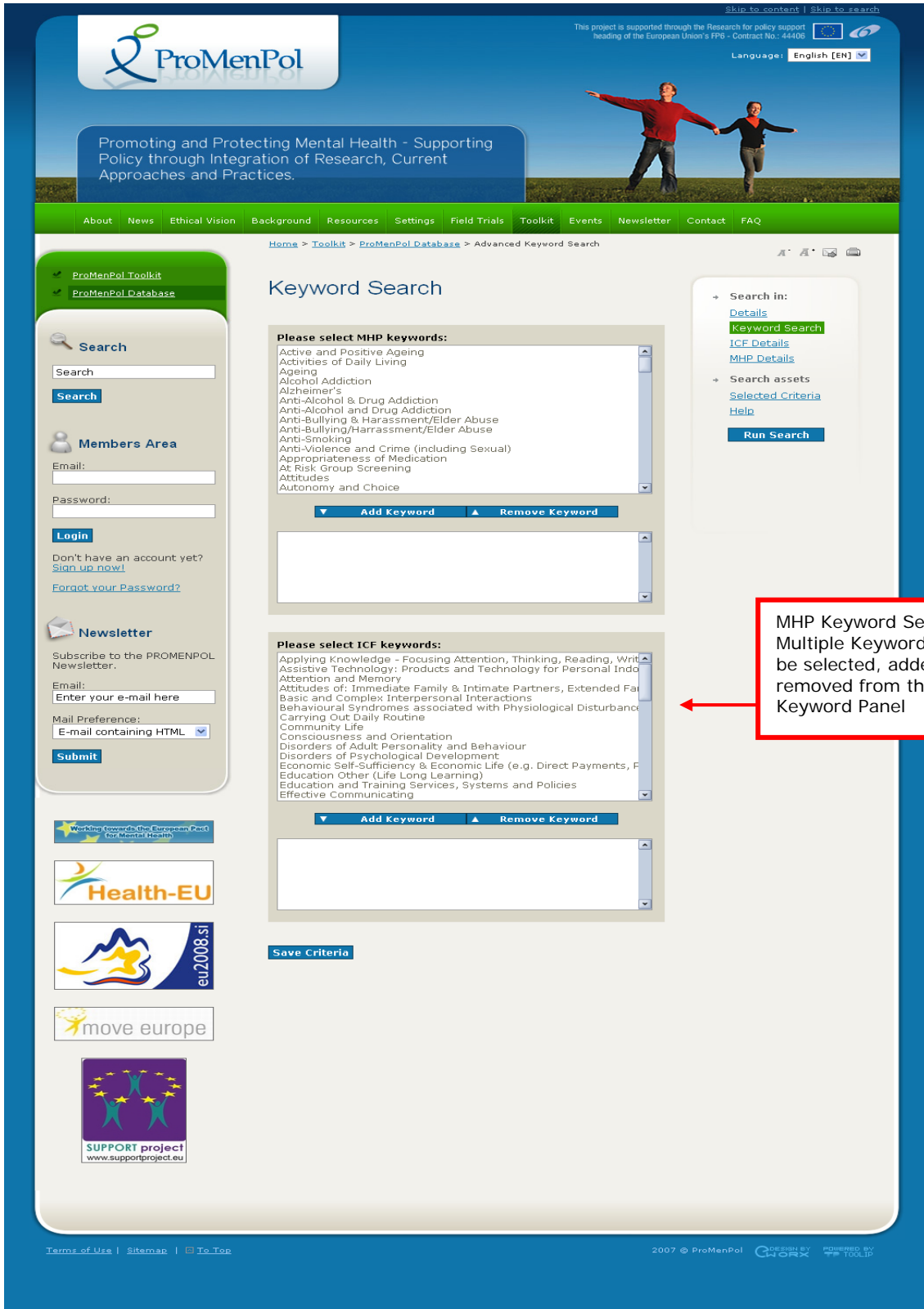
Stage 2:

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, three buttons can be used to search for content.

The first of these is the **Keyword Search**. The Keyword Search enables users to select a combination of keywords which have been used to associate tools in the PROMENPOL Database and Toolkit. To access the **Keyword Search** [Click] on **Keyword Search**.

The **Keyword Search** screen is divided into two panels. The first panel consists of the MHP Keywords (Mental Health Promotion Categories which classifies tools according to a mental health promotion framework developed by the ProMenPol team) and the second panel consists of the ICF Keywords (International Classification of Functioning System developed by the World Health Organisation). The panels can be used individually or in combination. Once a collection of keywords has been selected, [Click] on the **Save Criteria** and then [Click] on the **Run Search** button.



The screenshot displays the ProMenPol website's 'Keyword Search' interface. At the top, there is a navigation menu with links for About, News, Ethical Vision, Background, Resources, Settings, Field Trials, Toolkit, Events, Newsletter, Contact, and FAQ. Below the navigation, a search bar is visible with a 'Search' button. The main content area is titled 'Keyword Search' and features two sections for selecting keywords: 'Please select MHP keywords:' and 'Please select ICF keywords:'. Each section contains a list of keywords and 'Add Keyword' and 'Remove Keyword' buttons. A red box highlights the 'MHP Keyword Search' section, with an arrow pointing to the 'Add Keyword' button. The page also includes a 'Members Area' with a login form and a 'Newsletter' subscription form. At the bottom, there are logos for 'Health-EU', 'eu2008.si', and 'move europe', along with a 'SUPPORT project' logo.

Figure 12: Selecting MHP and ICF Keywords

For more advanced searches users also have the option to access the Database via the ICF Details and the MHP Details links.

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 a set of screens that allow them to explore areas of interest.

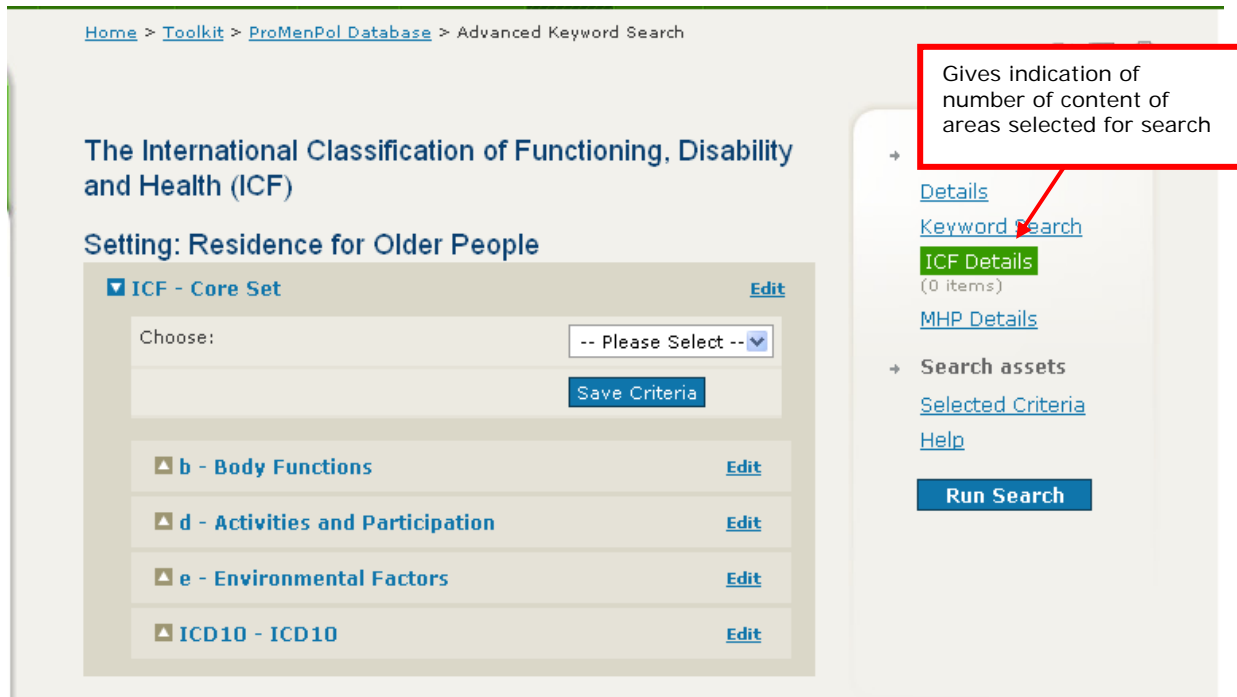



Figure 13: Selecting Content Area Screen

Note: By **[Clicking]** on the terms within the ICF and MHP classifications, users can explore a range of content areas of interest to them. To select terms of interest to incorporate in the Advanced Search results, simply **[Click]** the **EDIT** button next to each item. This action will allow users to place a tick against the search items of interest. For a full explanation of the **ICF and MHP Classifications** **[Click]** the **Help** button.

After having selected each search term of interest, **[Click]** 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.

Viewing Selected Advanced Search Criteria

In order to view all selected search criteria **[Click]** the **Selected Criteria** button in the right hand panel. This action will display a full listing in the following format.



Setting:	Workplace
Language of Entry:	English
Tool Focus:	Organisation

Workplace

ICF Core Set

ICF - Core Set	
e - Environmental Factors [All Relevant]	
Code	Element

Mental Health and Promotion Categories

EN3 - External Environment [All Relevant]

Figure 14: Advanced Search Selected Criteria

When all of the search terms required for the search have been selected **[Click]** the **Run Search** button on the right hand panel in order to execute the advanced search.

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.

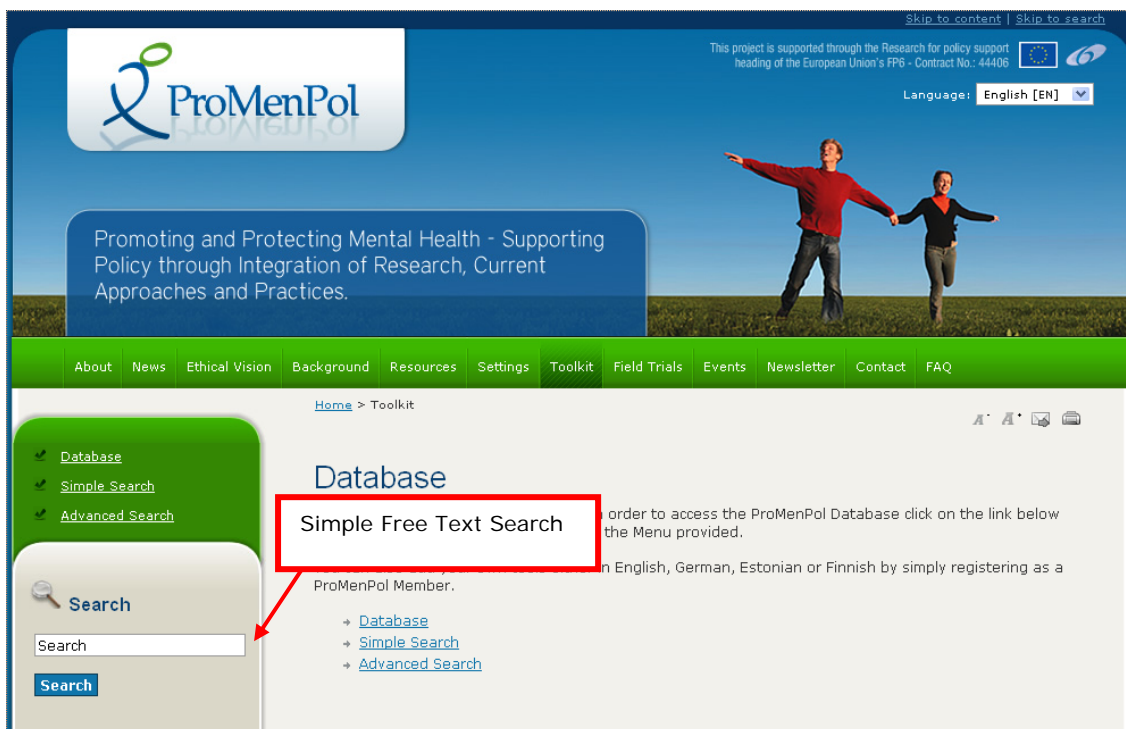
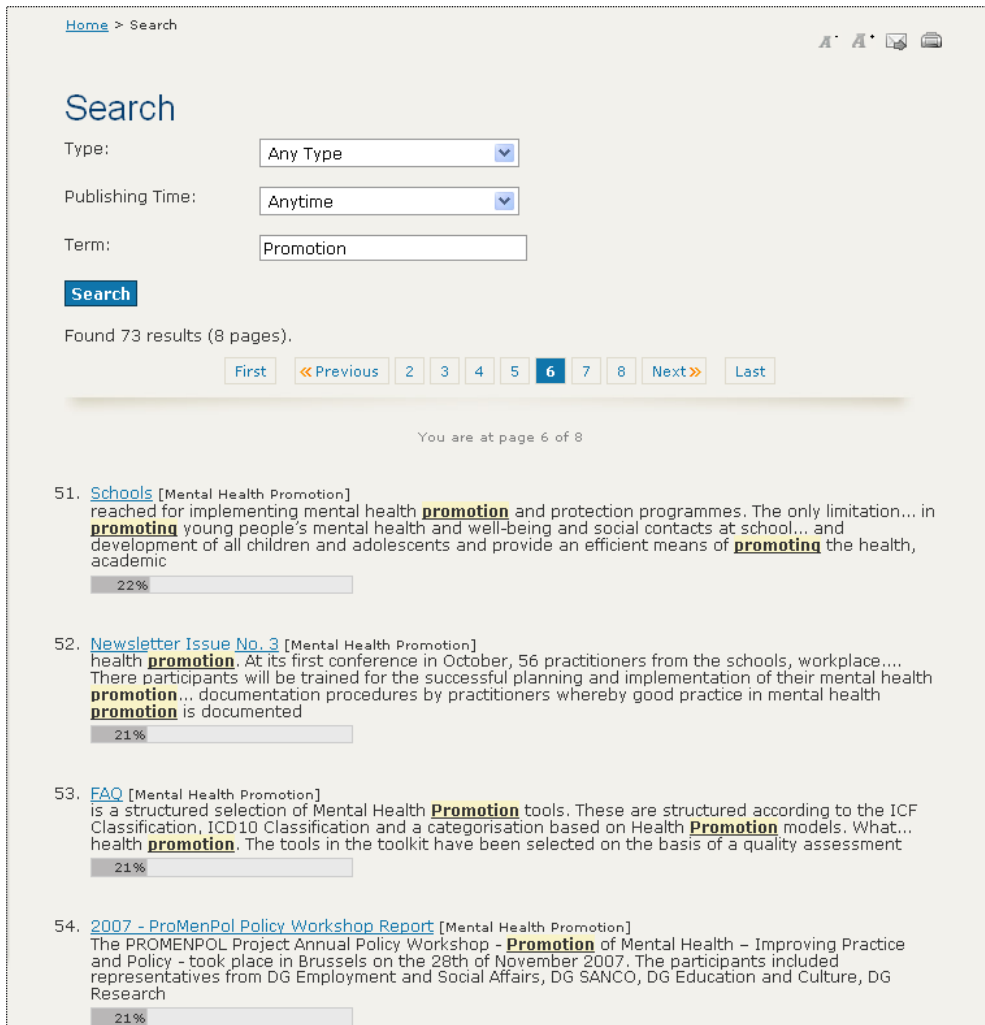


Figure 15: ProMenPol Free Text Search

To execute a Free Text Search simply enter the text required in the text box and **[Click]** **Search**. This action will result in the following page appearing.



Home > Search

Search

Type: Any Type

Publishing Time: Anytime

Term: Promotion

Search

Found 73 results (8 pages).

First << Previous 2 3 4 5 6 7 8 Next >> Last

You are at page 6 of 8

51. [Schools](#) [Mental Health Promotion]
reached for implementing mental health **promotion** and protection programmes. The only limitation... in **promoting** young people's mental health and well-being and social contacts at school... and development of all children and adolescents and provide an efficient means of **promoting** the health, academic
22%

52. [Newsletter Issue No. 3](#) [Mental Health Promotion]
health **promotion**. At its first conference in October, 56 practitioners from the schools, workplace.... There participants will be trained for the successful planning and implementation of their mental health **promotion**... documentation procedures by practitioners whereby good practice in mental health **promotion** is documented
21%

53. [FAQ](#) [Mental Health Promotion]
is a structured selection of Mental Health **Promotion** tools. These are structured according to the ICF Classification, ICD10 Classification and a categorisation based on Health **Promotion** models. What... health **promotion**. The tools in the toolkit have been selected on the basis of a quality assessment
21%

54. [2007 - ProMenPol Policy Workshop Report](#) [Mental Health Promotion]
The PROMENPOL Project Annual Policy Workshop - **Promotion** of Mental Health - Improving Practice and Policy - took place in Brussels on the 28th of November 2007. The participants included representatives from DG Employment and Social Affairs, DG SANCO, DG Education and Culture, DG Research
21%

Figure 16: 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.

To restrict the search to a certain page within the ProMenPol website select 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 1: 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

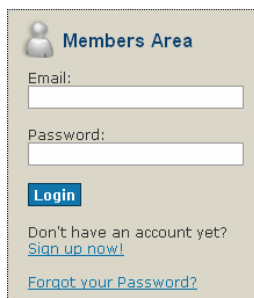
In addition to limiting the Free Text Search to a specific page on the ProMenPol website users have the possibility to also restrict the search to the time the item was published via the **Publishing Time - pull down menu**.

Once all the search options have been entered, simply **[Click] Search** to execute the required search.

2.1.2.6 [Adding and Managing Your Own Tools](#)

Within the ProMenPol Database users have the possibility to add and manage their own Tools. In order to do so however, users must register as Members of the ProMenPol Website. The registration process is briefly described below.

Becoming a Member of ProMenPol



Members Area

Email:

Password:

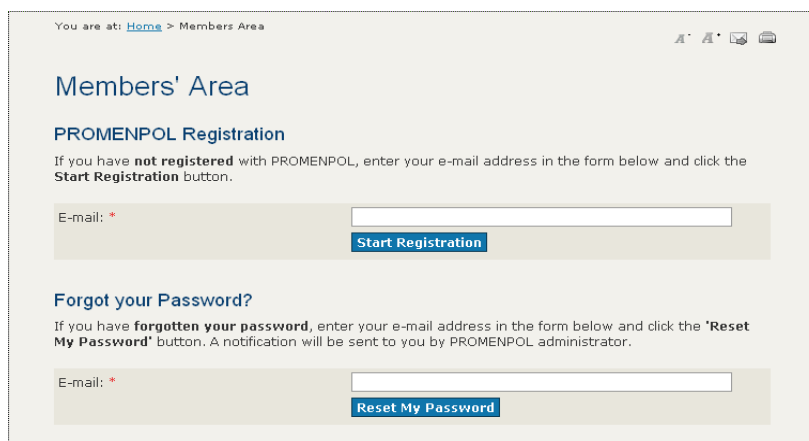
Login

Don't have an account yet?
[Sign up now!](#)

[Forgot your Password?](#)

In order to become a ProMenPol Member users must sign up using the **Sign up Now!** link provided on the left side of the screen – just below the **Login** button in the **Members Area**.

Once accessed, users are provided with the **Members Area ProMenPol Registration** screen which requests the user's email address for verification purposes and the commencement of the registration process.



You are at: [Home](#) > [Members Area](#)

Members' Area

PROMENPOL Registration

If you have **not registered** with PROMENPOL, enter your e-mail address in the form below and click the **Start Registration** button.

E-mail: *

Start Registration

Forgot your Password?

If you have **forgotten your password**, enter your e-mail address in the form below and click the **Reset My Password** button. A notification will be sent to you by PROMENPOL administrator.

E-mail: *

Reset My Password

Once a valid email is entered and the **Start Registration Button** is **[Clicked]** users are provided with the following **Members Profile Screen**.

PLEASE NOTE: When the Start Registration Button is **[Clicked]** an email notification will be automatically sent to the user's email along with their Members Password.

You are at: [Home](#) > Members Area

Member Profile

Personal Details

Name: *

Surname: *

Age:

Gender:

Profession:

Organisation Name:

Address: *

Address Line2:

City: *

Post Code: *

Country: *

E-mail:

Telephone:

Fax:

Website Url:

Make my Profile Visible to the Public?:

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

How would you like to engage with the project?:
For multiple selections - press and hold the control key (Ctrl) and then click on your selection.

Education
The Workplace
Residence for Older Workers
Policy
Research
Field Trials
Other

I don't want to
Interested in receiving newsletter
Interested in running a field trial
Interested in using outputs
Interested in policy implications

Figure 17: ProMenPol Members Profile Screen

The Members Profile Screen asks users to complete basic information about themselves and the organisation that they represent. Additionally, questions about how they would like to engage with the project are asked as is the privacy question **Make My Profile Visible to the Public?**

Once the registration process is completed users may then log in using the **Members Area Login Screen** and begin to add their tools to the ProMenPol Database.

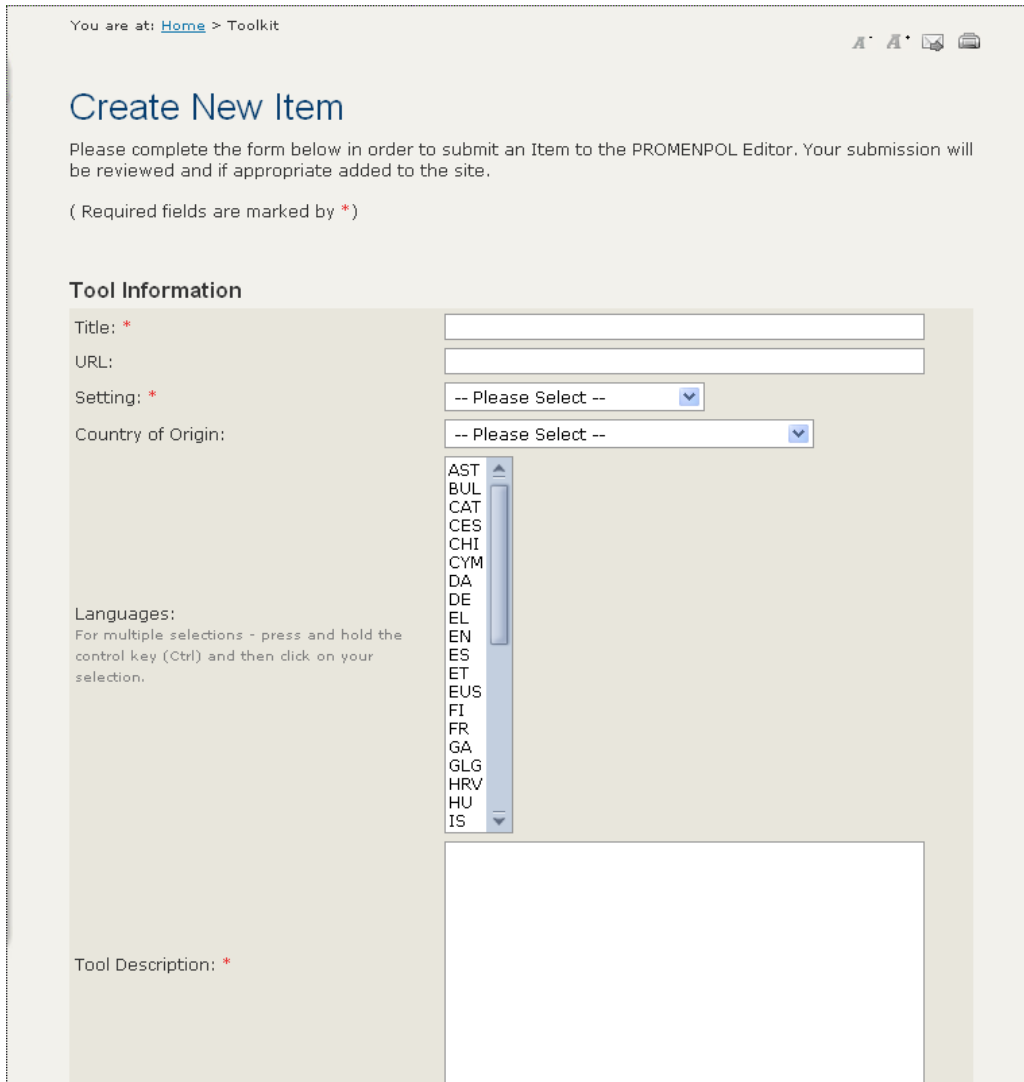
2.1.2.7 [Adding Tools to the ProMenPol Database](#)

Adding a new tool to the ProMenPol Database is a three step process which is described below. The process 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.

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.

- AST
- BUL
- CAT
- CES
- CHI
- CYM
- DA
- DE
- EL
- EN
- ES
- ET
- EUS
- FI
- FR
- GA
- GLG
- HRV
- HU
- IS

Tool Description: *

Figure 18: Database Metadata Screen

Once all the basic details have been entered, **[Click]** the **CREATE** button 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 database. Additionally, an **Edit** button will appear which will enable users to edit/manage their entered tool.

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

MESSAGE

Your Item has been successfully changed. It will be re-published after it has been reviewed by PROMENPOL Editor.

Toolkit

[Add a New Item](#)

New! 08/02/2008

[Healthy Working Lives Award Programme](#)

This tool is an award programme developed by the Scottish Centre for Healthy Working Lives for workplaces. It offers a 3 level award scheme (Gold, Silver and Bronze), whereby workplaces can have their WHP practices assessed according to objective criteria. Various elements of the tool explain the award scheme, offer advice on the kinds of WHP activities that qualify for the three levels of the award and help prepare workplaces for undertaking an audit of their WHP activities.

Setting: Workplace

New!

Example Tool

This is an example tool

Setting: Education | [Edit Item](#)

Figure 19: Database Listing Screen

The **Edit** button 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

A A+ [envelope icon] [printer icon]

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 *)

→ [ICF Details](#)

→ [MHP Details](#)

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 style="border: 1px solid #ccc; padding: 2px;"> AST ▲ BUL CAT CES CHI CYM DA DE EL EN ES ET EUS FI FR GA GLG HRV HU IS ▼ </div>
For multiple selections - press and hold the control key (Ctrl) and then click on your selection.	<input type="text" value="This is an example tool"/>

Figure 20: 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.

Step 2: Creating ICF Core Set Details

In order to add or edit ICF core details **[Click]** the **ICF Details** option from the sub-menu provided. Once accessed the following screen will be displayed.

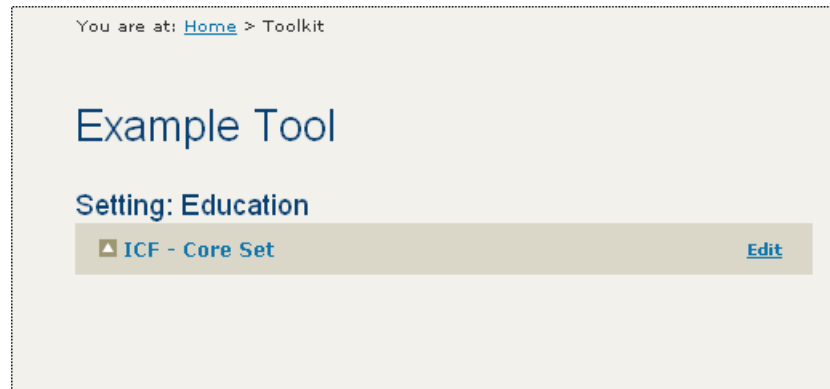


Figure 21: ICF Details Screen 1

To access all the possibilities associated with the ICF Core Set **[Click] ICF - Core Set**. This action will result in the following screen appearing.



Figure 22: ICF Details Screen 2

To access all the items associated with the **ICF Core Set - b Body Functions** for instance **[Click] b - Body Functions** which will result in the following screen appearing.

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:	<input style="width: 100px; height: 40px;" type="text"/>

d - Activities and Participation [Edit](#)

Figure 23: ICF Details Screen 3

Users have the option to enter ICF Details associated with their tools within each of the screens presented above, 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 and 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 [Edit](#)

▣ b - Body Functions [Edit](#)

Choose: -- Please Select --

b110, b114 - Consciousness and Orientation: -- Please Select --

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

Editing Button

Figure 24: ICF Details Screen 4

PLEASE NOTE: Once the edit process is completed the **Update** button must be **[Clicked]** in order to save the results entered. Failure to do this will result in a loss of data.

The process described above is applicable to all the items associated with the ICF Core Set.

Step 3: Creating MHP Details

In order to add or edit MHP Details **[Click]** the **MHP Details** option from the sub-menu provided. Once accessed the following screen will be displayed:



Figure 25: MHP Details Screen 1

To access all the items associated with one of the **MHP Codes** **[Click]** the code required. In this example **OR 1 – Policies** is **[Clicked]** and the following screen appears:

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

Example Tool

Setting: Education

<input checked="" type="checkbox"/> OR1 - Policies	Edit
<input type="checkbox"/> Or11 - Health and Safety Policy	Edit
<input type="checkbox"/> Or12 - Health Promotion Policy	Edit
<input type="checkbox"/> Or13 - Quality Management Policy	Edit
<input type="checkbox"/> Or14 - Information Protection	Edit
<input type="checkbox"/> Or15 - Compliance Policies	Edit
<input type="checkbox"/> Or16 - Training and Development	Edit
<input type="checkbox"/> Or17 - Integration	Edit
<input type="checkbox"/> Or18 - OTHER	Edit
<input type="checkbox"/> OR2 - Enablers	Edit
<input type="checkbox"/> OR3 - Processes/ Implementation	Edit
<input type="checkbox"/> OR4 - Performance/ Outcomes	Edit
<input type="checkbox"/> EN1 - Infrastructure	Edit
<input type="checkbox"/> EN2 - Social Networks	Edit
<input type="checkbox"/> EN3 - External Environment	Edit
<input type="checkbox"/> PR1 - Generic Programmes	Edit
<input type="checkbox"/> PR2 - Targeted Programmes	Edit
<input type="checkbox"/> PR3 - Programmes for at Risk Individuals	Edit

Figure 26: MHP Details Screen 2

This example reflects all the codes associated with Policies. To access an individual Policies Code such as **Or11 – Health and Safety Policy** **[Click]** on the relevant code. This action will result in the following screen appearing:

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

Example Tool

Setting: Education

OR1 - Policies [Edit](#)

Or11 - Health and Safety Policy [Edit](#)

Choose: -- Please Select --

Or11.1 - Discipline:	<input type="checkbox"/>
Or11.2 - Anti-Bullying & Harassment:	<input type="checkbox"/>
Or11.3 - Critical Incident Management:	<input type="checkbox"/>
Or11.4 - Stress Prevention:	<input type="checkbox"/>
Or11.5 - Health and Safety:	<input type="checkbox"/>
Or11.6 - Anti Drugs and Alcohol Abuse:	<input type="checkbox"/>
Or11.7 - Anti-Smoking:	<input type="checkbox"/>
Or11.8 - Child Abuse:	<input type="checkbox"/>
Or11.9 - Anti-Violence and Crime (including Sexual):	<input type="checkbox"/>
Or11.99 - OTHER:	<div style="border: 1px solid #ccc; width: 100px; height: 40px;"></div>

Figure 27: MHP Details Screen 3

Users have the option to enter MHP details associated with their tools within each of the screens presented above, 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 and tick or add comments in relation to a specific MHP Item for a specific tool. An example is provided in the following screen:

Example Tool

Setting: Education

Edit Button

ICF - Core Set [Edit](#)

b - Body Functions [Edit](#)

Choose:

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

Figure 28: MHP Details Screen 4

PLEASE NOTE: Once the edit process is completed the **Update** button must be **[clicked]** in order to save the results entered. Failure to do this will result in a loss of data.

PLEASE NOTE: 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 review the tool and then make it live on the website.

2.2 How to Get Started: The Step Approach

The Toolkit is different than the Database in that it is presented to the user on its own web page and classified on the basis of the process flow. It is a very simple process flow with 4 steps, i.e. preparation, needs analysis and planning, implementation, and follow-up and evaluation. Each of the tools is classified on the basis of this set of steps:

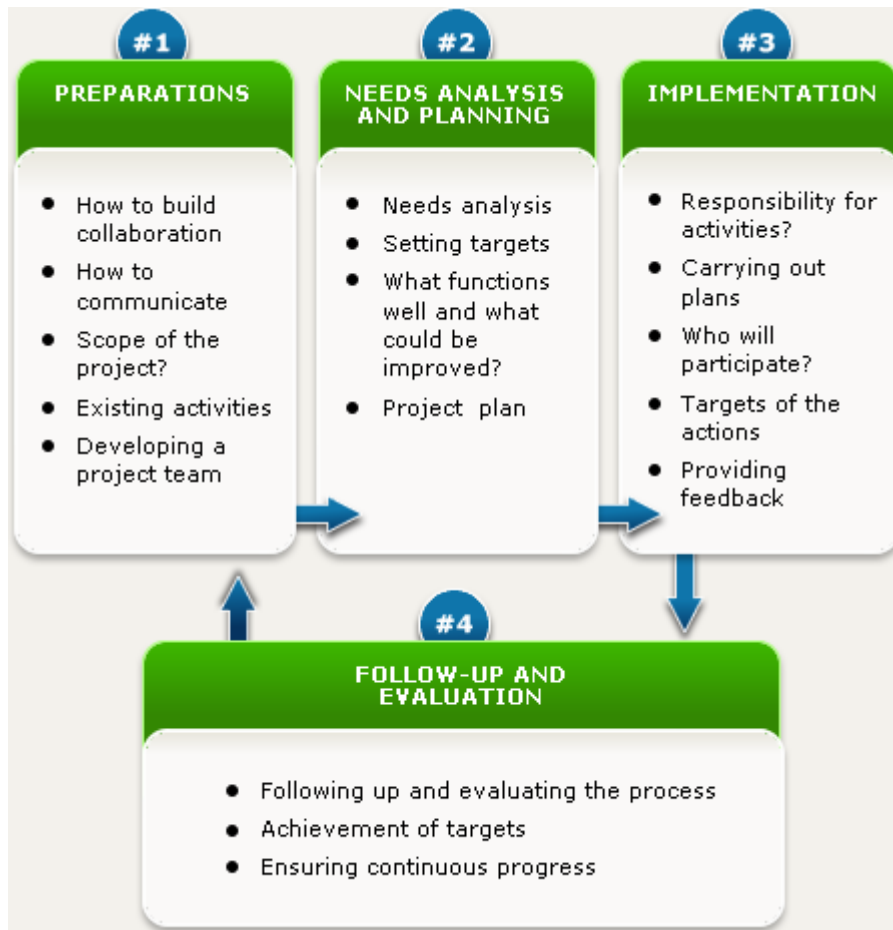


Figure 29: The Step Approach in the ProMenPol Toolkit

PLEASE NOTE: The same tool can be relevant to more than one step and in some cases a comprehensive tool can be relevant to all steps.

2.2.1 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.
- Tools that:
 - ✓ Enhance the capacity to build up collaboration,
 - ✓ Improve communications with the target group,
 - ✓ Develop a project team.

2.2.2 Step 2: Needs Analysis and Planning

Before embarking on a Mental Health Promotion initiative good practice dictates that you 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 individuals at risk,
- Tools to evaluate what functions well in the setting and what could be improved,
- Framework documents that allow a systematic approach to Mental Health Promotion,
- 'How to' Manuals will generally be classified here,
- Tools to assist in project planning,
- Policy Development.

2.2.3 Step 3: Implementation/Interventions

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

- Provide guidance on how to carry out plans and manage a project. These tools will address such issues as – how is responsibility distributed, who should participate, how are the targets of the actions measured, ways and means of providing feedback.
- 'How to' Manuals will be relevant to this step as well.
- Many of these documents will be generic rather than specific to the target group although there will be exceptions.

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

- Individual assessment instruments,
- Individual planning tools,
- Training and development tools,
- Counselling and support approaches, and
- Programmes of promotion and prevention, e.g. suicide prevention.

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

2.2.4 Step 4: Follow-Up

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 to search for more effective and efficient ways to achieve better results. Thus, many of the tools will be about:

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

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

2.3 Support Structures of ProMenPol

Because ProMenPol aims to close the gaps between science, policy and practice the project will provide all participants with supporting structures. Participants are supported in a variety of different ways, including:

- the ProMenPol homepage (www.mentalhealthpromotion.net) and its e-forums,
- a training on the Database and the toolbox, and
- by all consortium partners.

These support structures are outlined in more detail below along with details of some other supporting documents that will be made available to participants.

2.3.1 ProMenPol Homepage and e-Forums

Central support is given by the ProMenPol website which is presented at www.mentalhealthpromotion.net. The project website is central because it presents the current activity of the project and of the field of mental health promotion, and is updated regularly. The homepage provides information on the project contents and progress. It is designed for people who are getting in contact for the first time and for people who are already in contact with the project.

The ProMenPol website is mainly structured according to these main fields: About, News, Ethical Vision, Background, Resources, Settings, Toolkit, Field Trials, Events, Newsletter, Contact and FAQs. Furthermore there is a "Members Area".

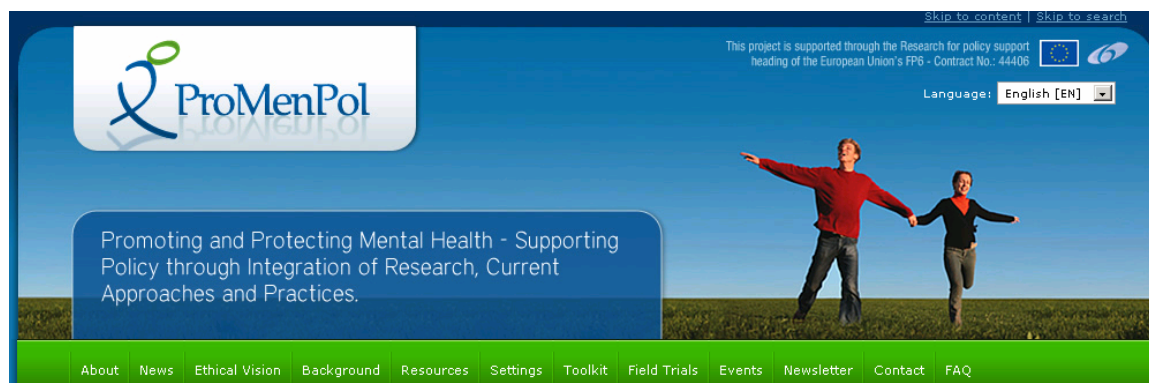


Figure 30: ProMenPol Homepage

The *About* section gives a very brief overview of the ProMenPol project. It informs visitors about the main issues of the project and its position within the European Framework Programme. It also presents details of the ProMenPol partners.

In the *News* and in the *Events* area we are posting new and interesting events and information around the health theme. Also active members of the ProMenPol network post their own news on the topics. Everyone can sign up as a member of the network (for details on how to become a member refer to section 2.1.2.6).

In the *Ethics* section we state our ethical vision and our ethics guidelines which are very important for practical (mental) health promotion initiatives. This section outlines our position on beneficence and non-maleficence, informed consent, confidentiality and anonymity and data protection procedures.

The website also presents the *Background* of the Project. It informs users about the concept of mental health promotion, policy oriented information, practice support and how to make sense of the proliferation of tools for mental health promotion.

In the *Resource* area there are important documents provided for everyone. There are information pages about the other projects and links, and there are also important policy documents available. Furthermore visitors can access a bibliography section and can download all documents (presentation slides, deliverables, publicity material) in the ProMenPol library.

The website also describes the focussed *Settings* of ProMenPol: School, Workplace and Residences for Older People. Definitions of each setting are provided, along with an outline of the relevance of the setting within mental health promotion and a description of the target group.

The *Toolkit* section of the website is the access port to the Database and the Toolkits of mental health promotion tools and instruments as already described in previous sections of this chapter. There are also different search options (simple and advanced search) offered there.

The *Field Trials* link informs you about the possibility to take part in one of three different types of Field Trials: In Type I practitioners can test the usability of the ProMenPol Database and the Toolkits, whereas Type II is the real implementation of one mental

health promotion tool in the organisation which includes the documentation of this process, and – last but not least – Type III where experienced practitioners are welcome to report on a tool which is already in use by the organisation and on its utility and practicality.

The project also provides users with a quarterly newsletter. Registered users receive the newsletters automatically but for all other users there is the possibility to download the existing documents under *Newsletter*.

In the *Contact* section one can get in contact with BAuA, the coordinator of the project.

We also collect Frequently Asked Questions (FAQ) and their answers which we show in the *FAQ* part of the homepage.

On the left part of the homepage an area is provided where visitors can search the site, where visitors can sign up as a member of the ProMenPol network and interested people can sign up for the quarterly ProMenPol newsletter.

The ProMenPol *e-forums* are intended for use by all members of the PromenPol website and they offer the opportunity to discuss mental health promotion issues with fellow ProMenPol members as well as with the ProMenPol Project team. There are four e-forums in operation now – three of them are concerned with undertaking Field Trials in the schools, workplace and older people's residences settings. Here we would like to generate discussion and to provide support for people who are implementing a Field Trial. The fourth e-forum is concerned with the recently launched European Mental Health Pact. Views on the Pact, contributions and ideas are welcome for helping achieve the aims of the Pact.

2.3.2 Training

The core activity of ProMenPol is designing and developing a knowledge management system for mental health promotion tools and instruments. As already described it is designed according to a framework which was developed by the ProMenPol consortium. In this framework each mental health tool is classified in many different categories.

Because of the complexity of the information in the Database online aids are provided for users (e.g. to find the most appropriate tools they are searching for). As well as the online support structures there was training for potential users at the second ProMenPol conference (June 2008 in Berlin)¹². The training aimed to enhance the usage of the Database and Toolkit and to make sure that practitioners can get the most appropriate information from the Toolkits.

Because ProMenPol wants to improve the utility, functionality and practicality of both the ProMenPol Database and the Toolkit on a regular basis, we kindly ask you to fill in a usability questionnaire which is also called a Type I Field Trial.

2.3.3 ProMenPol Consortium

We also can support you personally if you have any questions about the project in general, the online tool Database or the Field Trials of ProMenPol. The project is led by

¹² http://www.mentalhealthpromotion.net/?i=promenpol.en.library_presentations.528

the project coordinator and seven different project partners. The partners are spread over Europe and can provide you with support in your language and with their specific expertise. All partners are listed below:

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3 Field Trials Documentation by Types

3.1 Type I: Usability Questionnaire

The aim of the usability test is to assess the utility, functionality and the practicability of the online Database and the Toolkit of mental health promotion and protection tools in the three settings of interest.

Therefore, a questionnaire was designed which is based on good practice in the area of website assessment. The questionnaire is structured in four sections. The first section is about the respondents' profile, in section two there are questions about the usability of the Database/Toolkits, the third section targets the overall rating of the content and the fourth and last section is about overall satisfaction.

In the profile section (I) the questionnaire covers the most important background information of the respondent to the usability questionnaire. It asks about job title, gender and age of the respondent. Furthermore there are two questions about the organisational background, the type of organisation they are coming from and which setting they are mostly interested in (school, workplace or older peoples' homes). In addition there are questions that address their internet usage and how long they spent investigating the Database and/or the Toolkit.

The second section (II) is in two subsections:

- the usability questions concerning the Database and
- the usability questions concerning the Toolkit. Both question blocks are covering the same usability dimensions in statement formats on which respondents can agree or disagree.

The dimensions are

- subjective satisfaction and communication,
- user interface,
- user control, design and interaction,
- visibility and memorability,
- flexibility of use and structural integrity,
- content and presentation and
- the general utility of the Database and/or the Toolkit.

Section III of the usability questionnaire covers overall points of the Database and the Toolkit. Overall ratings in relation to the relevance, the usefulness, the objectivity of information and the reliability of the content are also collected.

The usability questionnaire also covers overall satisfaction ratings (section IV). Overall satisfaction with regard to the quality of the content and the presentation of the content is collated for both the online Database and the Toolkit.

This usability instrument allows for the validation of the Toolkit and Database and will form a reliable basis for making qualitative improvements to the knowledge management system for practitioners in the field, as well as for policy makers and advisors who will use the ProMenPol online Database and the online Toolkit.

3.2 Type II: Implementation Documentation

Organisations that want to participate in ProMenPol through the implementation of one or more mental health promotion or protection tools are asked to complete the Type II form after the completion of their implementation.

It is structured according to a step-approach which is presented here in a very simple and accessible form. Again, the document starts with some administrative information (section A). The three core sections of the form address the planning of the implementation (section B), the implementation of the tool/instrument (section C), and the results of the implementation (section D). An additional section asks for the lessons learned and the recommendation for practice and policy (section E).

3.3 Type III: Outcome Documentation

The aim of the third Field Trial documentation (Type III) is to obtain information in a standard format from practice organisations about already existing mental health promotion and protection initiatives. So the main difference between the Type II and III is that Type II organisations are implementing a mental health promotion tool in the course of the ProMenPol project and for Type III an organisation implemented such a tool already at a previous stage. The idea here is to benefit from their experienced views.

4 Work Flow Summary for the ProMenPol Field Trials

We have prepared an easy procedure for practitioners who are interested in conducting a Field Trial in the course of the ProMenPol project. The procedure will be explained for each of the Field Trials types separately.

4.1 Steps for Type I Field Trials

These are the steps relevant for practitioners/users who will conduct a Type I Field Trial (*Field Trial usability-test*):

- Please express your interest for a Field Trial Type I: For your expression of interest please fill in the format “expression of interest” provided in the annex. Alternatively the format is also available online under the Field Trials section13. After your expression of interest we will send you the Type I usability-test (also enclosed in this manual).
- Please fill in the Type I Field Trial (usability-test of the Database / Toolkit) questionnaire email it to Gert Lang (gert.lang@w.rotekreuz.at) of the Research Institute of the Red Cross (see 2.3.3).
- If you need any support concerning the Type I Field Trials, please contact Gert Lang.
- The submitting deadline for the completed usability-questionnaire is the end of November 2008.

4.2 Steps for Type II Field Trials

These are the steps relevant for practitioners/users who will conduct a Type II Field Trial (*Field Trial implementation documentation*):

- Please express your interest for a Field Trial Type II:
For your expression of interest please fill in the format “expression of interest” provided in the annex. Alternatively the format is also available online under the Field Trials section13.
After your expression of interest we will send you the Type II documentation. In our email to you we will also provide to you the two ProMenPol contacts which are relevant to you.
- Please decide on your mental health promotion action & search for relevant tools.
If you know of a mental health promotion tool that you are about to implement and for which you want to conduct a Field Trial Type II and which is not on the ProMenPol Database or Toolkit yet, please add this tool to the Database. How to add your tool is described in this manual. If you do not find an appropriate tool please discuss this with your ProMenPol contacts.
- If you have found a tool two aspects are relevant:
 - (i) please review whether there are any ethical issues to be addressed (please read the ethical vision and the ethical guidelines of ProMenPol which are accessible at <http://www.mentalhealthpromotion.net/?i=promenpol.en.ethicsandframework>).
 - (ii) Please complete the summary & ethics questionnaire (see the annex or the ProMenPol homepage).

- Please complete the summary form of your intention and the ethics questionnaire for Type II and send them to Gert Lang (gert.lang@w.rotekreuz.at) or to your ProMenPol contacts.
- The ProMenPol Ethics Committee will then review your ethics questionnaire and you will get our feedback.
- During the implementation please make use of the ProMenPol supporting structures, i.e. this manual, the e-forums, the ethics vision, questionnaire and the ProMenPol ethical advice, your project contact partners, the summary form, the ProMenPol website, the online Database/Toolkit with MHP tools/instruments and each other („ProMenPol-Network“).
- After the implementation please provide us with your experiences with the implementation (by the completion of the type II documentation), which will be accepted up to September 2009.

4.3 Steps for Type III Field Trials

These are the steps relevant for practitioners/users who will conduct a Type III Field Trial (*MHP outcome documentation of experienced practitioners*):

- Please express your interest for one the Field Trial Type III:
For your expression of interest please fill in the format “expression of interest” provided in the annex. Alternatively, the format is also available online under the Field Trials section¹³.
- After your expression we will send you the Type III documentation. In our email to you we will also provide you with the details of the two ProMenPol contacts which are relevant to you.
- If your tool which you implemented in your organisation is not available in the Database or the Toolkit please add the tool to the Database. How to add your tool is described in this manual.
- Please report on any ethical issues addressed by using the ethics questionnaire for Type III.
- Please provide us with the completed ethics questionnaire and the completed Field Trial Type III documentation. Send your documents to Gert Lang (gert.lang@w.rotekreuz.at) or to your ProMenPol contacts up to September 2009.

¹³ <http://www.mentalhealthpromotion.net/?i=promenpol.en.fieldtrials>

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5.2 Formats

5.2.1 ProMenPol "Expression of Interest" Form

PLEASE NOTE: This Format can also be downloaded from http://www.mentalhealthpromotion.net/resources/expression_of_interest_website_v2.doc.

(please tick the appropriate boxes)

Yes, I want to voluntarily take part in the ProMenPol Pilot Sites. Today's Date:

A. Organisational data: Please fill in ...

- | | |
|------------------------------------|-------------|
| 1. Full name of your organisation: | 6. Tel.: |
| 2. Department or Division: | 7. Fax: |
| 3. Address and Postal Code: | 8. Email: |
| 4. Town and Country: | 9. Website: |
5. Name the contact person for the ProMenPol pilot sites and his/her position in your organisation:

B. In which type of setting will the pilot take place?

- A school or university A workplace A residence for older people

C. Which type of pilot site would you like to carry out? (only tick one)

ProMenPol Pilot Site **TYPE 1:**

Yes, I agree to test and assess the ProMenPol Online Database on mental health promotion tools at www.mentalhealthpromotion.net and document the toolset's utility, functionality and practicability for my organisation. *(Documentation formats will be sent to you when you start the pilot.)*

ProMenPol Pilot Site **TYPE 2:**

Yes, I agree to test and assess the ProMenPol Online Database on mental health promotion tools at www.mentalhealthpromotion.net and document the toolset's utility, functionality and practicability for my organisation. I also agree to choose one (or more) tools from the Online Database and implement them in my organisation, and to document the implementation process. *(Documentation formats will be sent to you when you start the pilot.)*

ProMenPol Pilot Site **TYPE 3:**

Yes, I am already actively implementing mental health promotion tools in my organisation and I want to report on a tool already in use by my organisation in the course of an existing initiative and I will report on its utility and practicality.

D. When would you like to start and end your pilot? (Reporting will be possible between June 08 & Sept 2009)

Insert starting date [mm:yyyy]:

Insert end date [mm:yyyy]:

I agree to sending all formats of the documentation process back to gert.lang@w.rotekreuz.at by the end of my pilot. All data will be handled confidentially by the ProMenPol project.

5.2.2 Ethical Vision

PLEASE NOTE: The ethical vision of ProMenPol including guidelines is available online under <http://www.mentalhealthpromotion.net/?i=promenpol.en.ethicsandframework>

5.2.3 Summary of your Intention and Ethical Questionnaire (Field Trial Type II)

A. Summary of Your Intention

1. Some information about the respondent:

1.1 Organisation:

1.2 Your name:

1.3 Your email for contact:

1.4 Today's date (dd/mm/yyyy): / /

2. Please provide a short description of the MHP.

2.1 What was the background, history or starting point/event of your MHP implementation intention?

2.2 What are the aims?

2.3 Which method and which mental health promotion or protection tool do you intend to implement in your organisation as a field trial?

(Please write down the full name and the website of the tool in the textbox below)

3. What is the target group of your implementation action?

4. What are the expected results, and which situation in your target group do you want to achieve by the mental health promotion and protection action?

B. Ethics Questionnaire

Introduction

There are a number of factors that can create the conditions where ethical risk can emerge. An ethical risk arises when a person's health, wellbeing, personal integrity, dignity, rights, privacy or wishes are put in jeopardy by an action of a research study. The European Commission has a system to monitor the way in which ethical issues are handled by research studies. In relation to ProMenPol this involves the project determining in advance if such ethical issues are relevant to a Type II Field Test and putting in place appropriate mechanisms where this is the case.

This questionnaire is designed to assist you in considering the ethical issues in relation to your field trial. There is support to help you with your ethical review. The Type II Field Trial Manual has a section which summarises the main topics to be taken account of when carrying out a project. There is a more detailed Ethical Vision document on the ProMenPol website. If you wish further support you can contact Gert Lang or your national contact person.

1. Who is the target beneficiary? *(Please tick the box.)*

- | | | | |
|-----|--------------------------------|---------------------------------------|-----------------------------------|
| 1.1 | The Organisation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.2 | A mainstream population | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.3 | A life style group | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.4 | A group of individuals at risk | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.5 | Other | <input type="checkbox"/> Yes (→1.5.1) | <input type="checkbox"/> No (→2.) |

1.5.1 If **1.5 Other** is "YES", please specify:

- | | | | |
|-----|---|-------------------------------------|------------------------------------|
| 2. | Is participation in the project voluntary? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Are the tools you are going to use well established, i.e. have they been previously used by other organisations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Is this field trial part of a mainstream action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Are any qualifications required to use the tool you have chosen? | <input type="checkbox"/> Yes (→5.1) | <input type="checkbox"/> No (→5.2) |
| 5.1 | If "YES": Does your organisation have the expertise required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.2 | IF "NO": Do you intend to acquire this expertise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Have you identified any potential risks to participants?

Yes (→6.1)

No (→7.)

6.1 If **6.1** is "YES", please specify:

- a.
b.
c.
d.

7. Do you plan to put in place supports for participants to counteract potential risks?

Yes (→7.1)

No (→8.)

7.1 If **7.** is "YES": What supports do you plan to put in place?

8. Are there any procedures in place to ensure that the opinions and wishes of participants are taken into account during the field trial?

Yes

No

9. Has an informed consent process been developed for participation in this field trial?

Yes

No

10. Do you have materials to provide an easy to understand summary of the field trial?

Yes

No

11. Does your field trial involve any of the following: (Please tick the box.)

11.1 Obtrusive measures

Yes

No

11.2 The collection of information about people's private lives

Yes

No

11.3 The use of a placebo or control condition (e.g. Do you withhold a tool that might be of benefit to a selected group of participants for experimental purposes?)

Yes

No

11.4 A new tool that is in a pilot phase

Yes

No

11.5 Potential loss of status or reputation of participants

Yes

No

11.6 Changing the participant's behaviour

Yes (→11.6.1)

No (→11.7)

11.6.1 If **1.6** is "YES", please specify which behaviour:

- i.
ii.
iii.

11.7 Vulnerable target groups? Yes (→11.7.1) No (→12.)

11.6.1 If **1.6** is "YES", please specify which vulnerable groups:

i. ii. iii.

12. Does your organisation have a data protection policy and procedures?

Yes No

13. Are personal details stored securely? Yes (→13.1) No (→14.)

13.1 If **13.** is "YES", please explain how the personal details are securely stored:

--

14. Are procedures in place to allow participants to access their own personal information?

Yes No

15. Do you have plans to monitor the wellbeing of the participants?

Yes No

16. Please indicate any areas in which you wish clarification about the ethical dimensions of your field trial below:

--

Thank you very much for the completion!

Once you have completed this questionnaire you should return it to Gert Lang (Gert.Lang@w.rotekreuz.at). He will forward it to the ProMenPol ethical sub-committee that will provide you with feedback about what (if any) actions you should take.

5.2.4 Ethical Questionnaire (Field Trial Type III)

Ethics Questionnaire

Introduction

There are a number of factors that can create conditions where ethical risks can emerge. An ethical risk arises when a person's health, wellbeing, personal integrity, dignity, rights, privacy or wishes are put in jeopardy by an action of a research study. The European Commission has a system to monitor the way in which ethical issues are handled by research studies. In relation to ProMenPol the project wants to find out if such ethical issues arose during the implementation of prior and finished mental health promotion and protection tools.

1. Who was the target beneficiary? *(Please tick the appropriate box.)*

- | | | | |
|-----|--------------------------------|---------------------------------------|-----------------------------------|
| 1.1 | The Organisation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.2 | A mainstream population | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.3 | A life style group | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.4 | A group of individuals at risk | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.5 | Other? | <input type="checkbox"/> Yes (→1.5.1) | <input type="checkbox"/> No (→2.) |

1.5.1 If **1.5 Other** is "YES", please specify:

2. Was participation in the project voluntary? Yes No

3. Were the tools you used well established, i.e. had they previously been used by other organisations? Yes No

4. Was this field trial part of a mainstream action? Yes No

5. Were any qualifications required to use the tools you have chosen? Yes (→5.1) No (→5.2)

5.1 If "YES": Did your organisation have the expertise required? Yes No

5.2 IF "NO": Did you acquire this expertise? Yes No

6. Did you identify any potential risks to participants? Yes (→6.1) No (→7.)

6.1 If **6.1** is "YES", please specify:

- a.
b.
c.
d.

7. Did you put in place supports for participants to counteract potential risks?

Yes (→7.1) No (→8.)

7.1 If **7.** is **"YES"**: What supports did you put in place?

8. Did you have procedures to ensure that the opinions and wishes of participants were taken into account during the field trial? Yes No

9. Was an informed consent process developed for participation in this field trial?

Yes No

10. Did you have materials to provide an easy to understand summary of the field trial?

Yes No

11. Did your field trial involve any of the following?

11.1 Obtrusive measures Yes No

11.2 The collection of information about people's private lives
 Yes No

11.3 The use of a placebo or control condition (e.g. Did you withhold a tool that might be of benefit to a selected group of participants for experimental purposes?)
 Yes No

11.4 A new tool that is in a pilot phase Yes No

11.5 Potential loss of status or reputation of participants
 Yes No

11.6 Changing the participant's behaviour Yes (→11.6.1) No (→11.7)

11.6.1 If **1.6** is **"YES"**, please specify which behaviours:

i.
ii.
iii.

11.7 Vulnerable target groups? Yes (→11.7.1) No (→12.)

11.6.1 If **1.6** is **"YES"**, please specify which vulnerable groups:

i.
ii.
iii.

12. Does your organisation have a data protection policy and procedures?

Yes No

13. Were personal details stored securely? Yes (→13.1) No (→14.)

13.1 If 13. is "YES", please explain how the personal details were securely stored:

14. Were procedures in place to allow participants to access their own personal information? Yes No

15. Did you monitor the wellbeing of participants?

Yes No

16. Please indicate any areas in which you would like clarification about the ethical dimensions of your field trial below:

Thank you very much for the completion!

Once you have completed this questionnaire you should return it to Gert Lang (Gert.Lang@w.rotekreuz.at). He will forward it to the ProMenPol ethical sub-committee that will provide you with feedback about any actions you should take.

5.2.5 Field Trial Type I Form

I. Your Profile1. Surname: 2. First Name: 3. Nationality: 4. Job Title:

5. Sex/Gender:

 Male Female

6. How old are you?

 Under 20 41 - 50 20 - 30 51 - 60 31 - 40 over 60 years

7. What Type of Organisation do you work for: (Please select the most appropriate)

 non-profit sector private sector public sector other (please specify):

8. Which of the following settings for Mental Health Promotion are you most interested in: (Multiple answers possible)

 Schools Workplace Older Peoples Residences Other (please specify):

9. How often do you use the internet?

 Daily A few times per month A few times per week Rarely Once a Week10. How long did you investigate the ProMenPol Database of mental health promotion approximately?Approximately minutes11. How long did you investigate the ProMenPol Toolkit of mental health promotion approximately?Approximately minutesIf you have used only the ProMenPol Database please go to **Section IIa**.If you have used only the ProMenPol Toolkit please go to **Section IIb**.

IIa. Usability Questionnaire - ProMenPol Database

After using the online database of mental health promotion and protection tools: Do you agree or do you disagree with the following statements?

Please go through all statements presented below but tick only one box for each line.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1. Subjective Satisfaction and Communication					
In general I found the database easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general the database encourages exploration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found that information is presented in a clear and organized way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. User Interface					
I found the database clearly structured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The logic associated with the database is easy to access and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. User Control, User-Centered Design and Interaction					
I found it easy to use the basic search facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it easy to use the advanced search facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Site Visibility/Memorability					
I found it easy to remember the structure of the database.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Flexibility of Use and Structural Integrity					
I found the database made sense in terms of navigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it easy to navigate on the page and between pages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the navigation possibilities visible and clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Content and Presentation					
I found that the database offered the right amount of information (not insufficient or excessive).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found that the database offered the right quality of information (i.e. valid, clear, and appropriate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. General Utility					
I think I will use the database very frequently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought that the database of tools was easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought there was too much inconsistency in the database.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would imagine that most people would learn to use this database very quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IIb. Usability Questionnaire - ProMenPol Toolkit

After using the **ProMenPol Toolkit** of mental health promotion and protection tools: Do you agree or do you disagree with the following statements?

Please go through all statements presented below but tick only one box for each line.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1. Subjective Satisfaction and Communication					
In general I found the toolkit easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general the toolkit encourages exploration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found that information is presented in a clear and organized way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. User Interface					
I found the toolkit clearly structured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The logic associated with the toolkit is easy to access and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. User Control, User-Centered Design and Interaction					
I found it easy to use the basic search facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it easy to use the advanced search facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Site Visibility/Memorability					
I found it easy to remember the structure of the toolkit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Flexibility of Use and Structural Integrity					
I found the toolkit made sense in terms of navigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it easy to navigate on the page and between pages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the navigation possibilities visible and clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Content and Presentation					
I found that the toolkit offered the right amount of information (not insufficient or excessive).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found that the toolkit offered the right quality of information (i.e. valid, clear, and appropriate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. General Utility					
I think I will use the toolkit very frequently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought that the toolkit of tools was easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought there was too much inconsistency in the toolkit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would imagine that most people would learn to use this toolkit very quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Your Rating of the Content

1a. Please rate the **ProMenPol Database** on the following content features:

	Very Good	Good	Neither Good or Poor	Poor	Very Poor
1. Relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Objectivity of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The reliability of the content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1b. Please rate the **ProMenPol Toolkit** on the following content features:

	Very Good	Good	Neither Good or Poor	Poor	Very Poor
1. Relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Objectivity of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The reliability of the content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Your Satisfaction

1a. Overall, how satisfied are you with the quality of the content on the **ProMenPol Database**?

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Overall, how satisfied are you with the presentation of content in the **ProMenPol Database**?

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1b. Overall, how satisfied are you with the quality of the content on the **ProMenPol Toolkit**?

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2b. Overall, how satisfied are you with the presentation of content in the **ProMenPol Toolkit**?

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In your opinion how long should the database/toolkit with mental health promotion and protection tools/instruments be online accessible for interested people?

About 2 years
(End 2009)

2-5 years
(2009-2012)

More than 5 years
(2012+)

Do you have any suggestions for improvements of either the ProMenPol Database or the Toolkit?

Thank you very much for filling out this usability questionnaire.

Your response will be used to improve the utility, functionality and practicality of both the ProMenPol Database and the Toolkit.

Please return the completed questionnaire to Gert Lang by email to gert.lang@w.rokeskreuz.at or by fax to +43-79580-9730.

5.2.6 Field Trial Type II Form

A. Administrative Information

A1. Which mental health promotion tool did you chose for implementation in your organisation? *(Please write down the full name of the tool.)*

A2. In which one of the three settings did you implement the tool?
(Please tick the appropriate box.)

- In the school setting
 In the workplace setting
 In the residences for older people setting

A3. What were the start and end dates of your field trial?

A3.1 Start date (dd/mm/yyyy): / /

A3.2 End date (dd/mm/yyyy): / /

A4. Some information about the respondent:

A4.1 Organisation name:

A4.2 Your name:

A4.3 Your professional background:

A4.4 Your position:

A4.5 Your email for contact:

A4.6 Today's date (dd/mm/yyyy): / /

A5. Is your organisation a private company, a public sector or a non-profit organisation?
(Please tick one box only.)

- Private sector Public sector (e.g. local government) Non-profit organisation (e.g. charity)

A6. What sector does your organisation operate in? *(Please tick one box only.)*

- | | |
|--|--|
| <input type="checkbox"/> Agriculture, fishing & forestry | <input type="checkbox"/> Public administration & defence, compulsory social security |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Building & construction | <input type="checkbox"/> Health & social work |
| <input type="checkbox"/> Trade (retail & wholesale) | <input type="checkbox"/> Other community, social & personal activities |
| <input type="checkbox"/> Hotels & restaurants | <input type="checkbox"/> Recreational, cultural and sporting activities |
| <input type="checkbox"/> Transport, storage & communication | <input type="checkbox"/> Other: <i>(please specify)</i> |
| <input type="checkbox"/> Banking, insurance & financial services | |

A7. How many people work in your organisation? *(Please tick one box only.)*

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 1-9 | <input type="checkbox"/> 100-249 |
| <input type="checkbox"/> 10-49 | <input type="checkbox"/> 250-499 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 500 or more |

B. Structure & Background: The Planning of the Implementation

B1. Please describe briefly the experiences of your organisation with regard to mental health promotion planning and implementation? (Please tick the most appropriate box.)

- No experiences and history at all
- Yes, some experiences and some history of use
- Yes, quite a lot of experience and a long history of use

B2. Which specific mental health problems did your target group face before undertaking the field trial? (Please describe briefly.)

B3. What supporting information / documents did you use to assist in implementing the mental health promotion tool? (multiple answers possible)

- ProMenPol online database & toolset
- Online presentation by the producer/author of the tool
- Reports of the mental health promotion tool
- Scientific publications of the selected tool
- Professional publications (e.g. professional magazines)
- Other media (e.g. newspapers)
- Other, please specify:

B4. Please describe what the main aims of the implementation were: (multiple answers possible)

- Raising health awareness
- Health education
- Disease prevention
- Promotion of healthy lifestyles
- Accessibility to health services
- Increase individual participation to health services
- Promote health by an increase of: physical and/or mental and/or social health
- Empower individuals and their behaviour
- Create healthy organisational structures
- Improve determinants for positive health
- Other, please specify:

B5. What are the characteristics of your target group for the field trial?

B5.1 Size: How big was your target population? people.

B5.2 Gender: % male: , % female: (approximately)

B5.3 Age: The average age of my target group is approximately years.

B5.4 Education: Which education degree represents your target group the most?

- No or low formal qualification
- Secondary education
- Higher secondary education
- Above higher secondary level (e.g. university)

B5.5 Illness: Do parts of your target group have a health diagnosis?

- No diagnoses at all
- Physical illness
- Mental illness
- Both, physical and mental diagnoses
- Information is not available.

C. Process of Implementation of the Tool

C1. How do you assess the implementation process in general? *(Please tick one box only.)*

- Very good
 Good
 Bad
 Very bad

C2. Which factors were of help and which barriers did you encounter during the implementation process?

	Help	Barrier
Political framework (e.g. on local, national level)	<input type="checkbox"/>	<input type="checkbox"/>
Ethos & culture of the organisation	<input type="checkbox"/>	<input type="checkbox"/>
Organisational structures	<input type="checkbox"/>	<input type="checkbox"/>
Management & leadership	<input type="checkbox"/>	<input type="checkbox"/>
Financial structures & health budget	<input type="checkbox"/>	<input type="checkbox"/>
Staff (attitudes, involvement, training)	<input type="checkbox"/>	<input type="checkbox"/>
Health professionals (e.g. GPs)	<input type="checkbox"/>	<input type="checkbox"/>
Client base & characteristics	<input type="checkbox"/>	<input type="checkbox"/>
Quality standards and controls in place	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:		
	<input type="checkbox"/>	<input type="checkbox"/>

C3. Were any changes & adaptations from your original implementation plan necessary?

- Yes, some changes and adaptations were necessary. (→ C3.1)
 No, no changes and adaptations necessary. (→ C4)

C3.1 If YES: Which changes and adaptations were adopted?

C4. Did ethical issues arise in the course of the implementation of the mental health promotion tool?

- Yes, there were some ethical issues. (→ C4.1)
 No, no single ethical issue arose. (→ C5)

C4.1 If YES: Which ethical issues arose? *(multiple answers possible)*

- Beneficence and non-maleficence (e.g. serving well-being and interests in others, doing no harm)
 Informed consent
 Confidentiality and anonymity
 Data protection procedures
 Other ethical issues, please specify:

C5. What lessons have you learned from the implementation of mental health promotion for policy and administration? *(Please describe briefly.)*

D. Outcome and Results Achieved by the Implementation of the Tool

D1a. Were your objectives and expected benefits of undertaking the field trial (as described in B4.) achieved?

- Yes No

D1b. Were the aims of the mental health promotion tool (as described in B4.) accurate in your opinion?

- Yes No

D1.2 If NO (in D1a. or D1b.): Which ones were not achieved or not accurate? (Please describe briefly.)

D2. Which type of evaluation was adopted? (multiple answers possible)

- Process evaluation Other, please specify:
 Outcome evaluation No evaluation was carried out (→D4)

D3. If evaluated: What was the evaluation design?

- | | |
|---|--|
| <input type="checkbox"/> Randomised controlled evaluation design (randomised assignment of people to target and control group)
<input type="checkbox"/> Not randomised but controlled evaluation design
<input type="checkbox"/> Pre- and post-study (evaluation carried out before and after the intervention) | <input type="checkbox"/> Post-study (evaluation only carried out after the intervention)
<input type="checkbox"/> Descriptive or qualitative evidence (qualitative evaluation)
<input type="checkbox"/> Other, please specify: |
|---|--|

D4. Below you can find statements that describe your experience of implementing the mental health promotion tool in terms of processes and outcomes. Please agree or disagree each statement. (Please tick the most appropriate box.)

Statement	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't Know
There was a broad acceptance of the mental health promotion process by the target group during implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was high satisfaction with the mental health promotion outcomes by the target group during the implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The tool implementation promoted individual health and wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The implementation of the tool affected organisational structures positively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The relationship of costs to benefits which arose in the course of implementation was beneficial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The results will have a sustainable effect on the organisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We would be keen to implement additional mental health promotion tools in future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the results are easily transferable to other organisations in the same setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the results are easily transferable to other organisations in a different setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5. In general, what are the strengths and the weaknesses of the tool you implemented in practice? (Please describe briefly)

D5.1 Strengths of the mental health promotion tool:

D5.2 Weaknesses of the mental health promotion tool:

D6. Having implemented the tool, and based on your experiences, what would be your three main recommendations to other prospective users of the tool? (Please describe)

1.

2.

3.

E. Lessons Learned and Recommendations for Practice and Policy

Introduction

One of the main aims of the ProMenPol project is to enable practitioners in mental health promotion to communicate more directly with policy makers in the area.

When we refer to policy makers, we mean people who can make policy (e.g. politicians, senior civil servants), people who can influence policy (e.g. lobby groups for mental health) and policy administrators (e.g. civil servants who administer mental health programmes). **This section of the questionnaire provides you with the opportunity to contribute to this process.**

Please take this opportunity to identify from your own experience the main lessons that you have learnt about what works in mental health promotion and what are the main barriers to the implementation of mental health promotion.

E1. In your opinion, what are your three most important lessons from practice that can be used by policy makers?

- 1.
- 2.
- 3.

E2. In your opinion, what are the three main opportunities for the development of mental health promotion in the future?

- 1.
- 2.
- 3.

E3. In your opinion, what are the three main barriers/threats to mental health promotion in future?

- 1.
- 2.
- 3.

E4. In your opinion, what are the three main missing elements of policy at present?

- 1.
- 2.
- 3.

E5. Based on your experiences, what are the three main things you would like policy makers to do to improve support for mental health promotion? What policy changes are needed to improve practice at present?

- 1.
- 2.
- 3.

E6. Based on your experiences with mental health promotion, to what extent do you agree with the following statements about what should be done to improve support for mental health promotion? (Please tick one box per line only.)

It is needed to ...	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't Know
Improve monitoring of mental health promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legislate to strengthen mental health promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support relationships with non-governmental organisations (NGOs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support the evaluation of applied programmes (financial, professional).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase awareness of mental health promotion among front-line staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move resources from elsewhere to improve mental health promotion resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create mental health promotion teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish national and international professional associations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide incentives to support mental health promotion initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide more publications, conferences and seminars on mental health promotion on a national basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Base it on available evidence-based mental health promotion indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of a mental health strategy (e.g. on European, national and local level).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach mental health promotion at undergraduate level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement proven mental health promotion evaluation standards (outcome and process related).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raise the political priority of mental health promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve the capacity to deliver mental health promotion through training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthen the ties between policy and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide training to managers within the settings on the needs and available tools in the mental health promotion field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adopt evidence based programmes – financial and professional resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build stakeholder support in mental health promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commit more financial resources to mental health promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E7. In addition, do YOU have any other comments you would like to state?

Thank you very much for this feedback!

Please send this form on completion to:
gert.lang@w.rotekreuz.at

5.2.7 Field Trial Type III Form

A. Administrative Information

A1. Which mental health promotion tool did you chose for implementation in your organisation? *(Please write down the full name of the tool)*

A2. In which one of the three settings did you implement the tool?
(Please tick the appropriate box.)

- In the school setting
 In the workplace setting
 In the residences for older people setting

A3. What were the start and end dates of your field trial?

A3.1 Start date (dd/mm/yyyy): / /

A3.2 End date (dd/mm/yyyy): / /

A4. Some information about the respondent:

A4.1 Organisation name:

A4.2 Your name:

A4.3 Your professional background:

A4.4 Your position:

A4.5 Your email for contact:

A4.6 Today's date (dd/mm/yyyy): / /

A5. Is your organisation a private company, a public sector or a non-profit organisation?
(Please tick one box only)

- Private sector Public sector (e.g. local government) Non-profit organisation (e.g. charity)

A6. What sector does your organisation operate in? *(Please tick one box only.)*

- | | |
|--|--|
| <input type="checkbox"/> Agriculture, fishing & forestry | <input type="checkbox"/> Public administration & defence, compulsory social security |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Building & construction | <input type="checkbox"/> Health & social work |
| <input type="checkbox"/> Trade (retail & wholesale) | <input type="checkbox"/> Other community, social & personal activities |
| <input type="checkbox"/> Hotels & restaurants | <input type="checkbox"/> Recreational, cultural and sporting activities |
| <input type="checkbox"/> Transport, storage & communication | <input type="checkbox"/> Other: <i>(please specify)</i> |
| <input type="checkbox"/> Banking, insurance & financial services | |

A7. How many people work in your organisation? *(Please tick one box only.)*

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 1-9 | <input type="checkbox"/> 100-249 |
| <input type="checkbox"/> 10-49 | <input type="checkbox"/> 250-499 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 500 or more |

B. Structure & Background: The Planning of the Implementation

B1. Please describe briefly the experiences of your organisation with regard to mental health promotion planning and implementation? (Please tick the most appropriate box.)

- No experiences and history at all
- Yes, some experiences and some history of use
- Yes, quite a lot of experience and a long history of use

B2. Which specific mental health problems have you faced in your target population before undertaking the mental health promotion action? (Please describe briefly.)

B3. What supporting information / documents did you use to assist in implementing the mental health promotion tool? (multiple answers possible)

- Online presentation by the producer/author of the tool
- Reports of the mental health promotion tool
- Scientific publications of the selected tool
- Professional publications (e.g. professional magazines)
- Other media (e.g. newspapers)
- Other, please specify:

B4. Please describe what the main aims of the implementation were: (multiple answers possible)

- Raising health awareness
- Health education
- Disease prevention
- Promotion of healthy lifestyles
- Accessibility to health services
- Increase individual participation to health services
- Promote health by an increase of: physical and/or mental and/or social health
- Empower individuals and their behaviour
- Create healthy organisational structures
- Improve determinants for positive health
- Other, please specify:

B5. What were the characteristics of your target group for the field trial?

B5.1 Size: How big was your target population? people.

B5.2 Gender: % male: , % female: (approximately)

B5.3 Age: The average age of my target group was approximately years.

B5.4 Education: Which education degree represents your target group the most?

- No or low formal qualification
- Secondary education
- Higher secondary education
- Above higher secondary level (e.g. university)

B5.5 Illness: Did parts of your target group have a health diagnosis?

- No diagnoses at all
- Physical illness
- Mental illness
- Both, physical and mental diagnoses
- Information was not available.

C. Process of Implementation of the Tool

C1. How do you assess the implementation process in general? *(Please tick one box only.)*

- Very good
 Good
 Bad
 Very bad

C2. Which factors were of help and which barriers did you encounter during the implementation process?

	Help	Barrier
Political framework (e.g. on local, national level)	<input type="checkbox"/>	<input type="checkbox"/>
Ethos & culture of the organisation	<input type="checkbox"/>	<input type="checkbox"/>
Organisational structures	<input type="checkbox"/>	<input type="checkbox"/>
Management & leadership	<input type="checkbox"/>	<input type="checkbox"/>
Financial structures & health budget	<input type="checkbox"/>	<input type="checkbox"/>
Staff (attitudes, involvement, training)	<input type="checkbox"/>	<input type="checkbox"/>
Health professionals (e.g. GPs)	<input type="checkbox"/>	<input type="checkbox"/>
Client base & characteristics	<input type="checkbox"/>	<input type="checkbox"/>
Quality standards and controls in place	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:		
	<input type="checkbox"/>	<input type="checkbox"/>

C3. Were any changes & adaptations from your original implementation plan necessary?

- Yes, some changes and adaptations were necessary (→ C3.1)
 No, no changes and adaptations were necessary (→ C4)

C3.1 If YES: Which changes and adaptations were adopted?

C4. Did ethical issues arise in the course of the implementation of the mental health promotion tool?

- Yes, there were some ethical issues. (→ C4.1)
 No, no single ethical issue arose. (→ C5)

C4.1 If YES: Which ethical issues arose? *(multiple answers possible)*

- Beneficence and non-maleficence (e.g. serving well-being and interests in others, doing no harm)
 Informed consent
 Confidentiality and anonymity
 Data protection procedures
 Other ethical issues, please specify:

C5. What lessons have you learned from the implementation of mental health promotion for policy and administration? *(Please describe briefly)*

D. Outcome and Results Achieved by the Implementation of the Tool

D1a. Were your objectives and expected benefits of undertaking the mental health promotion action (as described in B2.) achieved?

Yes

No

D1b. Were the aims of the mental health promotion tool (as described in B5.) accurate in your opinion?

Yes

No

D1.2 If NO (in D1a. or D1b.): Which ones were not achieved or not accurate?
(Please describe briefly.)

D2. Which type of evaluation was adopted? (multiple answers possible)

Process evaluation

Other, please specify:

Outcome evaluation

No evaluation was carried out (→ D4)

D3. If evaluated: What was the evaluation design?

Randomised controlled evaluation design
(randomised assignment of people to target
and control group)

Post-study (evaluation only carried out after
the intervention)

Not randomised but controlled evaluation
design

Descriptive or qualitative evidence
(qualitative evaluation)

Pre- and post-study (evaluation carried out
before and after the intervention)

Other, please specify:

D4. Below you can find statements that describe your experience of implementing the mental health promotion tool in terms of processes and outcomes. Please agree or disagree each statement. (Please tick the most appropriate box.)

Statement	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't Know
There was a broad acceptance of the mental health promotion process by the target group during implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was high satisfaction with the mental health promotion outcomes by the target group during the implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The tool implementation promoted individual health and wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The implementation of the tool affected organisational structures positively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The relationship of costs to benefits which arose in the course of implementation was beneficial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The results will have a sustainable effect on the organisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We would be keen to implement additional mental health promotion tools in future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the results are easily transferable to other organisations in the same setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the results are easily transferable to other organisations in a different setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5. In general, what are the strengths and the weaknesses of the tool you implemented in practice? (Please describe briefly)

D5.1 Strengths of the mental health promotion tool:

D5.2 Weaknesses of the mental health promotion tool:

D6. Having implemented the tool, and based on your experiences, what would be your three main recommendations to other prospective users of the tool? (Please describe)

1.

2.

3.

E. Lessons Learned and Recommendations for Practice and Policy

Introduction

One of the main aims of the ProMenPol project is to enable practitioners in mental health promotion to communicate more directly with policy makers in the area.

When we refer to policy makers, we mean people who can make policy (e.g. politicians, senior civil servants), people who can influence policy (e.g. lobby groups for mental health) and policy administrators (e.g. civil servants who administer mental health programmes). **This section of the questionnaire provides you with the opportunity to contribute to this process.**

Please take this opportunity to identify from your own experience the main lessons that you have learnt about what works in mental health promotion and what are the main barriers to the implementation of mental health promotion.

E1. In your opinion, what are your three most important lessons from practice that can be used to influence AND are of interest to policy makers?

- 1.
- 2.
- 3.

E2. In your opinion, what are the three main opportunities for the development of mental health promotion in the future?

- 1.
- 2.
- 3.

E3. In your opinion, what are the three main barriers/threats to mental health promotion in future?

- 1.
- 2.
- 3.

E4. In your opinion what are the three main missing elements of policy at present?

- 1.
- 2.
- 3.

E5. Based on your experiences, what are the three main things you would like policy makers to do to improve support for mental health promotion? What policy changes are needed to improve practice at present?

- 1.
- 2.
- 3.

E6. Based on your experiences with mental health promotion, to what extent do you agree with the following statements about what should be done to improve support for mental health promotion? (Please tick one box per line only.)

It is needed to ...	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't Know
Improve monitoring of mental health promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legislate to strengthen mental health promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support relationships with non-governmental organisations (NGOs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support the evaluation of applied programmes (financial, professional).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase awareness of mental health promotion among front-line staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move resources from elsewhere to improve mental health promotion resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create mental health promotion teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish national and international professional associations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide incentives to support mental health promotion initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide more publications, conferences and seminars on mental health promotion on a national basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Base it on available evidence-based mental health promotion indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of a mental health strategy (e.g. on European, national and local level).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach mental health promotion at undergraduate level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement proven mental health promotion evaluation standards (outcome and process related).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raise the political priority of mental health promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve the capacity to deliver mental health promotion through training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthen the ties between policy and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide training to managers within the settings on the needs and available tools in the mental health promotion field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adopt evidence based programmes – financial and professional resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build stakeholder support in mental health promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commit more financial resources to mental health promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E7. In addition, do YOU have any other comments you would like to state?

Thank you very much for this feedback!

Please send this form on completion to:
gert.lang@w.rotekreuz.at