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Researching the implementation of community mental health promotion programs

Margaret M. Barry

Introduction

Mental health promotion is concerned with achieving positive mental health among the general population and addressing the needs of those at risk from, or experiencing, mental health problems. The focus of this multidisciplinary area of practice is on enhancing the strengths, competencies and resources of individuals and communities, thereby promoting positive emotional and mental well-being. The implementation of effective, feasible and sustainable programs has been identified as a key challenge in mental health promotion.[4-7] The growing evidence base confirms that mental health promotion works and that programs promoting positive mental health can have long-lasting positive effects across a range of social and health outcomes.[4,8] Building on this evidence base, there is a need for programs to be brought to scale, disseminated and implemented across different cultural settings and with different population groups.[9] The translation of evidence into practice needs to be supported by technical skills to make the evidence usable in the local context. This translation requires an increased focus on developing both the research and infrastructural mechanisms for high-quality implementation of effective interventions. Dissemination research and further systematic studies of program implementation, adoption and adaptation across cultures are needed so that practice-based evidence may be generated that will guide the building of capacity for effective program delivery.[10] This calls for a focus on researching the process of implementing programs in naturalistic settings, i.e. outside of controlled research conditions, and identifying the key factors and conditions that can facilitate high-quality implementation.

Why implementation research matters

Implementation research is critical to understanding how and under what conditions programs may be effective. The published research studies are concerned mainly with program outcomes and typically little information is provided on the process and extent of program delivery, which must occur in order for the desired program outcomes to be achieved. Implementation research is necessary to understand what actually happens during program planning and delivery, the quality of the program as delivered, and whether the intended target audience is reached. If program implementation is not monitored and assessed, an outcome evaluation may be assessing a program that differs greatly from that originally designed and planned. Without measuring implementation quality, a program may be incorrectly judged as ineffective, when in fact negative outcomes occur as a result of poor-quality implementation or shortcomings in the delivery process. This leads to what is known as a Type III error; that is, the program as delivered is of such poor quality as to

Abstract

Understanding the process of program implementation plays a critical role in advancing research, practice and policy in mental health promotion. This paper focuses on the implementation of community mental health promotion and considers the challenges presented in implementing and evaluating complex, multifaceted interventions carried out in the context of dynamic community settings. The Rural Mental Health Project[1-3] is presented as a case study to illustrate the practical and research challenges encountered in implementing and evaluating a community mental health promotion initiative. This case study highlights the factors that contributed to the successful implementation and evaluation of a community-based intervention for rural communities on the border region in the Republic and Northern Ireland. Among the factors identified are: a partnership model of working; local co-ordinating structures and consultation mechanisms; use of a structured planning model to guide program planning and implementation; mobilisation of cross-community and inter-agency support; and a comprehensive logic evaluation framework to assess the input, process, impact and outcomes of the project as it unfolded.

Keywords: Implementation; community mental health promotion; evaluation.

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invalidate the outcomes. Implementation research is important in interpreting program outcomes and informing the replication and maintenance of programs across settings.[11-14]

The decision to adopt a best practice program does not guarantee success without attention to good-quality implementation. Barry, Domitrovich and Lara[14] discuss the importance of quality implementation at each stage in the process of planning and delivery, including: developing mechanisms for consultation and collaboration; identifying and engaging the key stakeholders; assessing the needs of the local context; adopting and adapting intervention strategies while maintaining core program components; and building a base of support for project implementation, maintenance, and evaluation. Careful delineation and monitoring of the implementation process is needed to provide a clear account of what was actually done (as opposed to planned), how well it was done, and whether the outcomes occurred as a result of what was done.

Drawing on the research evidence and the knowledge of program developers, Barry[15] identifies the generic principles that guide the implementation of effective mental health promotion programs and Barry and Jenkins[16] examine how effective program implementation can be ensured by use of research-based, theoretically grounded and culturally appropriate interventions. Implementation research is critical to understanding program strengths and weaknesses, determining how and why programs work, documenting what actually takes place when a program is conducted, and providing feedback for continuous quality improvement in program delivery.[17]

Implementing community mental health promotion programs

Working at the community level presents possibly one of the most challenging and exciting settings for mental health promotion practice. Community settings are complex and dynamic, composed of many subsettings such as schools, workplaces and neighbourhoods, and offer important opportunities to work with diverse groups across a range of sectors. A community perspective to promoting positive mental health calls for appropriate models and implementation strategies to ensure that the desired process of implementation and program outcomes are achieved.

The impact of community programs may depend as much on how the program is implemented, i.e. methods and style of delivery, as what is implemented. Community programs need to be committed to the principles of collaborative working, facilitating meaningful participation and enhancing community empowerment.[18] Working at the community level calls for skills in collaboration, partnership working and political savvy concerning local power structures. Programs need to be tailored to the local setting and have the flexibility to evolve organically in response to local needs, interests, capacities, emerging opportunities and challenges. For all these reasons the implementation of community-based programs calls for clearly defined goals and objectives and a structured plan to guide collaborative program planning and delivery.

There is a growing literature that identifies best practice in building collaborative mechanisms and effective community coalitions.[19-26] Barry and Jenkins,[16] in chapter three of their book, discuss the relevance of this literature for community mental health promotion practice and outline several key factors that influence the effectiveness of community collaborative partnerships.

Evaluating community programs

Complex community interventions are typically composed of multiple program components targeting different population groups, which may be planned to occur across different levels of the social ecology: individual, interpersonal, organisational, community and macro-policy. Programs at each level may in turn be logically connected to supportive activities at the next level, i.e. individual skills building linked to supportive community organisation activities. This type of multi-component program requires an implementation and evaluation model that will plot the sequence of events that is needed for effective outcomes at each level. Goodman[27] recommends developing logic models as a strategy for mapping out complex community-based interventions. Kumpfer et al. define logic models as "… a fancy term for what is merely a succinct, logical series of statements that link the problems your program is attempting to address, how it will address them, and what the expected result is".[28] Logic models provide a framework for collecting data as events occur, permitting the accurate monitoring and recording of the program as it unfolds. This type of qualitative data forms the basis of a detailed process analysis of program implementation. A good example of the use of a detailed logic model to guide the planning, implementation and evaluation of a successful community program is the Midwestern Prevention Project.[29,30]

The complexity of multifaceted community programs presents a particular challenge for program evaluation, both in terms of the methodologies applied and the role of the evaluator.[31,32] Comprehensive community initiatives call for evaluation frameworks and methodologies that are congruent with the principles of community practice.[31,33-36] Gabriel points out that in the spirit of a community approach, evaluators must become partners with practitioners and the community in "… adapting their designs, assessment techniques and reporting strategies to fit the local context and needs".[37]

Logic models provides a useful mechanism for evaluators and practitioners to work together in formulating project design and the sequential planning and monitoring of the process of program implementation and collaboration. This detailing in action permits an accurate record of the program as it unfolds and plays a crucial role in informing the detection of intermediate-level changes leading to ultimate program outcomes.

The use of a logic model framework in guiding the implementation and evaluation of the Rural Mental Health Project is now presented. The evaluation logic model provided a systematic framework for intervention monitoring and feedback on project activities and their impact, which was incorporated as an integral part of the planning and delivery.

Case study

The Rural Mental Health Project is a community-based project concerned with promoting mental health and well-being in rural communities.[1-3] This initiative brings together two rural communities on the border region of the Republic and Northern Ireland in developing a community model of mental health promotion employing cross-border and cross-sectoral strategies. This project, which was funded under the EU Peace and Reconciliation Programme (Peace II) (see footnote) and part-financed by the United Kingdom and Irish governments, was developed against a complex political backdrop. The project addresses the negative impact of the conflict in Northern Ireland on the well-being of rural communities in the border region, particularly with regard to the social and community stressors that affect mental health.[38] The aims of the project were to:

1. Develop mental health promotion strategies targeting depression and suicide that would empower communities in addressing shared mental health needs on a cross-community basis.
2. Implement and systematically evaluate a model of mental health promotion practice based on community participation principles.
3. Establish cross-border co-operation with a view to sharing information, expertise and experience in promoting health and social well-being in rural settings.

Footnote: The Programme for Peace and Reconciliation in Northern Ireland and the Border region of Ireland (PEACE II) is a unique program funded by the European Union that is designed to address the economic and social legacy of 30 years of conflict and to take advantage of new opportunities arising from the restoration of peace following the Belfast Agreement. The program benefits a wide range of sectors, areas, groups and communities that have been particularly affected by the conflict and encourages cross-border co-operation and cross-community projects both north and south of the border. More details: http://ec.europa.eu/regional_policy/country/prordn/details.cfm?gv_PAY=IE&gv_reg=ALL&gv_PGM=2000RG161PO001&LAN=5

Project interventions

Grounded in an extensive needs assessment,[39,40] the project delivered a range of interventions including awareness-raising activities and community workshops, together with the development of structured mental health promotion programs based on international models of good practice. Among the latter were two specific interventions: the development and evaluation of a structured schools-based module, the Mind Out program, promoting positive mental health for post-primary students;[41,42] and the implementation of the Winning New Jobs depression prevention program for unemployed people[43,44] in collaboration with regional training and employment agencies. Further information on the details of the Rural Mental Health Project and its evaluation may be found in Barry (2003) and Reynolds, Byrne and Barry (2004).[1,3]

Project delivery

Both in terms of its community base and its cross-border model of working, the project highlights the practical and research challenges of implementing and evaluating community interventions. This project entailed delivering multi-faceted interventions to diverse population groups across mixed communities, in collaboration with a range of cross-border agencies and community groups. Given the political backdrop to this project, i.e. the legacy of the Troubles and the ensuing peace process in Northern Ireland, successful implementation of project activities called for political sensitivity in understanding the needs of different groups within the communities, the culture of the local setting and ways of relating to the local population. Richard Price[45] uses the term "good procedural knowledge" to refer to the art of getting things done in the context of the local setting based on political and culturally specific knowledge. In the case of this project, this entailed working with a number of separate communities within each geographical community setting, based on diverse religious and political allegiances and a history of distrust and suspicion developed as a legacy of the conflict in the region. This called for skilful practice on the part of the project workers and program implementers in adapting to the needs of the local communities.

Evaluation

In view of the complex nature of this cross-border multi-component project, a strong research base was critical to evaluate the process of implementation and assess the project's overall impact and outcomes. A program logic model was employed (see Figure 1) to provide a framework for evaluating project inputs, process, impacts and outcomes. Barry[1] outlines the details of this model and only the key points will be summarised here. The logic model provided a framework within which to anchor project evaluation efforts in order to capture as comprehensively as possible the range, scale and impact of

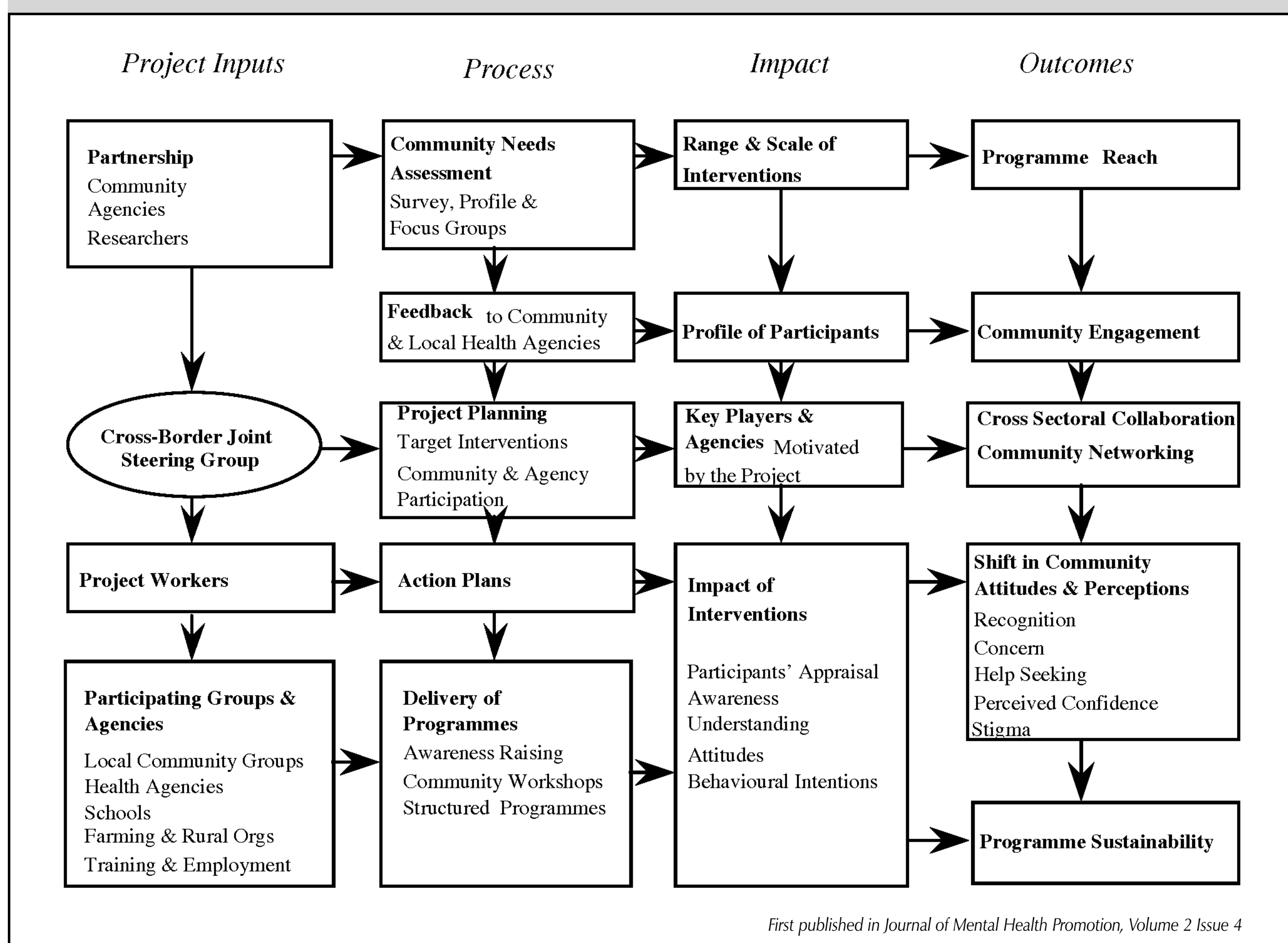
activities. The extent and quality of implementation was monitored throughout the project, together with the degree of community participation and inter-agency and cross-border collaboration. This evaluation entailed using a multi-method approach, with both quantitative and qualitative data being collected from a variety of sources including project staff, steering group members, project participants, program implementers and community members.

For the structured programs, the fidelity of implementation across sites was assessed and detailed outcome evaluations were put in place. The Mind Out schools-based initiative, based on adapted materials from the Australian MindMatters program,[46,47] was subject to a randomised controlled design involving 1,850 students. Participating students were very positive about the program and at 12 months after program delivery reported improved understanding, compassion and confidence in dealing with someone in distress, more constructive help-seeking behaviour, and greater awareness of support services in comparison to the control group.[48]

The evaluation of the Winning New Jobs (WNJ) program, based on the original JOBS program,[49,50] entailed a detailed process evaluation and a quasi-experimental design to assess outcomes. Data were collected from the program trainers, 254 unemployed participants and 192 unemployed people who served as a comparison group. The evaluation indicated that the program was successfully implemented in collaboration with a range of local agencies. In comparison to the control group, the WNJ participants were more likely to be re-employed (47.7% in the intervention group compared with 17% in the control group), experience less economic hardship, and to report improved inoculation against setbacks at one year following participation in the program.[44]

In terms of program reach, a number of diverse community groups and agencies were actively engaged in this project from both sides of the border. These included women's groups, farmers, teachers, young people, community groups, training and employment agencies and health agencies. The degree of inter-agency collaboration across the range of activities delivered is a mark of success for this project. Through their engagement in intervention planning and delivery, agencies and local community groups worked together in promoting the mental health and well-being of rural residents.

Figure 1: Project evaluation model.



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In order to assess community-level outcomes, cross-sectional surveys of the two project communities and a reference community were conducted prior to and following implementation of the project. Approximately 250 randomly selected community residents were interviewed in each of the three communities at baseline in 1997/98 and again in 2003/04 following implementation. The findings from the community survey indicated improved awareness concerning suicide and depression in both intervention communities, with a trend towards increases in concern levels about suicide for males and more positive attitudes towards seeking professional help.[3] Interviews with key players in the project were also undertaken to establish their views on the success of the project in meeting its objectives.

Implementation features

Partnership model of working

The project embraced a partnership model of working both within and between the two local communities, with relevant statutory and voluntary agencies and the researchers in the planning, development and delivery of the project activities. The main organisational structure of this project was a cross-border Joint Steering Group, which included representatives from the local community groups, health professionals, project staff and the research team. Project managers, one in each community, had responsibility for implementing the project locally, working in collaboration with community groups, schools, health agencies, farming groups and local organisations. To enhance active participation, local agencies and groups were engaged in program planning as all project activities were planned and designed in collaboration with the relevant local stakeholders.

Structured framework to guide program planning

The planning and implementation of the project was based on the five-stage community organisation model developed by Bracht et al.[51] This model was employed in order to provide a systematic framework for structuring each of the five planning and implementation stages as follows: community analysis and assessment; design and initiation; implementation; program maintenance and consolidation; dissemination and reassessment. The adoption of a structured planning model guided the implementation of the project and provided an overarching framework to steer the planning and implementation process.

Engaging participation

Community working in this context requires considerable political savvy and an ability to engage people based on shared needs and the prospect of mutual benefit. Sensitivity to the potential stigma attaching to a mental health project was also needed, particularly with regard to generating participation and ownership by local members. Points of access for such participation included establishing local advisory groups and working through existing community groups and structures. Establishing trust and engaging participation took time and the necessary groundwork had to be done to ensure effective participation and engagement from key stakeholders in the community. Establishing local mechanisms for community consultation and feedback played a vital role in engaging local participation and developing good working relationships. This required considerable skill and judgement on the part of project staff and sensitivity to the needs of the different community members and agencies at the local level.

Collaborative practice

This project entailed extensive local, cross-border, and inter-agency collaboration. Project implementation involved identifying potential project champions within local community groups and agencies, mobilising support from diverse agencies that were willing to work on a cross-border basis, and engaging with statutory and voluntary agencies in supporting the adoption of project interventions. This entailed a considerable degree of negotiation and co-operation on an inter-agency and cross-sectoral basis. A structured planning approach, based on collaborative planning, agreed goals and objectives and the delivery of concrete, visible project activities were critical to successful project implementation. The introduction of high-profile international projects, such as the Winning New Jobs program, served to bring together agencies that could see the benefit of co-operation and the value of innovative project initiatives (see Barry et al. 2007b).[44]

Cross-border co-operation and networking

The project created opportunities for cross-border collaboration in terms of developing innovative programs in schools, training and employment agencies, women's groups and farming organisations. These initiatives sought to build meaningful dialogue among community members and enhance strategic co-operation between agencies across the border in promoting the mental heath and quality of life of their local communities.

Sustainability

Several project activities and networking groups that originated as part of the Rural Mental Health Project have since developed into sustainable initiatives in their own right. In terms of the Mind Out and the Winning New Jobs initiatives, program materials were developed and adapted, training of trainers programs were put in place and following extensive evaluation, these programs are being mainstreamed by local statutory and voluntary agencies. The effective engagement of, and

collaboration with, local agencies and community groups throughout the life of the project, combined with strong evaluation and dissemination of the project initiatives, played an important role in facilitating this sustainability.

Conclusions

The Rural Mental Health Project case study illustrates the importance of a comprehensive evaluation framework when implementing complex community programs. The logic model provided a system for intervention monitoring and feedback, which enabled the project steering group to periodically review the effectiveness of the different elements and their impact. Against the complexity and politics of community working, the project research base provided an anchor for guiding the project's development and steering a course between different political pressures at the community level and meeting the key project objectives. The evaluation model provided an opportunity for the research team, project staff and steering group members to work together in formulating project design, sequential planning and identification of project goals, desired outcomes and the project activities necessary to achieve them. The evaluation, therefore, became integral to project planning and development with the results from impact and process evaluations being used to refine the setting of action plans. The evaluation also provided an empirical foundation on which to base criteria for the internal monitoring and assessment of project effectiveness. This provided a solid foundation on which to build sustainable actions and ensure that a balance was struck between addressing competing local agendas and developing sustainable effective initiatives.

Dynamic community programs involve an ongoing process of synergistic change producing effects at different levels in different spheres, and as such they require a continual flow of information from process evaluation in order to fine-tune program activities to respond to changing circumstances. Evaluation is less of a discrete activity and becomes more of an integral part of the project's core activities. The usually detached and external role of the evaluator is unlikely to meet the needs of dynamic and multi-faceted community programs.[37] Partnership between the evaluator and the program implementers better equips the evaluator to understand the actualities of program delivery and leads to a better-informed assessment of program processes and outcomes.

As the case study illustrates, implementation research enhances knowledge of the relationship between process and outcomes and, from a research perspective, increases our ability to map the critical connections between the local context, program activities and the intended intermediate and long-term project outcomes. Understanding the implementation process is, therefore, critical to the effective adoption, replication and dissemination of programs and facilitates the translation of research into practice.

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Author

Margaret M. Barry, Department of Health Promotion, National University of Ireland

Correspondence

Professor Margaret M. Barry, Department of Health Promotion, National University of Ireland, Galway, Ireland.
Tel: +353 91 493 348; fax: +353 91 494 547; e-mail: margaret.barry@nuigalway.ie