



Researching the implementation of community mental health programmes.

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INTRODUCTION

Understanding the process of programme 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.

METHODOLOGY

The Rural Mental Health Project¹ is used 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. 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. Grounded in an extensive needs assessment² the project delivered a range of interventions on awareness raising activities, community workshops, together with the adoption of structured mental health promotion programmes in schools and community settings based on international models of good practice.

A programme logic model was employed to provide a framework for evaluating project inputs, process, impacts and outcomes. The extent and quality of project implementation was monitored throughout the project, together with the degree of community participation, inter-agency and cross-border collaboration. This evaluation approach 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, programme implementers and community members. 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 1997/8 and again in 2003/4 following project implementation.

RESULTS

The project embraced a partnership model of working both within and between the two local communities. Local agencies and groups were actively engaged in the planning, development and delivery of the project activities. 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. The project created opportunities for cross-border collaboration in developing innovative and evidence-based programmes 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 cooperation between agencies across the border in promoting the mental health and quality of life of their local communities.

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 help³. Interviews with key players in the project were also undertaken to establish their views on the success of the project in meeting its objectives. Among the factors identified are: a partnership model of working; local coordinating structures and consultation mechanisms; use of a structured planning model to guide programme planning and implementation; mobilization of cross-community and inter-agency support; a comprehensive logic evaluation framework to assess the input, process, impact and outcomes of the project as it unfolded.

CONCLUSIONS

The Rural Mental Health Project case study illustrates the importance of a comprehensive evaluation framework when implementing complex community programmes. This project entailed extensive local, cross-border, and inter-agency collaboration. 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 with the results from impact and process evaluations being used to refine the setting of action plans. The evaluation also 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. The case study illustrates that 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, programme activities and the intended intermediate and long-term project outcomes. This information is critical to the effective adoption of programmes and the translation of research into practice.

PRESENTED

As a Paper on Bringing the evidence to life: Connecting and evidence and practice for the promotion of mental health at “*Roundtable discussion with policy makers, researchers and practitioners*” at McCaughey Centre for the Promotion of Mental Health and Community Wellbeing, School of Population Health, University of Melbourne, Australia. Melbourne: 7 March, 2007, by Barry, M.M.

As a Plenary address on Applying Evidence into practice: Lessons from a cross border rural mental health project, at “*Public mental health: the art, science and politics of creating a mentally healthy society: A four nations debate*”, Edinburgh: 26 October 2004, by Barry, M.M.

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