

**A European Network for Mental Health Promotion and Mental
Disorder Prevention: Indicators, Interventions and Strategies
Imhpa Project**

**Final Report to the European Commission
DG SANCO/G
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TABLE OF CONTENTS FINAL REPORT

Presentation of the report	3
Introduction and Background	5
1. Aims and Objectives	7
2. The Imhpa Network – Composition and Roles	9
2.1. Management team	9
2.2. Country partners	9
2.3. Network partners	9
2.4. Experts	9
3. Way of Working, Timetable and Process	10
3.1. General time table	10
3.2. Project meetings	12
3.2.1. General partner meetings	12
3.2.2. Work package meetings	14
4. Project development, strands and products	16
4.1. Work Package 1 – An information system on infrastructures for mental health promotion (MHP) and mental disorder prevention (MDP)	16
4.2. Work Package 2 – Expansion of the database of programmes	20
4.3. Work Package 3 – An information system and provision of training on advocacy skills	31
4.4. Work Package 4 – Country reports describing the situation of mental health promotion and mental disorder prevention	34
4.5. Work Package 5 – Mental Health Impact Assessment	36
4.6. Work Package 6 – Development of an economic model for MHP-MDP	40
4.7. Work Package 7 – Dissemination and European conference	42
5. Dissemination and Synergies	51
5.1. PR and Visibility	51
5.2. Exploration of synergies development	53
5.3. Usability of project products	53

Presentation of the final report

The current final report is sent to the commission according to the conditions described in the article 1.5.1 of the grant agreement n° SPC.2004112 signed between the European Commission and the Department of Health, Government of Catalonia, Spain.

The report has been organized in two parts:

- Part one, the final report itself, which describes the background and aims of the project, the organization and project work packages, the project outcomes and the conclusions.

- Part two includes annexed documents that present detailed information about the work that has been developed in the framework of the IMHPA Project and each specific work package. These are further detailed in the table of contents. Generally the annexes include: list of project partners; meetings that have taken place over the project's period; products developed during the project (information system on infrastructures for mental health promotion and mental disorder prevention, expansion of the database with different search strategies, new format changes and programmes, information system on available training programmes in Europe, supporting documents for mental health impact assessment, tool to assess costs of programme implementation), and dissemination activities including those related to the European conference on mental health (conference announcements, programme, report).

- Finally, with the submission of the report, and as a separate documents, enclosed:
 - publication "Mental health promotion and mental disorder prevention: A collection of country stories" (second edition); and,
 - training manual on Advocacy Skills for mental health promotion and mental disorder prevention.

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FINAL REPORT

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INTRODUCTION AND BACKGROUND

Poor mental health is a major health problem and an important health determinant in the European Community, accounting for more than 20% of all European ill-health and premature death; unipolar depression alone accounts for over 6% of morbidity and is the third leading cause of all disability adjusted life years in Europe. Mental health problems are present across all European countries and all types of people. During their lifetime, one quarter of European adolescents and adults will suffer from some form of mental health problem.

In addition to the health burden, the social and economic costs of mental ill health for the European Community are wide ranging, long lasting and sizeable. Besides the quantifiable costs, such as health and social service costs, loss of employment and reduced productivity, the impact on families and caregivers, levels of crime and public safety, and the negative impact of premature mortality, there are many other immeasurable costs that have not been taken into account, such as the costs of lost opportunity to individuals and families.

Strong evidence has demonstrated that mental health promotion (MHP) and mental disorder prevention (MDP) work across the lifespan providing cost-effective outcomes.

Although in EU Member States mental health promotion practices and policies exist, and are growing in number, many of the programmes implemented across EU Member States have not undergone sufficient evaluation to be certain of their true impact on mental health or any negative side effects in other arenas. Countries are in need of up-to-date information on effective practices and evidence-based guidelines for effective policy and programme development and implementation, as well as information on their potential health, social and economic outcomes.

The IMHPA project, Implementing Mental Health Promotion Action, which ran in its first phase from April 2003 to August 2005, was financed by the European Commission, the Ministry of Health in the Netherlands and the Ministry of Social Welfare and Health in Finland. This project involved mental health professionals from 20 European Member States and accession countries, and had the primary aim of improving information and knowledge in mental health promotion.

The second phase of this project, originally called "A European Platform for Mental Health Promotion (EMHPA)", and more recently amended to "A European Network for Mental Health Promotion and Mental Disorder Prevention - Imhpa" to avoid confusion with another EC initiative to form a European Platform, has built on the work of the initial IMHPA project, and has expanded the mental health promotion and mental disorder prevention knowledge-base in Europe, through a comprehensive approach and the further development of relevant areas and products. The new Imhpa network included 45 partners across 30 European countries, 5 other Europe-wide mental health networks and the World Health Organization, Regional Office for Europe. Broadly, the Imhpa project aimed to develop a comprehensive strategy to tackle mental health problems, incorporating existing information and developing an integrated approach to information, intervention, training, policy and implementation in mental health promotion and mental disorder prevention.

To achieve its aims, the project was structured around 7 different work strands which were complementary and built on each other. Two of these continued expanding the work

previously carried out in the first phase of IMHPA between 2003 and 2005, whilst all the rest represented new developments for the project. These work strands included policy development, support and improvement of mental health promotion and mental disorder prevention interventions, information on training and capacity building, monitoring infrastructures and programmes, assessing and data gathering of the economic consequences of mental health promotion and mental disorder prevention and the impact on mental health of other health and non-health policies, and dissemination of information throughout Europe. The framework of the project is presented in Figure 1, and the aims and processes of each individual strand are described in greater detail in the sections below.

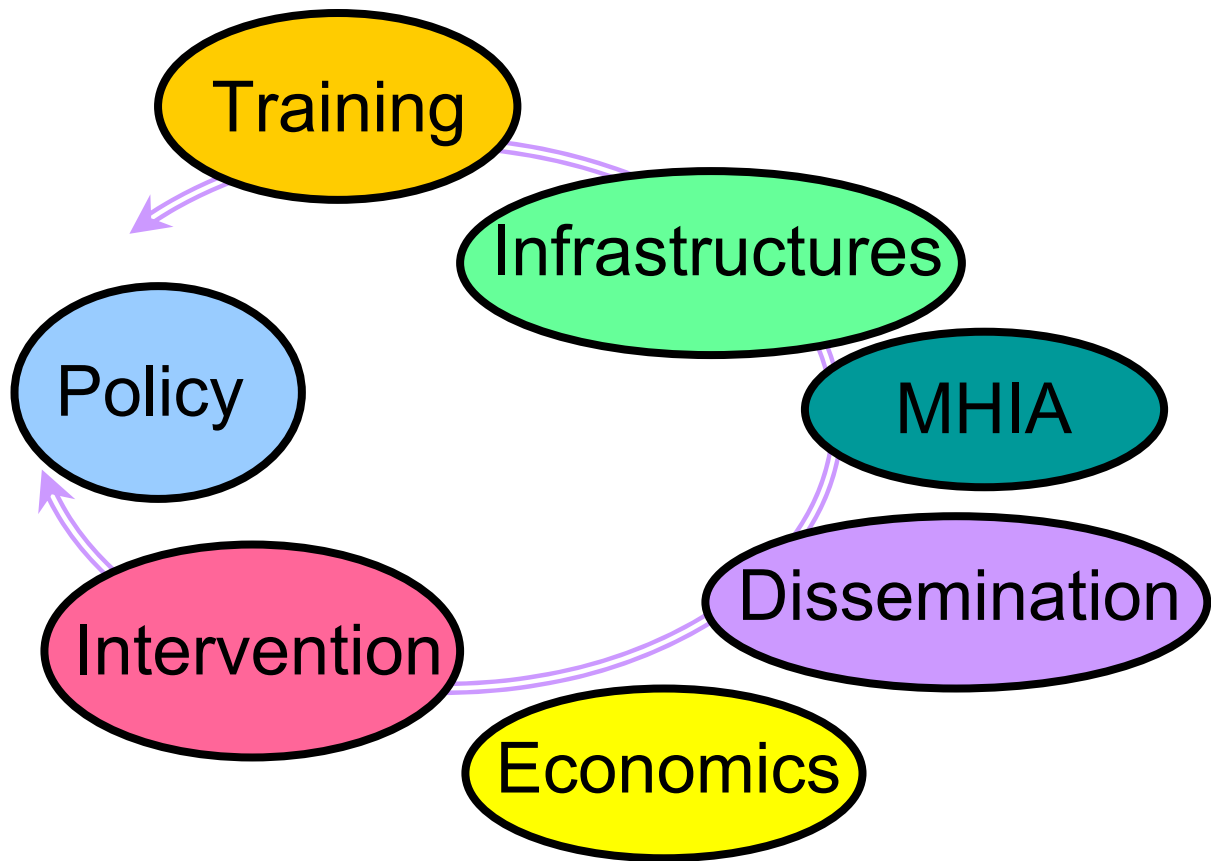


Figure 1. Framework and Work Strands in the Imhpa Project

1. AIMS AND OBJECTIVES

The overall aim of the Imhpa project was to support the development and dissemination of evidence-based mental health promotion and mental disorder prevention interventions, infrastructures and policies, integrate them into policy and practice, and to achieve a comprehensive approach for improving mental health. The project had three overarching general objectives through which the project aimed to achieve its goals within the proposed timeframe:

- The first general objective was to create a European platform/network for mental health promotion and mental disorder prevention with country coalitions and European synergies.
- The second general objective was to develop indicators, interventions, and training and identify action for mental health promotion and mental disorder prevention.
- The third general objective was to disseminate and implement information on mental health promotion and mental disorder prevention and to promote action across Europe.

In order to meet these objectives, a set of specific objectives were proposed which were organised into seven work-packages, as outlined below:

Work Package 1: The development of an information system on infrastructures for mental health promotion and mental disorder prevention. This work package, started as a pilot in the first phase of IMHPA, was undertaken in synergy with the initiative HP-Source, with the specific objective of mapping infrastructures in European countries. Details of the process and outcomes are given in section 4.1

Work Package 2: Expansion of the database of mental health promotion and mental disorder prevention programmes and policies. This work has built on the database developed in the first phase of the project and shared with this product the aim of contributing to the knowledge-base in mental health promotion and mental disorder prevention and disseminating evidence-based information. Details of the work package are given in section 4.2.

Work Package 3: An information system and development of a training on advocacy skills for mental health. The online information system includes training courses and opportunities available across Europe, providing links to the relevant sites in order to facilitate building capacity in Europe. The second part of this work package, advocacy skills training, consists of a training manual with provisions for running a training module in advocacy skills in mental health promotion and mental disorder prevention. Details are available in section 4.3.

Work Package 4: Country reports describing the situation of mental health promotion and mental disorder prevention. Following from information gathered during the process of work package 1, each country partner wrote a “country story” describing the situation in their country with regards to mental health promotion and mental disorder prevention. This work package had the specific aim of disseminating this country-level information in an accessible format, as well as providing an overview of the field at the European level. Country stories publication is available as an (Enclosed).

Work Package 5: Mental Health Impact Assessment. This work package involves the development of indicators of Health Impact Assessment (HIA) on Mental Health (MH) from public and mental health policies. The work built on the methodology developed by the European Policy Health Impact Assessment (EPHIA) and took as its starting point the available policy for Europe for mental health promotion and mental disorder

prevention. Using existing evidence, specific indicators have been proposed for the purpose of assessing the impact of a chosen public policy domain on the mental health of a population. This work package was co-lead by the Imhpa project country partner in Portugal, at the Portuguese Directorate of Health, and its further development has been explored.

Work Package 6: Development of a tool to collect data for an economic model for mental health promotion and mental disorder prevention. This work package was undertaken in collaboration with the second phase of the EC funded project, Mental Health Economics European Network (MHEEN II) supported under the Public Health Programme. The aim is to expand the available knowledge by providing a tool to estimate the costs and resources needed for the implementation of a prevention programme in the areas of mental health promotion and mental disorder prevention.

Work Package 7: Dissemination and a European conference on mental health promotion and mental disorder prevention. This work package aimed to support the dissemination and implementation of deliverables for all previous work packages (1- 6) and the outcomes of the project, through the improvement and maintenance of the project website, creation of country based coalitions, synergies with other European networks, and the provision of a European Conference on mental health promotion and mental disorder prevention. Through these objectives the work package aimed to expand the European Network on mental health promotion and mental disorder prevention.

Work Package 8: Technical development, coordination and administration. The objective of this work package, linked to all the work packages of the project, was to coordinate and administer the work of all work packages, to prepare and host project partner meetings, including providing technical background materials, to convene a European conference, and to monitor project progress in reports. This has involved overseeing the day to day working of the project, managing all financial matters, preparing all logistical issues and materials for network meetings, ensuring that the project is managed according to timetable and deadlines met, maintaining databases, information systems and project web pages, and producing the interim and this final report on the project for the European Commission.

Work Package 9: European Platform/Network for MHP and MDP. This work package is linked to all the objectives of all work packages. The objectives were to engage a large number of partners and contributing Member States to the project, to develop and strengthen synergies within the field of mental health promotion and mental disorder prevention and to create a European Network for Mental Health Promotion and Mental Disorder Prevention. The Network provides a link within and between countries, with existing mental health European organisations, networks and initiatives, and provides a connection and springboard for the dissemination of knowledge originating in different parts of Europe.

2. THE IMHPA NETWORK – COMPOSITION AND ROLES

The IMHPA project was comprised of representatives of 29 countries of the European Region, including partners from 26 European Member States, 2 candidate countries and Norway. Partners also represent five European mental health networks and the project had the support of the WHO. In addition, 6 experts acted as consultant partners to the network. Each of these different sub-groups: the Project Management Team, Country Partners, Network Partners and experts had different roles, tasks and responsibilities to be carried out, described below.

2.1. Imhpa Management team

The members of the project management team were based in different European locations and therefore developed a strategy of distance work in order that the project could progress smoothly. The project leader, Eva Jane-Llopis was based originally at the WHO European regional office in Copenhagen, Denmark. Legal representative, Joan Colom, was based at the Department of Health of the Government of Catalonia in Barcelona, Spain. The technical officers and administrator were also based in the Department of Health of the Government of Catalonia in Barcelona from where they provided secretarial support, administrative tasks, management and project coordination. In addition, one technical officer was based at the Prevention Research Centre on Mental Health Promotion and Mental Disorder Prevention, Academic Centre for Social Sciences, of the University of Nijmegen, the Netherlands (Annex 1.1).

2.2. Country partners

The Imhpa project included 28 country partners from 26 European Member States, Norway and the candidate country of Turkey. Also, due to the advanced nature of the field in this location and independent infrastructure of the region, Scotland was represented separately from the United Kingdom (England). The countries represented, their partners and affiliated organizations can be seen in Annex 1.2.

Country and regional partners were expected to attend all general partner meetings of the project, bringing to these their geographical expertise in the field. They also acted as country-based coalition leaders, instigating and managing the formation of the country coalitions, and developed work for the relevant work packages.

2.3. Network partners

Five European networks related to mental health acted as partners of Imhpa. These included Mental Health Europe (MHE-SME), the International Union for Health Promotion and Education (IUHPE), European Network for Workplace Health Promotion (ENWHP) the WHO European Network of Health Promoting Hospitals (ENHPH), and the Mental Health Economics European Network (MHEEN). In addition, the World Health Organization (WHO, European Office) was a partner in the project (Annex 1.3).

Network partners were expected to attend project meetings and contribute their networks' expertise to all general partner meetings. They also held an important role in disseminating project products and information and publicising the Imhpa conference.

2.4. Experts

In addition, the project had six European experts who acted as consultants, providing input to decision making with regards to the project and content of products developed. In

particular, these consultants' expertise was used in the development of work package 3, a training module for advocacy and in work package 7 in contributing to the organisation and development of the European conference on mental health. (Annex 1.4).

Expert partners were expected to attend and contribute their personal knowledge and expertise to all general partner meetings, as well as any relevant work package meetings. There was also active e-mail communication between the experts and the project management team on many Imhpa products.

3. WAY OF WORKING, TIMETABLE AND PROCESS

3.1. General time schedule

- 1) The general development of the Imhpa project and its time schedule over the course of 2.5 years can be seen at a glance in the following table:

Product development					Dissemination		Results and project reports
September 2005 ↓ December 2005	January 2006 ↓ March 2006	April 2006 ↓ September 2006	October 2006 ↓ January 2007	February 2007 ↓ May 2007	June 2007 ↓ July 2007	August 2007 ↓ Oct 2007	Nov 2007 ↓ March 2008
Beginning Imhpa, Managem.	Gather information for products	Negotiate task assignment	Gather information for products	Evaluate product revisions	Dissemination plans	Feedback Country coalitions	Conference report
Develop new partnerships	Develop products	Develop and revise products	Product revisions	Continue revise products	Gather dissemination information	Finalise conference organisation	Finalisation of products and product revisions
Imhpa 1st general partner meeting	Imhpa 2nd general partner meeting	Work package meetings and feedback	Work package meetings and feedback	Imhpa 3rd general partner meeting	Start finalisation of products	European conference	Final report EC

- 2) Due to the large number of strands and work packages in the Imhpa project, the global time schedule was planned as a stepped series of processes involving the planning, development, revision, finalisation and dissemination of work package products, as follows:

	September 2005 ↓ January 2006	February 2006 ↓ June 2006	July 2006 ↓ January 2007	February 2007 ↓ May 2007	June 2007 ↓ September 2007	October 2007 ↓ March 2008
WP1 and WP4	Planning and development	Finalisation and Dissemination			Dissemination	
WP2 and WP3		Planning	Development	Revision	Finalisation and dissemination	Dissemination
WP5 and WP6			Planning	Development	Revision	Finalisation
WP7			Planning	Development	Finalisation and dissemination	Conference report
WP8 and WP9	1st general partner meeting	2nd general partner meeting	Work package meetings	3rd general partner meeting	Conference organisation	Final report EC

- 3) The following table shows the timeplan specified for different work packages according to the first timetable

September 2005 ↓ January 2006	February 2006 ↓ June 2006	July 2006 ↓ October 2006	November 2006 ↓ January 2007	February 2007 ↓ May 2007	June 2007 ↓ September 2007	October 2007 ↓ March 2008
Changeover IMHPA 1st phase to Imhpa 2nd phase	Finalisation and Dissemination WP1 and WP4	Develop and revise WP2 and WP3	Develop WP5 and WP6	Imhpa 3rd general partner meeting	Country coalitions and dissemination WP7	Conference report
Planning and development WP1 and WP4	Planning WP2 and WP3	Planning WP5 and WP6	Revise and disseminate WP2	Planning WP7	Finalise conference organisation	Finalisation of all products WP1-6
Imhpa 1st general partner meeting	Imhpa 2nd general partner meeting	Work package meetings and feedback	Interim report EC	Work package meetings and feedback	European conference	Final report EC

At the end of the first year of the project significant progress had been made, as expected according to the global time plan. Project development work was discussed and planned in two general partner meetings in the first year, the outcomes of which are described in section 3.2. Meetings to develop individual work packages by supporting and stimulating first drafts of products were also held. In addition, a first revision of some products had already take place (such as the extended programmes database), and some products had already reached the dissemination phase (for example the infrastructures database and the 1st and 2nd editions of the country stories publication). In addition, the Imhpa project team was instrumental in organising and bringing about an additional activity connected to the training work package (WP3), that of a training module in planning and implementation in mental health promotion and mental disorder prevention carried out under the EC-funded project Mindful, but where imhpa partners served a dissemination role and identified trainees in their respective countries.

Following the delivery and acceptance of the interim report, an amendment to the project grant agreement was submitted and accepted. In this, the EC granted a prolongation of six months to the project. The rationale for this extension was as follows:

Following the EC green paper on mental health and its consultation process, a later date was announced for the release of a proposed EU strategy on mental health. After discussion among partners and with the technical focal point for the project at DG SANCO, Mr Jürgen Schefflein, it was felt that the project conference, originally scheduled for September 2006, should be re-scheduled to a year later, September 2007, to be better placed to support dissemination and implementation of the expected strategy and ultimately supplement the added value of the event. A third general partner meeting was held in light of this change of date to re-visit and update the conference plans and to increase enthusiasm and involvement in the event organisation. It was anticipated that 6 months would be required after the conference to finalise the conference report and administration and maximise the benefits to the European field of the added publicity for product dissemination and finalisation provided by the conference. Thus, the new end date of March 2008 was agreed.

In the subsequent year and a half following the interim report, from October 2006 to March 2008, the work produced by Imhpa has continued to move ahead according to the schedule. Products in the implementation and training strands were revised and finalised and the Imhpa conference was used as a means to disseminate information about these tools and initiatives, alongside other work in the European field. Work in the areas of economics and mental health impact assessment also moved steadily ahead and the products in these strands were completed within the project schedule. Details of all work package developments and products can be found in section 5 of this report.

Finally, along with the production of work package outputs, new European synergies were developed under the project umbrella, and existing synergies and collaboration strengthened with other EC-financed networks and projects, adding to the support for a Europe-wide network on mental health. These synergistic actions and their potential future outcomes are described in detail in section 5 of this report.

3.2. Project meetings

Throughout the duration of the project, work package planning and product development was supported by collaborative effort of the entire project partners. This was achieved through a series of meetings involving either a large number of the network partners; the Imhpa General Partner Meetings, where overviews of progress were presented and larger scale decisions were discussed and made, or a smaller number of experts and partners with an interest in specific work packages or products; the work package meetings, where

technical details were discussed and more specific action to achieve the project goals planned and agreed.

3.2.1. General partner meetings

Between September 2005 and March 2008, 3 general partner meetings were held to support the development of the project and to involve all partners in the decision-making process with regards to work package strategies and progress forward. In addition to these general functions, each meeting has also had specific aims and focus, which are summarised below for each meeting along with the most pertinent outcomes.

The detailed minutes of the general partner meetings are enclosed in Annexes 2.1, 2.2 and 2.7.

1st Imhpa General Partner meeting

This meeting took place in Luxembourg on 24th and 25th October 2005 with the attendance of 35 participants. In order to support participation of EMHPA network members in the launch of the Green Paper on Mental Health and the following consultation process, the meeting was planned to coincide with the EC launch of the green paper on mental health. The meeting had the following objectives, and the minutes of the meeting relating the topics discussed are enclosed in Annex 2.1:

- To discuss the scope of the project
- To inform of the change of main beneficiary and project name
- To give an overview of the project strands and discuss possible input from partners
- For partners to update on the experience of the Country Stories
- To discuss how Imhpa could input in the consultation process of the EC Green Paper and explore the possible link between the Imhpa conference and the consultation of the EC Green Paper
- To introduce the Barcelona conference: its content and audience
- To discuss how the different strands of project work can be reflected during the conference
- To agree on the next steps and plan the execution of work discussed

Broadly, the outcomes of this meeting were that the Barcelona conference should be used to present the results of the consultation process and also be highly participatory. There was also lengthy discussion over the future use and development of the country stories, with the final decision being to leave the development following the publication of a 2nd edition.

2nd Imhpa General Partner Meeting

The second general partner meeting took place in Vienna (Austria) on the 15th and 16th March 2006. Again, in order to support Imhpa network partners' participation in the green paper consultation process, the meeting was scheduled to coincide with the 2nd EC thematic meeting in the process. The meeting was attended by 39 participants and had the following objectives (Annex 2.2) for detailed minutes of the issues discussed):

- To update partners on progress in WP1 – the infrastructures database in partnership with HP source
- To encourage publications arising from the completion of WP1
- To discuss what should be done with the country stories and their distribution

- To update on progress towards the Barcelona conference and brainstorm the conference programme & participation
- To discuss the interactive nature of the Barcelona conference might be promoted and make decisions about the conference programme and partners' responsibilities
- To update on work package 5 (MHIA) and form a taskforce for this work
- To update on work package 6 (economics).

Broadly, outcomes of the meeting were the formation of a MHIA interest group, the proposal of a large number of sessions for the Barcelona conference and the decision that there should be a training element to the conference.

3rd Imhpa General Partner Meeting

The third general partner meeting took place in Leiden (the Netherlands) on the 5th and 6th February 2007. The meeting was attended by 33 participants and had the following objectives (see Annex 2.7 for detailed minutes of the issues discussed):

- For partners to update the network on progress in the field and infrastructures for mental health promotion and mental disorder prevention in their country since the country stories
- To update partners on changes to the planned EC Mental Health Strategy process and discuss the implications of such.
- To re-animate the network with regards to the Barcelona conference given the postponement of the Barcelona conference and to update on progress towards the event
- To brainstorm the conference programme, participation and publicising
- To concretise parallel sessions and conference involvement of the partners

Broadly, outcomes of the meeting, besides a highly informative European update on the status of mental health promotion and mental disorder prevention in member states, were the development of a Barcelona conference matrix and the proposal and fine-tuning of a number of parallel sessions for the conference. Strategies to attract participants were also developed and some tasks assigned to project partners.

3.2.2. Work package meetings

Work Package 2 meeting

A meeting took place in Barcelona, Spain, on the 12th of May 2006 (see section 4.2 and Annex 2.3) with the broad aim of planning and initiating technical work on the expansion of the Imhpa Programmes Database for programmes in mental health promotion and mental disorder prevention. The meeting was attended by Eva Jané-Llopis, Imhpa project leader, Fleur Braddick, Imhpa project technical officer and Lynne Friedli, external consultant expert. The meeting had the following main objectives:

- To brainstorm approaches to extending and improving functioning of the existing IMHPA online programmes database
- To discuss and decide on inclusion criteria for programmes featured in the improved programmes database, including those submitted during the Scottish pilot
- To plan strategies for updating the current database programmes
- To assign content-writing tasks and research tasks for the future development of the database

Broadly, the outcomes of the meeting were decisions on the inclusion criteria and ergonomic improvements to the format of the database and the assignment of tasks for continuing work on the programmes database and accompanying pages.

Work package 5 meeting

A meeting was held in Lisbon, Portugal, on the 29th and 30th of June 2006 (see section 4.5 below and Annex 2.4) with the broad aim of planning and initiating technical work on mental health impact assessment (MHIA). The meeting was attended by 6 experts in the field, from the Imhpa network and external. The meeting had the following main objectives:

- To give an overview of the initiatives proposed in the Imhpa work package 5
- To give an overview on the state of the art in the field of MHIA
- Brainstorm and identification of areas for impact assessment in this project
- To discuss and decide on the subsequent steps towards completing the proposed work
- To assign research and writing tasks for the future development of the work package

Broadly, the outcomes of the meeting were the assignment of subsequent tasks for the MHIA work package.

Work package 6, meeting 1

A meeting was held in Oslo, Norway, (in conjunction with the World Conference on Mental Health Promotion) on the 10th October 2006 (see section 4.6 below and Annex 2.5) with the broad aim of organising technical work on mental health economics. The meeting was attended by Eva Jané-Llopis, Imhpa project leader, Fleur Braddick, Imhpa project technical officer and David McDaid, Imhpa network partner for the MHEEN network. The meeting had the following main objectives:

- To get feedback on the 1st draft of the costing tool.
- To discuss and agree on aspects of the tool relevant to gathering data and the economic model (areas to cost, short- vs. long-term outcomes).
- To identifying effective programmes for piloting the costing tool.

The outcomes of the meeting were a list of changes to be made to the costing tool and decisions on the relevant issues discussed.

Work package 6, meeting 2

A meeting was held in Copenhagen, Denmark, on the 22nd and 23rd January 2007 (see Annex 2.6) with the broad aim of continuing supervision of the technical work on mental health economics. The meeting was attended by Eva Jané-Llopis, Imhpa project leader, Fleur Braddick, Imhpa project technical officer and David McDaid, Imhpa network partner for the MHEEN network. The meeting had the following main objectives:

- To identify literature supporting the interview protocol format
- To get feedback on the 2nd draft of the costing tool – an interview protocol – following changes made according to the 1st meeting and feedback from the MHEEN network.
- To plan work on supporting documents and piloting the protocol
- To revise the process plan for the work package
- To allocate tasks for the work package

The general outcomes of the meeting were a new work plan and chronogram for the work package, changes to be made to the costing tool and decisions on synergies with work package 7.

4. PROJECT DEVELOPMENT STRANDS AND PRODUCTS

Over the two and a half years, the Imhpa network and management team have been very active extending and developing new strands of work, resulting in a series of products described below. The expected developments and planned tasks have been developed according to schedule except in cases where the European situation made it appropriate to change the planned course of action, as was done in the amendment described in section 4 above. The project meetings, also described in the previous section, were undertaken according to a scheduled plan and all project partners were involved in reaching decisions on a common set of project and work package goals and products to be developed. In addition, some additional collaborative work was carried out during the project and is also described below.

4.1. WORK PACKAGE 1 –

<p style="text-align: center;">AN INFORMATION SYSTEM ON INFRASTRUCTURES FOR MENTAL HEALTH PROMOTION AND MENTAL DISORDER PREVENTION</p>

INTRODUCTION

It is vital that infrastructures strengthening communication between different actors in the field be in place, and encouraged where lacking, in order to support and provide effective large-scale implementation of programmes and policies in mental health promotion and mental disorder prevention.

Analyses of a pilot study undertaken during the 1st phase of IMHPA on 16 European countries highlighted a problematic lack of information exchange between professional categories, at the national level in the field of mental health. In particular, little attention was paid to the different infrastructures needed in areas of prevention and promotion.

This underlined the necessity for developing a monitoring system on infrastructures that would capture comprehensively the real situation of European countries, as opposed to expounding the knowledge and views of individual respondents alone.

Thus, the development of an information mapping system on infrastructures for mental health promotion and mental disorder prevention was undertaken with three intermediary objectives in mind:

- The development of an instrument to gather information on mental health promotion and mental disorder prevention. This took the form of a 7-page questionnaire (Annex 3.1), plus a glossary, guidelines and a template for the provision of relevant document and organisational references to support the information given.
- The formation of country coalition to complete the questionnaire. This coalition comprised a group of experts from different sectors in the country. Usually, the country partner organised a meeting for the coalition members to discuss and attempt to reach consensus on answers to the questionnaire.
- The improvement and further completion of a user-friendly and easily navigable information system of available infrastructures for European member states. This is an online database which can be searched for information on the infrastructures and policies in place for mental health promotion and mental disorder prevention in a chosen European country.

These developments are described in further detail below.

Finally, in synergies with the other Imhpa work packages, the database entries provided information for the expert groups to develop country profile reports. These in turn support the development of national strategies and policy proposals at the country level.

PROCESS – IMHPA/HP-SOURCE COUNTRY PROFILES QUESTIONNAIRE

During the 1st phase of the IMHPA project, a synergistic collaboration was set up with the initiative HP-Source.net, a voluntary, international collaboration of researchers, practitioners and policy makers, with the common goal of maximising the efficiency and effectiveness of health promotion policy, infrastructures and practices, led by Professor Maurice Mittelmark. Together the projects developed 2 versions of the “IMHPA European Mental Health Module Questionnaire”, which would be used to complete entries into the “Database of Strategies for Infrastructure, Policies and Practices in Mental Health Promotion and Mental Disorder Prevention”. Later on information collected in such questionnaires would form the basis for each country story, belonging to work package 4 (see section 4.4 below). The IMHPA/HP-Source questionnaire aimed to provide an overview of the situation of the available infrastructures, policies and programmes for mental health promotion and mental disorder prevention at the country or regional level across European Member States.

It was requested that all answers to the questionnaire be supported by background documents or details of relevant organisations or institutions, which back up the information gathered in the questionnaire. The provision of the backup documents (called Document and Organisational Reference in the questionnaire) was considered crucial to ensure that the data is reliable. All documents or references to the documents were also required to be entered into the online database (see below).

This questionnaire and supporting documents was piloted on 4 country partners (England, Norway, Poland and Scotland) in the 1st phase of the IMHPA project and, following this process, a total of 16 country questionnaires were circulated for completion in the crossover period between the finalization of phase one and the beginning of this new project.

In the end, during this project, 22 Member States collected, and inputted data through the questionnaire.

PROCESS – COUNTRY COALITIONS

In order to gather the information needed to complete the questionnaires, and with the aim of ensuring that this information was comprehensively sourced and not skewed towards a particular sector in the field of mental health, it was suggested that country coalitions be created comprising a heterogeneous group of professionals who should be consulted on answering the questions included.

The country coalition or country group involved experts from different professional backgrounds and positions in the field of public and mental health. For example:

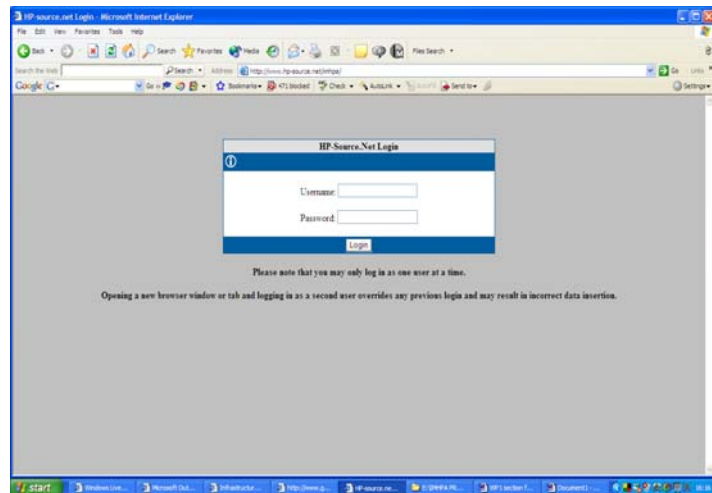
- A governmental representative based at the ministry of health
- A non-governmental representative based at an NGO to do with mental health issues (better if it is prevention and promotion)
- A researcher based at a national centre for mental health (prevention-promotion)
- An expert based at a university (prevention-promotion mental health)
- A programme implementer working in the field (prevention-promotion mental health)
- A public health expert based at a governmental organization

Again, this process was first piloted in the 1st phase of the IMHPA project in 4 member states and later, at the start of the new project, spread to the entire network of country partners. The partners were provided with instructions and guidelines on the country coalition composition and process as well as support in forming these coalitions (Annex 3.2).

PROCESS – ONLINE DATABASE OF COUNTRY PROFILES

A first pilot of the Internet database for infrastructures was developed and pilot tested during the first phase of the IMHPA project, followed by several phases of improvement of the software during the crossover period between the 2 project phases, after which the final database was loaded onto the HP-Source website.

The data gathered can be entered directly into the HP-Source website (<http://www.hp-source.net>) and online database. All partners who received the questionnaire were given a personal username and password to be able to enter the questionnaire data (both answers and supporting documents) into the online database.



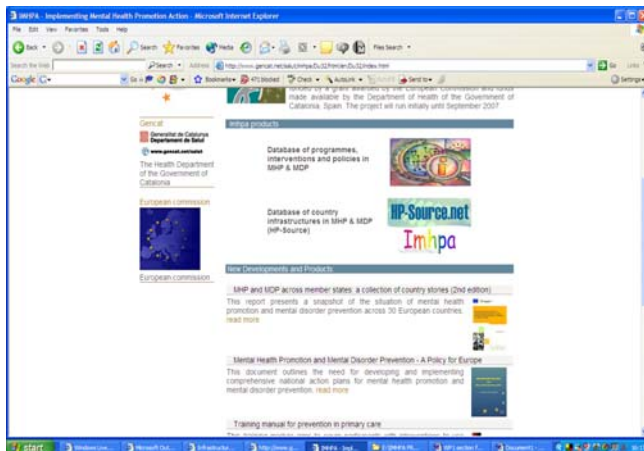
The online database provides an overview of the available infrastructures, policies and capacity for mental health promotion and mental disorder prevention at the country or regional level across European Countries, outlining perceived barriers and facilitators for implementation in different settings and situations. The database gives access to data of 21 countries: Austria, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, Greece, Ireland, Italy, Latvia, Lithuania, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain (Catalonia), Sweden and the United Kingdom (England and Scotland).

The database is searchable by country or according to specific areas in mental health promotion, corresponding with the sections of the questionnaire: Background information; Politics, policies and priorities; Evaluation; Monitoring and/or surveillance; Knowledge development; Implementation; Information dissemination for health care professionals; Programmes; Professional workforce; Funding, and; Personal evaluation of the state of the field.



PROCESS – REMINDERS AND DISSEMINATION

In order to obtain as complete a dataset for the online database as possible, follow-up activities were carried out after the initial inputting of data by the country partners. This started with a reminder at the 2nd general partner meeting in Vienna, along with the presentation given by Maurice Mittelmark on how the dataset collected could be utilised in the future for academic and public health purposes (Annex 2.2.c). Additionally, all country partners who had not at that point inputted data on their country into the online database were sent personalised e-mails to remind them of the commitment and the steps involved, also with the offer of further support in this (the e-mail templates can be seen in annex 3.4). Although several partners expressed an intention to provide data for inclusion or even sent draft policy documents, this resulted in no further contributions to the database and so the software was closed to further additions and maintained on a view-only basis.



To disseminate the dataset, raise awareness of the online database, and increase its use as a data finding tool, a link was created from the new Imhpa website homepage directly to the first page of the data. The database was also mentioned in various conference presentations at the European and global level, as well as in newsletters sent round the Imhpa network at regular intervals.

USE OF THE DATA

The information collected through the questionnaire served as a first information source (which was further complemented in the different countries) for the development of the

strand of work in work package 4 (drafting of country profiles – see section 4.4). Analysis of the data gathered formed the basis of the first chapter of the country stories publication, giving a European-wide overview of the state of mental health promotion and mental disorder prevention.

4.2. Work Package 2 –

<p style="text-align: center;">EXPANSION OF THE DATABASE ON MENTAL HEALTH PROMOTION AND MENTAL DISORDER PREVENTION PROGRAMMES</p>
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INTRODUCTION AND PROCESS

As a product of the first phase of the project - IMHPA, a standardised Internet database with mental health promotion and mental disorder prevention programmes was developed, which was accessible through the project website. The original focus of this database was interventions to prevent anxiety and related disorders. The database provided a standardised information system with descriptions of programmes on mental health promotion and mental disorder prevention, their outcomes and implementation essentials. The database was built up as a user-friendly structure that facilitates searches throughout the information system and stimulates decisions based on needs assessment of countries' specific situations. The original database was searchable by mental health area (e.g., anxiety), target group (e.g., children, adolescents), setting (e.g., school, home-based), and country of implementation (e.g., Portugal, Germany).

At the end of the first phase IMHPA project the long-term aims of the programmes database were defined as follows:

- to recommend programmes that are ready to be disseminated/implemented to scale
- to recommend strategies for programme improvement

One related objective for the IMHPA programmes database was that in the long run every country would have its own section on programmes and policies. Starting at the end of the first phase of IMHPA in 2005, a country pilot with this purpose was developed in Scotland, run by the organisation HeadsUpScotland, to pilot the data collection process and assess systematically all available programmes and practices for children and adolescents. The process and outcomes of this pilot are described in more detail below.

During this IMHPA project the further development of the database was taken over to capitalise on the work already done.

After initial internal meetings, draft papers and discussions, a preliminary planning session took place on the 12th of May 2006 (Annex 2.3). This ancillary meeting had the following objectives:

- To brainstorm approaches to extending and improving functioning of the IMHPA online programmes database
- To discuss and decide on inclusion criteria for programmes featured in the database, including those submitted during the Scottish pilot
- To plan strategies for updating the current database programmes
- To assign content-writing tasks and research tasks for the future development of the database

According to decisions and action arising from this meeting, the expansion of the database and subsequent developments in this work package broadly took the form of:

- Format and design changes
- Focus on 3 priority areas
- Update current entries
- New programmes in MHP and MDP

More specifically, the various tasks involved in the expansion of the programmes database and its improvement were as follows:

- 1) revising the format and information included in the database to increase its utility as a tool for practitioners and policy decision-makers,
- 2) refining the definition of the inclusion criteria for the database,
- 3) designing a search strategy for programmes in 3 new topic areas: depression, suicide and eating disorders,
- 4) writing and including programme descriptions in these 3 areas,
- 5) expanding the number of inclusions in the database from all Member States,
- 6) writing and including programme descriptions of new programmes,
- 7) updating the information in the database at the beginning of the project, including any additional research and modifications in intervention management or new implementations,
- 8) disseminating this work through presentations and/or publications for peer reviewed journals.

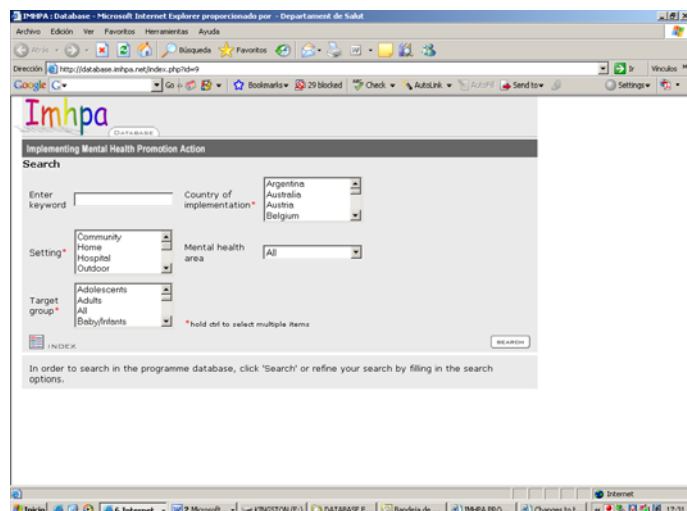
FORMAT AND DESIGN CHANGES - Revising the format and information included:

In order to further its use, a process of refining the database – its layout and inclusion criteria – has taken place. The following format and design changes have been carried out in 5 broad areas:

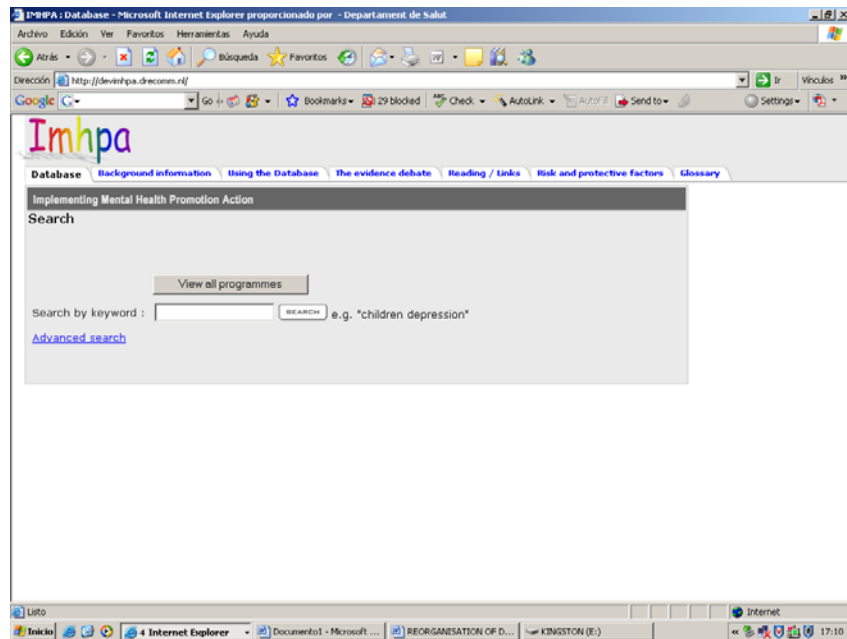
Change 1 – information tabs:

In order to make the database more self-explanatory and ergonomic, information was added in tabs giving background material and useful information connected to the database.

Before:



After – The topics covered in these tabs are ‘background information’, ‘using the database’, ‘the evidence debate’, ‘risk and protective factors’, ‘reading/links’ and ‘glossary’:



Contents of information tabs:

Background information:

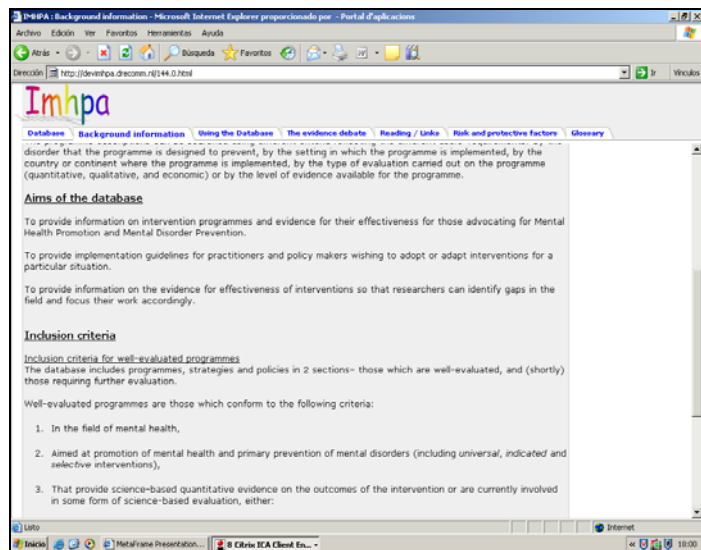
The contents of this tab cover the background and aims of the Imhpa programmes database, as well as the inclusion criteria for programmes in the different database sections – well-evaluated programmes and programmes requiring further evaluation.

Using the database:

This tab contains highly practical information on how to use the database to locate information on specific interventions or other related criteria.

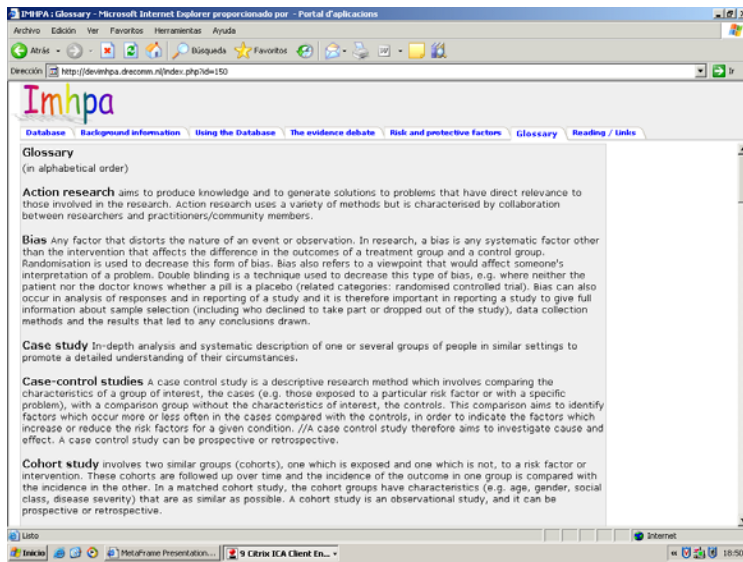
The evidence debate:

This section outlines the current arguments and points of view surrounding evidence in the fields of mental health promotion and mental health promotion to give the database user and informed summary of the debate. This is especially relevant as there are some important aspects in which research in promotion and prevention differs from that in treatment or care, which the reader may be more familiar with.



Risk and Protective factors:

Here an explanation and account of the risk and protective factors involved in mental health state is given, including the strength of evidence for these factors.



Glossary:

An alphabetical glossary of technical and scientific terms which occur in the database, programme descriptions and these information tabs.

Reading / links:

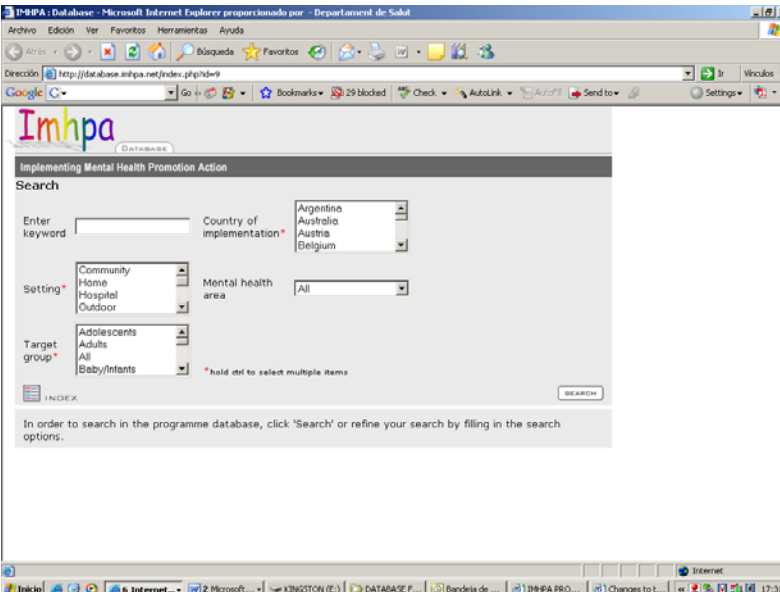
This page provides suggestions for further reading related to the database and information tabs as well as a list of useful resource sites connected to mental health and other databases and search engines.

The full contents of these tabs can be seen in Annex 4.2

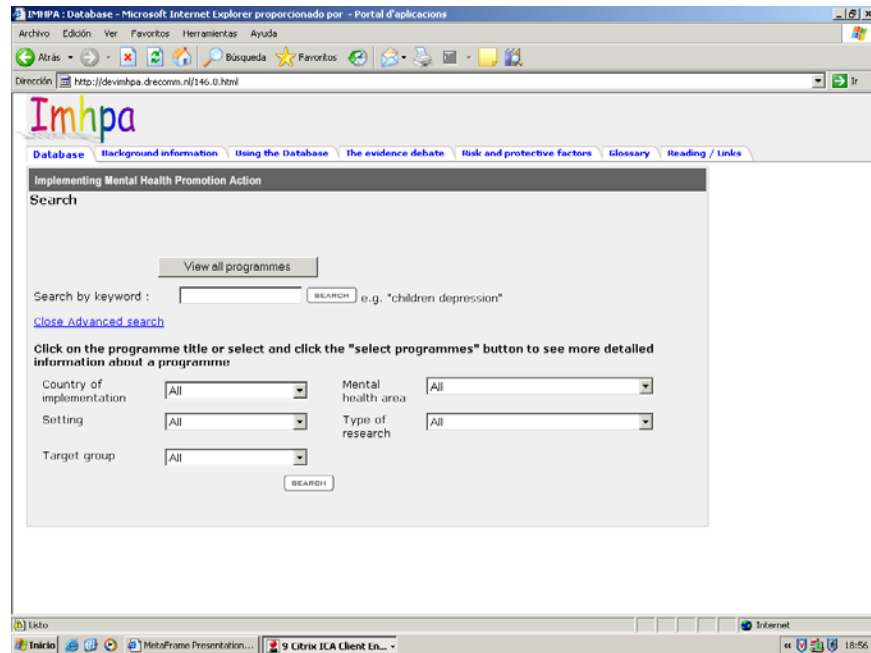
Change 2 – Improved searches

In order to facilitate searching the database, we developed 2 new search criteria, enabling the user to search by type of research (including qualitative and economic research designs) and by the level of evaluation (well-evaluated programmes and those requiring further evaluation).

Before:



After – Simple key word search or advanced search with more options:



Searches are also still possible by country of implementation, setting, target group and mental health area.

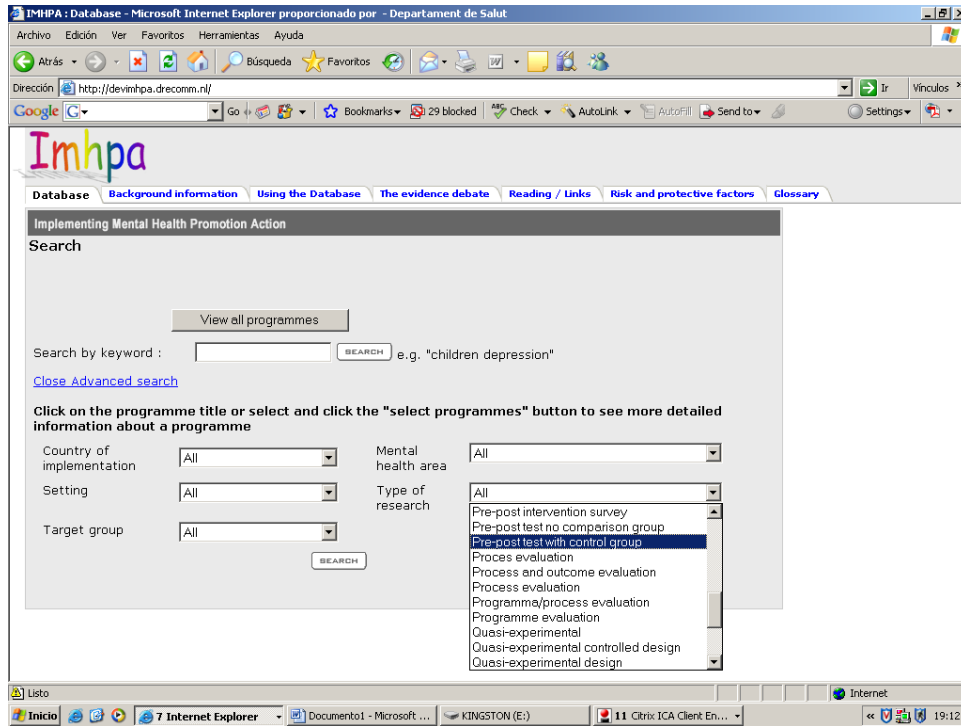
Additionally, with the new changes:

- It is possible to search for **all European countries** together to make this a more useful tool at the Europe-wide level, stimulating European research and dissemination.
- The new format allows searches by **type of research** and by **level of evaluation**.
- A new function in the drop down menu also makes it possible to search for **more than one mental health area or type of research** at a time, for example programmes to reduce depression and suicidality, or programmes with RCT and economic evaluation.

These changes are explained further below.

Search - Type of research:

This enables the user to search the database for programmes that have been evaluated using a specified research design. The list is interactive in that it is dictated by the research designs featured in the database. Searches can be made for quantitative research designs, qualitative research designs and economic analysis designs in order to provide maximum utility to a variety of site visitors (e.g., researchers, policy makers, financial controllers). Both sections, well-evaluated programmes and those requiring further evaluations, are searchable.



Change 3: more specificity in results overview –

An extra category has been added to distinguish between interventions with mixed or variable effectiveness (for example effective on a sub-group or in one evaluation but not another) and those that are still in progress (awaiting evaluation results). These were previously combined as ambiguous effectiveness. We felt it was more useful to be more specific about the evaluated outcomes.

KEY:

=ineffective
 = mixed/variable effect
 =effective
 = in progress

Change 4: select multiple search criteria –

Many programmes address more than one mental health area at a time either because there is a putative causal link (for example, self-esteem and eating disorders) or because the intervention has beneficial effects in more than one area (such as depression and behavioural disorders). Therefore, we have made it possible to select a combination of mental health areas.

Similarly, programmes may be evaluated simultaneously using many research designs (for example, a randomised controlled trial may be accompanied by a discourse analysis or a cost analysis). We have enabled finding multiple designs in a single search.

Change 5: visual work –

Several small changes have been made to visual aspects of the original database, while the overall look has been kept the same. These changes have included making the colour coding key more intuitive and understandable in design and adjusting the width of columns to make the overview clearer to read. Drop down menus have also been re-worked to make them easier to use.

FORMAT AND DESIGN CHANGES - refining the definition of the inclusion criteria for the database

A second outcome from the meeting in May 2006 was the decision to include as criteria for database the new categories ‘programmes with strong evaluation’. The aim of this was to encourage good quality evaluation of efficacy or effectiveness by highlighting well evaluated programmes. Furthermore, it was decided that excluding programmes from the database on the grounds of lack of evaluation would do little to encourage those practitioners running the programmes to evaluate the outcomes of their intervention or to support the growth of the evidence base in mental health promotion and mental disorder prevention. However, those programmes which are implemented and sustained without sufficient evaluation have been highlighted by inclusion in a “requiring further evaluation” section and encouraged to further improve their content and outcomes through the planning and development of systematic evaluation.

The following inclusion criteria were agreed upon for interventions and accompanying information, to comply with the rationale laid out above.

For inclusion in the IMHPA programmes the database:

- 1) In the field of mental health, promotion of mental health and primary prevention of mental disorders,
- 2) With quantitative evaluation or sustained.

For inclusion in the ‘Programmes with strong evaluation’ category:

- Quantitative studies: Randomised control trials, non-randomised control trials, cohort studies, case control studies.
- Additional information must meet the following criteria:
 - Qualitative studies: with triangulation, member checking, attempts at disconfirming evidence and thick description.
 - Economic studies: cost only studies, cost-effectiveness, cost-consequence, cost-utility or cost-benefit analyses.

FOCUS ON 3 PRIORITY AREAS - A search strategy for programmes in 3 new topic areas:

As identified under health determinants by the EC at the time of the call for proposals, the expansion of the database in the second phase of IMHPA has been primarily focussed on the priority areas of suicide, depression and eating disorders prevention.

In order to identify programmes in these areas (as well as continuing the expansion of the programmes database to include descriptions of new programmes and from a wide variety of European member states), a search plan was devised which consisted of 3 types of search strategy.

Search plan:

- Internet, library searches and reference list searches
- Calls for submissions from Member States
- Programmes presented at conferences and meetings (described in the section on new programmes)

Internet, library searches and reference list searches (1996-2006)

Under this overall search plan, systematic search strategies were designed and carried out to gather literature on prevention and promotion programmes in the areas of depression, suicide and eating disorders from on-line resources. Search terms were developed following the preliminary meeting, and these along with the history of search results are listed in Annex 4.3. The searches were run in the Web of Knowledge (including the Web of Science and cross searching for conference publications), PubMed and the Cochrane review Library. The function of related articles was also used to expand the searches where returns were low. Each of these searches was repeated at least twice over the course of the project, as online academic search engines are known to amplify their content erratically over time. Additionally, the reference lists of all related reviews found were examined for articles referring to intervention studies or programmes. The process of collecting, appraising and reviewing these articles was undertaken by the project technical officer, Fleur Braddick.

134 articles were identified as potentially referring to programmes of relevance, and from these 92 were ordered. The overall result was that 29 European programmes were identified for inclusion in the programmes database through this method of intervention collection. Due to the search criteria used, the majority of these (22) are included in the category 'programmes with strong evaluation'.

Calls for submissions - Scottish pilot

The project collaborated with a Scottish initiative, HeadsUpScotland, to develop a pilot project gathering information in a single location using a template of the programmes description as described below.

HeadsUpScotland was established in April 2004 to contribute to the range of activity already underway to improve the mental health and well-being of children and young people. Among its aims was recognition of the need to develop and strengthen partnerships, and to develop and improve the capacity of the workforce to support more appropriate interventions. The establishment of an accessible database was seen as one way of addressing these aims. It was obvious that a wide range of activity was taking place across Scotland. It was also felt however that although people working to improve the mental health of children and young people had already established strong networks, everyone would benefit from a wider sharing of information. If this could be done in a way which would be accessible, it would not only minimise the risk of people re-inventing wheels, but would also add to the body of evidence of effective practice.

Starting at the end of the 1st phase of the IMHPA project, the Scottish National Programme for Improving Mental Health and Well-being made funding available to HeadsUpScotland to set up and run a 'country pilot' of the IMHPA database, with a focus on work being done with children and young people, across the age range 0-22, and in any setting. Working together would have benefits for both IMHPA and HeadsUpScotland: IMHPA would have the opportunity to refine the data collection methods, and HeadsUpScotland would be able to establish its own Scottish database, linked to an established and quality assured system.

The objectives for the Project were clear: to create criteria for the inclusion of programmes, identify programmes for inclusion, test the database template, and record the process.

IMHPA and HeadsUpScotland collaborated and communicated in person as well as by e-mail and telephone throughout the process. The pilot project had two stages: 1) developing the database template package, and 2) agreeing submissions for inclusion on the database. The timescale allowed six months for preparation (developing the template, defining the criteria for inclusion, sourcing programme contacts), three months for collecting the information, and two months for writing the report.

An early list of contacts drawn up, including representatives of both the statutory and voluntary sectors, who work with children and young people, using a range of approaches. The IMHPA database template, developed in phase 1 of the project, when read in the context of the Scottish project, was felt to be complex and written in academic language, while the target audience for this project was to be practitioners rather than academics. Therefore, the IMHPA template was re-drafted according to comments made by the Scottish Reference Group, and an introductory section was written. This section was intended to outline the Scottish context and to give those contacted the opportunity to be familiarised with the purpose of the template and the language it used. It outlined the definitions of mental health, mental health promotion, and mental disorder prevention as used in the template and other terms were described as they applied to the IMHPA database. This section also contained the criteria for inclusion.

The rationale behind these changes to the template was agreed with the IMHPA group, and criteria for inclusion discussed for agreement with the Reference Group. 'Risk and protective factors' were also included at this stage as an open appendix to the template (rather than check boxes), to maximise the information given.

The refined template was tested for usability by a range of HeadsUpScotland colleagues across Scotland and, following satisfactory feedback, the template package (Annex 4.6) was distributed widely by email and through the HeadsUpScotland website, with a covering letter.

The template distributed had 15 questions, each requiring a text answer. The questions were grouped under broad headings: establishing the programme, carrying it out (including changes made to the original ideas), and the outcomes (including evaluation and any publications). Some of the information sought would not be held by, for example, community projects. However the Reference Group and the IMHPA Team agreed on the need to get as much information as possible in order to preserve the integrity of the IMHPA template. It was also hoped that electronic distribution would make it easier for people to complete the template, since it had been set up specifically for that purpose. The only extra documentation that was requested was from any evaluation that had been done.

Different distribution networks such as the National Advisory Group for the National Programme for Improving Mental Health and Wellbeing, agreed to circulate the information through their networks, as well as through specific elements of the National Programme (e.g., SeeMeScotland, Choose Life). A third distribution network was through national organisations in the voluntary sector, e.g., the CHEX e-newsletter. The submissions that came back were reasonably spread across Scotland, and a mix of programmes, from NHS-based services to school initiatives.

The criteria for inclusion in the pilot were that programmes would be selected which:

- Work with children and young people between the ages of 0-22
- Have as their main focus work that promotes mental health or prevents mental disorder
- Have clear aims and objectives
- Show an attempt at assessment of the programme

The first two of these criteria are part of the rationale for HeadsUpScotland, and were basic to this project. It was agreed that further criteria had to be achievable by people

working in the field, or the process would exclude potentially useful information. Selection for inclusion in the IMHPA database took place after the pilot project had been completed. 11 submissions were received by mid-February for inclusion, which was a disappointment to those running the pilot project. The experience suggests that while people do want access to information about other programmes, they are reluctant to share their own. This does not seem to be out of a sense of preciousness, although it is suggested that cultural factors related to a desire not to expose oneself to criticism may have contributed to the low response in Scotland. It seems rather that lack of time and lack of systematically held information hindered them from completing a template which they saw as too long and complicated, and a Project which was perceived as not relevant to them. Notwithstanding this low response rate, several of the Scottish programmes belong to the forthcoming "requiring further evaluation" section in the database. 1 programme fulfils the criteria for inclusion in the database at present (in the "programmes with strong evaluation" section).

UPDATE CURRENT ENTRIES

In order for the database to continue to be a useful tool to researchers, implementers and policy decision-makers, all information therein must be correct and current. Therefore, an updating process was carried out at 2 stages during the Imhpa project: firstly in December 2006 and again during the publicity for the conference in July 2007. In the first of these updating rounds, the authors of evaluation papers or implementers for European programmes were contacted by the Imhpa technical officer via e-mail with 2 aims in mind: 1) to check that their contact details remained active, 2) to ask if there had been any further evaluations, results or implementations of the programme included in the database and if so that they suggest any amendments to the programme description. 2 programmes made updates in this round. As part of the dissemination and mailing for the Imhpa conference, the authors or implementers were again contacted with the following 2 aims: 1) to check that contact details were correct a year later, 2) to ask if they would be interested in attending and presenting their programme at the European conference in Barcelona. Another 4 programme descriptions were updated following this process and several programmes were presented at the conference.

NEW PROGRAMMES IN MHP AND MDP

Increasing inclusions from all Member States - IMHPA Partners

IMHPA partners were regularly requested to submit examples of interventions implemented in their countries. For example with every newsletter sent round giving an update on the project progress, the possibility of including programmes from all Member States in the IMHPA database was highlighted with contact details for the technical officer in charge of the database. This means of collecting information had a very poor response rate (only 2 programmes were found through this route), probably due to lack of time on the part of the partners.

Programmes presented at conferences and meetings

In order to keep the programmes database content as up-to-date as possible, the technical officer for IMHPA attended 2 relevant conferences and European network meetings and subsequently contacted authors or implementers presenting European programmes at these events for details to develop the database descriptions.

The first of these events was the World Federation of Mental Health (WFMH) conference in Oslo, October 2006. Following on site discussion with as many presenters as possible,

the abstracts booklet was examined for any further European programmes and the authors contacted by personalised e-mail. Through these methods, 34 interventions implemented in Europe were identified. Unfortunately, of these only a very small proportion responded favourably to the call for submissions, resulting in 4 additions to the database.

Secondly, the EAAD (European Alliance Against Depression) meeting 29th - 30th March 2007 was attended by the IMHPA project leader and various suggestions arose from this meeting (2 additions).

On 16th - 18th November 2006, the MHEEN group (Mental Health Economics European Network) held a general meeting in Berlin which the IMHPA project technical officer attended. At this meeting, several programmes with economic evaluations were identified as part of a review carried out by MHEEN (Zechmeister, Kilian &McDaid D, 2008) and these were investigated as potential interventions for the IMHPA programmes database. 3 programmes met the inclusion criteria and were included in the IMHPA programmes database.

Finally, programmes were identified for inclusion from those abstracts submitted for the IMHPA project conference which took place from 13th – 15th September 2007 in Barcelona.

Writing and including descriptions of new programmes

All evidence-based programmes found through the methods above, which complied with the inclusion criteria decided, have been described in a standardised format for inclusion in the database.

Details of the new programmes included in the IMHPA database can be seen in Annex 4.4.

Disseminating this work

Information about the product of this work package has been disseminated at a Europe wide level by e-mail and through presentations made at meetings and conferences.

The IMHPA partners have been instrumental in raising awareness of this resource in their countries, and were reminded of it in regular newsletters. The implementers of programmes included in the database were also contacted and informed of their programme's inclusion to stimulate dissemination.

The database was mentioned in many conference presentations made by the project leader and was the focus of 3 presentations made by the project technical officer at 2 European project meetings and at the IMHPA conference in Barcelona.

Future work on the database

Independent funding by the Generalitat de Catalunya will enable programme descriptions of new and ongoing interventions from a range of European Member States to continue to be added to the database and will allow the section on "programmes requiring further evaluation" to be developed and become operational. Collaborative work creating synergies with a local Catalan database on prevention programmes in the field of substance abuse, which is currently under development, will also be explored.

4.3. Work Package 3 –

An information system on available training options and the development of a training on advocacy skills

A. INTRODUCTION TO AN INFORMATION SYSTEM AND PROVISION OF TRAINING ON ADVOCACY SKILLS

The IMHPA training strand aimed to develop an information system of available training programmes/courses and to provide a training module on advocacy skills to support building capacity in Europe in the areas of mental health promotion and mental disorder prevention. This work package had three specific objectives:

- a) To develop a training on advocacy skills for promotion and prevention in mental health;
- b) To develop an internet information system of available training opportunities in mental health promotion and mental disorder prevention in Europe;
- c) To explore links for the development of the mental health promotion of the EC-funded EUMAP training programme in Europe

B. DEVELOPED PRODUCTS

The main product of the training strand is a training manual on advocacy and policy development. The training was developed following advocacy principles and provides practical tools for advocacy and policy development. The training aims to build capacity and skills across Europe in advocacy for mental health promotion and mental disorder prevention.

Besides this training manual an internet information system of current available training opportunities in mental health promotion and mental disorder prevention in Europe was developed. Available training opportunities were identified through Internet searches and through the country focal points (see Annex 5.1).

The training manual on advocacy and policy development is enclosed separately to this report and is available through the IMHPA website (www.imhpa.net).

1) ADVOCACY TRAINING

In an ideal world, governments would always try to act in the best interest of the population, carefully weigh the effects of their policies and actions, and choose those most likely to contribute to the public good. But in reality, NGOs and individuals encourage governments to act in the public interest, and plan their work so as to increase the chances of the government adopting positive policies and programmes. Therefore it is everyone's responsibility to encourage the government to do what is right when it comes to mental health. This encouraging of the government or other institutions to pass laws and policies, or implement programmes, that will benefit the public is called advocacy.

The training is developed following advocacy principles, provides practical tools for advocacy and policy development and has the aim to build capacity and skills across

Europe in advocacy for mental health promotion and mental disorder prevention. More specifically, the training aims to achieve the following outcomes in participants:

- To be highly motivated to advocate for promotion and prevention policies and practices in their own country.
- To have skills to identify an issue and develop an advocacy strategy.
- To have strengthened leadership qualities in further developing the field of promotion and prevention in mental health within their countries and communities.

The training is presented as a three-day group-based training, with a total of 6 sessions. In general sessions are half a day and cover two topics of between 60 and 90 minutes. Sessions are organized around presentations or discussions lead by the facilitator and group work. Each session starts with an introduction to the topic, followed by group work where participants work together and ending with feedback.

The first half day (session 1) introduces the participants to the field of mental health promotion and mental disorder prevention in Europe and in their country and to the concept of advocacy and some advocacy's values. The second half day (session 2) is focused on the problem analysis for advocacy for mental health promotion and mental disorder prevention, identifying the issue and a solution. The third half day (session 3) focuses on the development of an advocacy strategy and on the identification of the strengths and weaknesses in their organizations to identify the skill mix that is needed. The fourth session deals with forming an effective coalition and creating messages. Session 5 is focusing on working with the media. The last session, session 6 gives an overview of the course so far and is focusing on the prevention of burn out. The content is 'fixed' but the length of the sessions may be varied according to pre-existing knowledge and skills of the participants, or the wishes of the trainer.



The manual for training in advocacy for mental health promotion and mental disorder prevention includes for each session a session plan, statement of aims and objectives, a list of required materials, background notes and visual aids (PowerPoint presentations). The manual is available in English which is expected to make dissemination on a large scale possible since English language is a commonly used and well recognized language throughout Europe. However, translation of the manual in different languages could make implementation at the country level easier and more feasible. The training is enclosed with the current report.

It was originally planned to pilot test and provide the training on advocacy skills in two workshops in European conferences and to all project partners. This however, proved to be impossible through several reasons.

First of all, it proved difficult for the IMHPA partners to make time free for the training course. Because of its length (it is a 3-day training course), the time partners already had to spend on the project and the fact that IMHPA partners were already requested earlier during the project to join the pilot training on "mental health promotion and mental disorder prevention: programme planning, evaluation and implementation", developed under the EC-funded MINDFUL-project.

Second, the training manual on advocacy skills was finished later than originally expected. Because of feedback of experts and partners, the training manual had several revisions.

The process of development of the training manual took much longer than expected and the manual was not finished before the IMHPA Conference.

It was originally planned to pilot test the training manual on advocacy skills during this event, but because of the structure of the Conference it proved to be impossible to provide the training during the Conference. However, the recommendations of the Conference theme on advocacy were taken into account while fine-tuning the manual. To assure high quality of the training manual, Dr Peter Anderson, who previously developed a successful training manual for advocacy for alcohol policy, was highly involved in the development process of the manual.

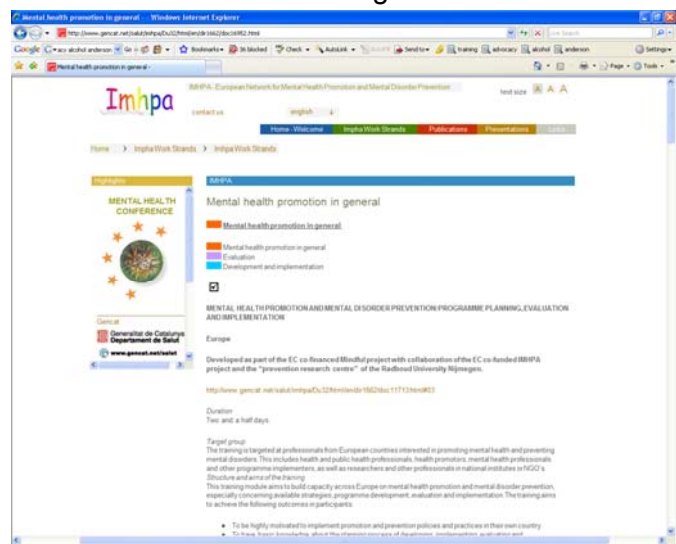
2) INFORMATION SYSTEM OF AVAILABLE TRAINING OPPORTUNITIES IN EUROPE

The purpose of the internet information system on training in mental health is to expand the knowledge about and to assist in finding training events related to mental health promotion and mental disorder prevention for the workforce in Europe. The overview contains information about training in mental health promotion and prevention of mental disorders and suicide and can be accessed through the IMHPA website (<http://www.gencat.net/salut/imhpa/Du32/html/en/dir1662/doc11713.html>).

Internet searches were conducted to identify mental health promotion and mental disorder prevention training activities. The searches were conducted on the Google and Yahoo search engines and each of the first 150 hits returned were examined for their relevance. In addition each relevant site's outgoing links were followed for additional training initiatives that might not have been returned in the search results. After this first round, the IMHPA partners and the training providers of the initiatives already identified were asked to provide information about ongoing training activities in their countries. Only short training courses were included. Master courses and other training initiatives as part of a master programme were excluded.

Each training initiative included in the database was described following the same format:

- Name of the training
- Country where the training is developed/implemented
- Name of the organisation(s) which sponsor or provide the training
- Web address for the organisation or training event
- Contact person (if available)
- Duration of the training course/event
- Target group of the training event
- A short description of the training event and its goals



To make it easier to search the database for relevant training activities, the training descriptions were organised into different categories for the different topics each with their own colour label. The following categories were used: Mental health promotion in general;

Evaluation; Development and implementation; Suicide prevention; Mental health promotion in primary care. When training initiatives covered more than one category they are listed under each relevant heading. Trainings on a very specific topic are included in the category: “Mental health in general”, to prevent having too many different categories.

In addition information is given for each particular course whether a mental health promotion/mental disorder prevention background or some other professional requirements are needed.

3) EXPLORE LINKS EUMAP

In the project proposal, it was proposed to explore links for the development of the mental health promotion strand of the EC-funded EUMAP training programme in Europe. After exploring the possible links and discussion with EUMAP it was decided that potential linking would be best for the future, but with the understanding that all products developed by the IMHPA project, and in this case especially the different training manuals, can be used for mental health promotion training, within the master course, when non-for-profit.

C. FUTURE DEVELOPMENTS

The training manual on advocacy skills will stay downloadable from the IMHPA website, just as the other training manuals that were developed during the IMHPA project (“Mental health promotion and mental disorder prevention: Programme development, evaluation and implementation” and the training for prevention in primary care: “Training manual for prevention of mental illness: Managing emotional symptoms and problems in primary care”).

The information system of available training opportunities in Europe will also be accessible after the closure of the project, although it might be difficult to keep the information system updated. One of the possibilities to keep the information system up to date is to allow training providers to post their training activities directly on the website. Another solution can be to find an organization that is willing to host the information system and willing to update the information system with new training initiatives in Europe.

4.4. Work Package 4 –

Country reports describing the situation of MHP and MDP
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A. INTRODUCTION TO THE COUNTRY REPORTS

This work package aimed to develop a comprehensive overview of the situation of Mental Health Promotion (MHP) and Mental Disorder Prevention (MDP) in Europe as well as to provide detailed information on the infrastructures available, and barriers to implementation, within individual European countries.

B. DEVELOPED PRODUCTS

The main product of this work package is the report: “Mental health promotion and mental disorder prevention across European Member States: a collection of country stories”. This report presents an overview of mental health promotion and mental disorder prevention across 30 European countries, describing the available resources, policies and programmes, the workforce involved in implementation across countries, providing an

account for monitoring, evaluation and reporting systems for mental health and outline challenges and areas for future development.

In order to gather all the relevant data, the IMHPA – HP-Source questionnaire (see work package 1), was distributed to the country focal points, who created country coalitions to complete the questionnaire (see work package 1).

1) COUNTRY COALITIONS

The starting point was the questionnaire developed by the IMHPA network in collaboration with the EC co-financed project, HP-Source, with the aim to systematically collect information on infrastructures, policies and programmes for mental health promotion and mental disorder prevention at the country or regional level. The partners of the European IMHPA Network for mental health promotion and mental disorder prevention accepted the responsibility to act as focal points for the initiative in each country.

Wherever possible, country partners created an informal expert group or country coalition that could facilitate the reliable collection of information. To ensure heterogeneity and to reach a variety of relevant information, whenever possible, the country coalition or country group involved experts from different backgrounds and positions in the field of public and mental health, including professionals from governmental and non-governmental institutions, universities, health promoting agencies and civil society. A letter of support from the European Commission was provided to all country focal points to facilitate the forming of the coalition and to stimulate the contribution of different stakeholders in collecting information.

2) COUNTRY REPORTS

In order to identify what the available infrastructures and policies on mental health promotion and mental disorder prevention at the different country and regional levels are, the IMHPA – HP-Source questionnaire was completed by the country coalitions. The final response to the questionnaire was completed, wherever possible, through discussion and agreement between country coalition members. Country meetings across 19 countries took place to complete or discuss the questionnaire. The responses to the questionnaire were entered into the IMHPA infrastructures database (www.imhpa.net/infrastructures-database - see work package 1).

The information collected in the questionnaire and the discussions of the members of the country coalitions were translated into a country story, which was distributed and discussed further by the different stakeholders. In the countries where no country coalitions were formed, other methodologies were used to complete the country stories, and they are reflected in the country story of each respective country, which include a section describing the processes and the stakeholders involved in its preparation.

The introductory chapter of the report presents a snapshot of the situation at the European level, describing some differences and similarities across Europe. For this, the data collected by the questionnaire was used or derived from the submitted country stories. The report presents a snapshot of the situation of mental health promotion and mental disorder prevention across 30 European countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain (Catalonia), Sweden, the Netherlands, Turkey and the United Kingdom (England and Scotland).



The report is not an official account, but rather a first attempt to collect some baseline information on ongoing initiatives in countries and regions. Over 240 people were involved in collecting the information in the different countries and creating the country stories.

In October 2005 during the high-level conference to launch the European Commission Green Paper on mental health, the first edition of the report “Mental health promotion and mental disorder prevention across European Member States: a collection of country stories” was launched.

After the launch of this first edition, stories of Luxembourg and Denmark were included in the second edition. Changes in the introductory chapter were made accordingly after these 2 new countries were submitted.

The second edition of the report was presented at the first EC thematic Green Paper consultation meeting in January 2006. The report was widely disseminated at the European level through the project partners to their country coalitions, and for further distribution at the country level, and across other network and organizations with an interest or working on mental health promotion and mental disorder prevention, and through the European Commission. The report can be downloaded from several Internet websites. It is also enclosed with the current report.

C. FUTURE DEVELOPMENT

The report: “Mental health promotion and mental disorder prevention across European Member States: a collection of country stories” will be further distributed to interested parties when necessary and the report will remain available online. At the moment, the introductory chapter is being translated for local distribution in Catalonia and preparations for translation in Polish are being made.

4.5. Work Package 5 –

Indicators for Mental Health Impact Assessment (MHIA)
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A. INTRODUCTION TO INDICATORS FOR MHIA

Health-related policies can potentially impact on mental health, yet there is a lack of measures used to underline the potential benefits or dangers of this impact. A formalised health impact methodology would contribute to added value in Europe by providing information on which policies and measures are expected to increase mental health, and what would be the expected associated social and economic outcomes of enhanced positive mental health and well-being. These would include outcomes such as social capital, increased employment and productivity, reduced costs due to sick leave and early retirement as a result of illness, and other long term benefits for the economy and society as a whole.

Health impact assessment (HIA) is a methodology, which assesses the impacts of different policies and programmes on health. HIA comprises a set of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population. The potential effects are considered not only in terms of direct health impacts, but also in terms of the related social and economic consequences of the choice of a given programme or policy, in the short, medium and long term. HIA can be a valuable tool for assessing the

impact of any public policy on mental health. For example, HIA could be applied to social and economic policies and development projects, likely to have an effect on health.

B. DEVELOPED PRODUCTS

The main product of the mental health impact assessment (MHIA) strand is a report on health impact assessment for mental health that includes a set of HIA indicators to assess the impact of public policy or mental health policies on mental health and recommendations for policy development and health improvement.

It was originally planned to develop a questionnaire/instrument to assess indicators. Because of an existing European initiative concerning the development of a tool for Mental Health Impact Assessment it was decided not to duplicate the work. A partnership consisting of several UK-based organizations developed a Mental Well-being Impact Assessment (MWIA) toolkit. Dr. Eva Jané-Llopis and other partners of the IMHPA project commented on the toolkit.

Instead of developing such a toolkit, a three tier process was initiated: 1) identification of concepts and definitions of mental health promotion and strategies to reach the population which could be potentially assessed for future MHIA; 2) identification of evidence available on what are possible indicators that could support this work, and, 3) the assistance to organize a mental health workshop during European Meeting on Health and Health Systems Impact Assessment as part of the Portuguese EU Presidency.

1) Mental health promotion: concepts and strategies to reach the population

When assessing the impact of a policy on mental health one looks at the determinants of mental health. Mental health is determined by multiple and interacting social, psychological, biological and environmental factors. Evidence indicates that, in general, sound public policies such as those that address education, labour, urban planning, nutrition, transport and economic security, improve mental health, reduce the risk of mental disorders, and increase social capital. This paper (Annex 6.1) describes concepts and strategies for reaching the population in order to increase the impact of mental health promotion and mental disorder prevention interventions on the population, and support identifying what other sectors might be involved in enhancing mental health.

2) Report on potential indicators for mental health impact assessment

A report highlights indicators that are related to mental health and could form the basis to measure impact assessment of non-health policies on mental health (Annex 6.2). This background paper highlights the concept health impact assessment and links it to the processes of mental health impact assessment. To allow assessment of the possible impact of policies and in order to evaluate the outcomes on mental health a list of potential evidence based indicators for mental health related to other policies for early years of life, schools and adulthood are proposed.

3) Workshop on mental health and mental health indicators

On 5 and 6 November 2007 the Portuguese EU Presidency organised an expert meeting on health and health systems impact assessment. The expert meeting convened about 100 invited policy assessment experts from the Presidency, the Commission, WHO, and the Member States.

Discussions were mainly in four parallel workshops on “Quality of prediction in HIA”, Health inequalities and HIA”, Health issues in different sectors” and “Mental health and HIA”. By including a mental health workshop the Presidency aimed at supporting the

ongoing process to develop an EU-strategy for mental health and to continue the chain of mental health topics brought forward by the Presidencies.

Mental health and HIA

The organization of the workshop was developed by all imhpa partners, under the guidance of Dr Maria Joao Heitor dos Santos, co-leader of the Imhpa work package Mental Health Impact Assessment. The workshop was dedicated to the inclusion of mental health (including alcohol) issues into HIA. David McDaid from London School of Economics set the scene by presenting the impact of mental ill health in terms of costs and lost productivity, building the case to address mental health issues at all levels. Then Kristian Wahlbeck from the STAKES Mental Health Group presented the socio-economic and early determinants of mental health, underlining the need to work across sectors to amend mental health and mental well-being determinants. Maria João Heitor dos Santos from the Presidency introduced mental health impact assessment as a vehicle to introduce mental health consideration in policy making. Peter Anderson, consultant in public health, presented a cost and health impact assessment of alternative EU alcohol policies, showing excellent cost-effectiveness of some policy actions to reduce alcohol-related harm. The workshop concluded that the mental health contribution to Lisbon strategy can be demonstrated by HIA. The discussion focused on whether mental health impact assessment should be performed separately or integrated within existing HIA, concluding in favouring an integrated approach. It was also recognised that the lack of mental health impact assessment within HIA was related to stigma of mental health issues and a too narrow conceptualisation of mental health (thinking about people with mental disorders and forgetting that mental well-being affects the population as a whole).

The Power Point presentations of the workshop “Mental health and HIA” can be found in Annex 6.3.

Conclusions of the workshop

1. Burden and impact of mental disorders and poor mental health

Mental health is influenced by socio-economic determinants and adult mental health is strongly determined by childhood factors. The impacts of poor mental health range far and wide and well beyond the health care sector. For example, costs of children with conduct disorder at age 10 have been estimated to be, 18 years on, 6 times larger for the education, and 20 times larger for the social justice system, than for the health care system.

Alcohol is a major health determinant throughout Europe, with 2/5 of all alcohol-caused harm due to mental and behavioural disorders, causing inequalities between and within countries, and with a social cost to Europe of €125bn each year, or €650 per household a year.

The impacts of poor mental health including the harm caused by alcohol have a substantial detrimental impact on economic performance in Europe. For example, Europe loses more than the entire national output of Portugal each year due to avoidable and/or manageable mental health problems.

2. Achieving Lisbon Strategy Goals

Maintaining positive mental health and preventing mental health problems can help Europe achieve the Lisbon Process Goals of improved economic performance as well as promote social inclusion. Alcohol is an important impediment to achieving the objectives of the Lisbon strategy which can be effectively tackled through policy action.

3. Impact of policy actions

The health impact of alcohol policy is based on substantial literature describing the impact of different approaches, highlighting for example that alcohol policy is ineffective for school-based education and that alcohol policy is supported by public opinion, except for the case of increasing alcohol taxes.

The health impact of alcohol policy can reduce alcohol's health burden by 1/3, costing €1.3 billion a year, 1% of its social cost.

Being mindful of the mental health impact of policy actions within and across many sectors, for example, spatial and urban planning, education and regulations on the work environment, not only can help maintain positive mental wellbeing but can be highly cost effective.

4. Working cross-sectorally

Mental health and well being of citizens can be cost effective for many different sectors as well as the population's mental health can be determined and improved by actions in different relevant sectors of the society.

The EC is well placed to help facilitate, alongside with Member States, cross-sectoral cooperation by building on the Mental Health Green Paper, the Commission's Communication on Alcohol and the EC Health Strategy.

The Commission's Communication on Alcohol does not propose the development of harmonised legislation but rather aims at mapping actions which have already been put in place. To increase its health impact and contribute to the Lisbon agenda, the Commission's Communication on alcohol needs action by other Commission services and needs public campaigns to increase support for effective policies, particularly taxation.

The EC can also help facilitate dialogue and co-operation with multiple stakeholders including business and trade unions to help encourage more awareness of adverse mental health impacts and case for prevention/promotion actions. One of the mechanisms for integration of mental health aspects across relevant sectors and policies is HIA, and the EC can facilitate its inclusion.

5. Future action to contribute to the Lisbon agenda goals and maximise mental health benefits

In order to contribute to the goals of the Lisbon agenda, policies should maximise mental health benefits and reduce mental health risks and inequalities, which are intrinsically linked to many policy initiatives across different sectors.

1. Action to achieve these aims includes to:

- Develop pilot studies to demonstrate the positive and negative impact of communities, organisations and policies on people's mental well-being
- Develop toolkits to support policy-makers, planners, people delivering programmes and services
- To promote socially just interventions that also reach the underserved populations and reduce inequalities
- Facilitate intersectoral co-operation and integrated policy options

2. In order to monitor benefits and demonstrate the contribution to the Lisbon Strategy aims, it is essential to:

- Support implementation of routine mental health impact assessment of public policies within different sectors

- Improve integrated HIA, including mental health issues as a mandatory part of the health impact assessment at local, regional and EU level

4.6. Work Package 6 –

Development of an economic model for MHP-MDP

A. INTRODUCTION TO AN ECONOMIC MODEL ON THE COSTS OF MHP – MDP PROGRAMMES AND POLICIES

The economics strand aimed to develop an economic model to ascertain the costs of implementing mental health promotion and mental disorder prevention programmes and the potential gains of such implementations. An economic model for mental health promotion and mental disorder prevention programmes is essential for funding of prevention and promotion programmes as resources are scarce. This strand was undertaken in collaboration with the second phase of the EC funded project, Mental Health Economics European Network (MHEEN II) supported under the Public Health Programme. This strand proposed an economic tool for mental health promotion and mental disorder prevention programmes by estimating the costs and resources needed for programmes in the areas of mental health promotion and mental disorder prevention.

B. DEVELOPED PRODUCTS

The main product of the economic strand is a simple tool to assess the overall economic costs of programmes and interventions in mental health promotion and mental disorder prevention. Using this tool allows professionals in the field and/or policy makers to estimate the costs when adopting or adapting a mental health promotion and/or a mental disorder prevention programme. The tool allows the user to collect the information in such a way that it can easily be translated to the own situation in their own country (see below for more information, and Annex 7.1)

Besides this tool to assess the overall economic costs of programmes and interventions a short technical paper was developed on the “Costs and benefits of mental health promotion and mental disorder prevention”. This short background document provides a first step in the overview on the costs of mental disorders in Europe and helps inform about effectiveness and cost-effectiveness in mental health promotion and mental disorder prevention (Annex 7.2).

TOOL TO ASSESS ECONOMIC COSTS OF MHP AND MDP INTERVENTIONS

Strong evidence has demonstrated that mental health promotion and mental disorder prevention work across the lifespan providing cost-effective outcomes. Although in EU Member States mental health promotion practices and policies exist, many of the programmes implemented across EU Member States have not undergone sufficient evaluation to be certain of their impact on mental health or net cost consequence outcomes of implementation. Countries are in need of information on cost-effective practices and guidelines for cost-effective policy and programme development and implementation, to avoid wasting the little funds available on programmes which are not effective or could be made more financially viable.

To ensure that scarce resources are used efficiently not only information on the (cost) effectiveness should be available, but also information about the costs of development/adaptation, implementation and evaluation of such intervention should be

easily be estimated. Costs differ across regions and countries and therefore IMHPA developed, in corporation with the EC funded Mental Health Economics European Network (MHEEN) a tool to assess the costs of a mental health promotion and/or mental disorder prevention intervention. The purpose of this tool is to make it possible for different countries with different resources available to assess the costs of an intervention. The tool does not simply try to identify the costs in only monetary terms, but, tries to assess the costs in a descriptive way. This information can then be easily transformed into monetary terms that are applicable for each specific country and will be a simple decision analytical model estimating the overall economic costs and consequences of strategies in mental health promotion and mental disorder prevention.

Methodology

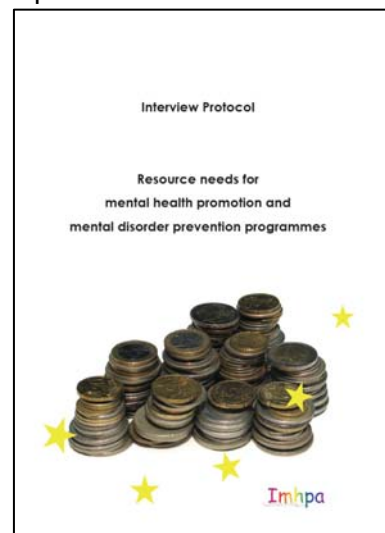
In order to develop the tool to gather information on the costs of developing and maintaining infrastructures for policies and strategies, a first draft of a tool to assess the costs of implementing a specific mental health promotion or mental disorder prevention programme or intervention was developed (Annex 7.3). Several experts and IMHPA partners, as well as the partners from the MHEEN Network, were consulted to give their comments and feedback to this first draft. After this first round of consultation a second draft of the tool was prepared (Annex 7.4).

Following the comments, the second draft of the tool aimed to collect information about the programme, the target group and reach of the programme which are important to know to get indications of the relation between the costs and the number of people reached through the intervention. Furthermore, it was decided to change the structure of the tool and to follow an over-inclusive approach for the new draft. The new structure followed the different phases of the planning, development and implementation of an intervention or programme. In a few brainstorm sessions all possible costs in relation to the different phases of implementation were identified and these were added to the tool.

This second draft of the tool was piloted in the Netherlands, with 3 mental health promotion and mental disorder prevention experts. One of the comments was that the tool was perceived as too long. Because of its length it was not expected that the tool was going to be used by them in practice as assessing the costs by using this tool would take too much time. All participants in the pilot phase also felt that there was too much repetition in the tool. For some of the different phases of the tool the same questions were used. It was suggested to merge some of the phases and to delete some of the questions that appeared not to be very relevant in some of the phases.

All comments of the pilot group were discussed, and where relevant, were taken into account while redrafting the next version of the tool. The result of this process is a tool to assess the costs of planning, developing, implementing and evaluating a mental health promotion or mental disorder prevention programme or intervention.

This process resulted in a tool that assists in identifying all relevant costs in relation to the development, implementation and evaluation of a mental health promotion or mental disorder prevention programme to help with making informed decisions when deciding on implementation.



The tool is freely available and can be accessed and downloaded from the IMHPA website (www.imhpa.net).

C. FUTURE DEVELOPMENTS

The simple tool to assess the costs of mental health promotion and mental disorder prevention programmes and interventions will stay available and downloadable on the IMHPA website. It is hoped that this tool is a starting point for the development of a standard form/protocol to include in programme description. By including such information in programme descriptions, the costs and what is needed to adopt, adapt and implement a programme will be easily identifiable. This could allow easier exchange of programmes between implementers and support other member states to follow steps of successful implementations elsewhere.

The research on cost-effectiveness in mental health promotion and mental disorder prevention is still scarce. It is hoped that relevant policy makers and those involved in the field will become more aware of the importance of such evaluation. More knowledge on cost-effectiveness of programmes and intervention would allow increasing informed decision making, could prevent loss of scarce resources and would strengthen the possibilities to make a stronger case to invest in mental health promotion and mental disorder prevention programmes and interventions.

4.7. Work Package 7–

<p style="text-align: center;">Dissemination and a European Conference on mental health promotion and mental disorder prevention</p>

A EUROPEAN CONFERENCE FOR MENTAL HEALTH PROMOTION AND MENTAL DISORDER PREVENTION

INTRODUCTION

Background:

The World Health Organization (WHO) Ministerial Conference on Mental Health held in Helsinki in 2005, with its WHO Declaration and Action Plan for Mental Health, put mental health on the European political agenda. Member States of the WHO European Region have since been dedicated to develop their policies further and to increase the implementation of strategies to improve mental health in Europe.

Following the commitments made at the WHO Ministerial Conference, the European Commission (EC) prepared and launched a Green Paper on Mental Health in October 2005, calling Member States to a consultation process which ran until May 2006, to comment on the proposed action for mental health promotion and mental disorder prevention across Europe.

Results of the consultation process and further efforts of the EC are being fed into an ongoing process to produce a mental health pact. The Pact will call on Member States to develop policies and support implementation of evidence based mental health promotion, mental disorder prevention and action to counteract stigma and discrimination across Europe.

In spite of the growing interest in prevention and promotion from some organisations, some countries still experience difficulties in conceptualising or operationalising prevention

and promotion action, which are at times considered to be a luxury that can only be addressed in rich countries where service provision for mental disorders is readily available. However, if the growing mental health problems are to be reduced and population's mental health improved, there needs to be increased recognition and implementation of public health approaches to mental health, as called for by WHO and the EC, that encompass promotion, prevention, treatment and rehabilitation.

To bridge this gap and support the further development and implementation of prevention and promotion in mental health, it is crucial to develop capacity across countries and to stimulate sharing of information that could facilitate the development and implementation of policies and practice. The knowledge base already developed across many member states provides an efficient starting point to stimulate discussion across countries and find promotion and prevention options appropriate to countries' situations, resources and available infrastructures. In addition what has been developed in some countries can be used in others with efficient communication, maximising resources. Knowledge should be shared and efficient strategies developed to ensure that prevention and promotion, at different levels of development, can be supported and implemented across Member States. It was with this knowledge sharing and capacity building aim in mind that the role of the IMHPA conference "Joining Forces across Europe for Prevention and Promotion in Mental Health" was conceived.

The conference focus:

The European Conference on Mental Health Promotion and Mental Disorder Prevention (Barcelona, 13th-15th September 2007), attempted to inform and empower those involved in making and implementing policies and programmes in public mental health. The conference looked in detail at the problems that policy makers, practitioners and programme implementers encounter across countries whilst trying to reduce mental and behavioural disorders and improve mental health for all (e.g., What obstacles do they face? What can be done? How can European workforce best be supported?). It was hoped that discussion, sharing practices and providing a support network for prevention and promotion in mental health would further encourage development and action across Member States.

Building on the prevention and promotion components of the WHO action plan for mental health and the European Commission Green Paper on Mental Health, the conference looked into the action plans and strategies developed across Member States and highlighted how action recommended in the EU Strategy can be supported. The conference outlined the most recent advances in prevention and promotion research that have direct relevance to the development and/or support of the mental health policies and programmes at the local, national and European levels. Assessment was made of the differences within and between countries in relation to available infrastructures and policies for prevention and promotion and emphasis was placed on what needs to be tackled most urgently in the next five years, with a focus on what has been identified across Member States and in the European Commission Strategy, with the aim of identifying different policy options and to support them to advance the field across European countries. Special attention was dedicated to policy and advocacy development, networking, training and workforce development, partnership building and exchange between participants and countries.

Goals of the conference:

The conference was conceptualised from the outset as being action oriented, for which it was structured around a large number of working sessions and discussion panels. A few plenary sessions introduced each of the main themes.

The working sessions and discussions panels aimed to:

- Identify the available knowledge base and the gaps in the knowledge base;
- Identify the progress in the implementation of the WHO Declaration and Action Plan for mental health across European countries
- Identify what support is needed across Member States to develop further prevention and promotion strategies, moving science into practice and policy;
- Stimulate country group meetings to discuss implications of development and implementation of prevention and promotion;
- Identify what obstacles face implementation and what can be done to overcome them;
- Discuss what are the needs and how can the European workforce best be supported;
- Identify and develop networking mechanisms within and between countries that can facilitate implementation; and,
- Discuss and identify supportive mechanisms for the implementation of the recommendations in the foreseen European Union Strategy for Mental Health (launch expected in June 2007).

The idea was that discussion, sharing practices and providing a support network for prevention and promotion in mental health would further encourage development, implementation and working together across Member States and support the ongoing implementation of the WHO Action Plan, the EC Green Paper on Mental Health and future European initiatives in this arena.

PLANNING THE CONFERENCE

At the IMHPA general partners' meeting in Leiden, February 2007, the group worked on defining and refining the aims, role, desired outcomes and structure of the conference to be held in September that year. This resulted in a broad outline of the conference matrix, where the overall topic of mental health promotion and mental disorder prevention was structured into functional pillars or tracks and topic strands in such a way that the wide variety of stakeholders attending would be able to focus on their personal priority as well as gaining an overview of the field and contributing to the conference outcomes.

Two topics emerged at this point as clear priorities:

- Suicide (linked with depression)
- Children (schools, parenting and families)

It was decided that to definitively chose either a topic-orientated approach (to stimulate more specific interest to attend) or life-cycle approach (more comprehensive), would risk excluding topics which would bridge important gaps in the field, or risk missing the opportunity to present innovative approaches.

Therefore, the pillars or tracks running through the conference were presented as follows:

1. Evidence – information / action / policy
2. Implementation – programme / policy
3. Making the case / Financing / stakeholders
4. Building capacity

An important aspect of the conference was the method decided for the production of the final output publication of the conference: It was agreed that there would be rapporteurs for each parallel session and that the last 10 minutes of each workshop or session could be dedicated to creating a consensus statement or set of recommendations (including, where possible, aspects of marketing mental health promotion and mental disorder prevention and linking to future EU initiatives). These reports and statements would inform the working draft of the conference report and be formulated into a final output document. It was proposed that this document might form the basis of recommendations to the European Council.

In this way, the conference would stimulate bottom-up information flow and act as a feedback mechanism between academic and clinical professionals and political decision makers, increasing its added value in the field.

Also at the meeting in Leiden, ideas and suggestions for interactive workshops, parallel sessions or presentation contributions in the partners' areas of expertise were brainstormed, grouped, consolidated and fitted into the matrix. Small groups were asked to address the following points: 1) The aims of their proposed workshop; 2) Questions it would address; 3) Where does it fit in the 4 tracks?; 4) Format of the workshop; 5) Potential chair, presenters and rapporteur. The group work resulted in a number of planned sessions, at this point, with a variety of formats and varying levels of interaction (further details can be seen as part of the meeting minutes in Annex 2.7.c). Among the topics suggested for parallel sessions were:

- Vulnerable groups
- Evidence policy
- Suicide prevention
- Children and young people
- Capacity building
- Information dissemination in mental health promotion and mental disorder prevention

The preliminary matrix for the conference strands was devised as follows including the following priority topics (left hand column):

Topics	Evidence	Implementation	Finances	Building Capacity
Suicide				
Children (pre-school)				
Schools				
Media				
Workplace				

Later, following the proposals finally received for parallel sessions and the plenary speakers presenting, the structure was modified slightly and the resulting themes and conference strands emerged:

The four main themes of the conference, introduced by a few plenary sessions and further developed in the parallel sessions, stayed constant and included:

1. From evidence to practice for policies and programmes
2. Implementation: developing dissemination, implementation and management plans
3. Financing and engaging settings and stakeholders in mental health
4. Building capacity and training

To capture these themes, the conference was organized around 6 strands:

- depression and suicide prevention
- children and adolescents mental health promotion
- policy development
- support to implementation
- social inclusion and empowerment, and
- stakeholders and settings

On a practical level, measures were taken to try to facilitate attendance to the conference from all European Member States. These measures included a two-tier conference fee system where participants from middle and lower-income countries paid less than those from higher income countries, allowing the submission of abstracts to present research (which is often the criterion for academic institutions covering the costs of conference attendance), and a strong emphasis on training in the interactive workshops which could also make it easier for participants to obtain funding from their organisations. In addition, some funds were available to IMHPA partners to cover the attendance of their country coalitions, as described below.

In addition it was decided that a Spanish speaking strand, focussing on initiatives and advances in Spain and Catalonia, should run in parallel to the other 6 strands to encourage local participation in the event and contribute towards building capacity in Catalonia and Spain.

Preparing for the conference

Generating interest:

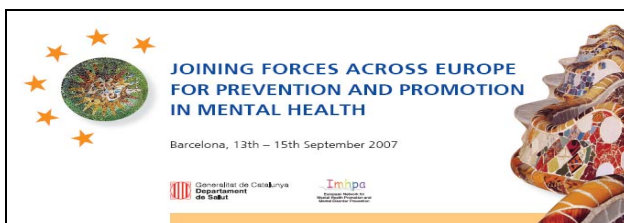
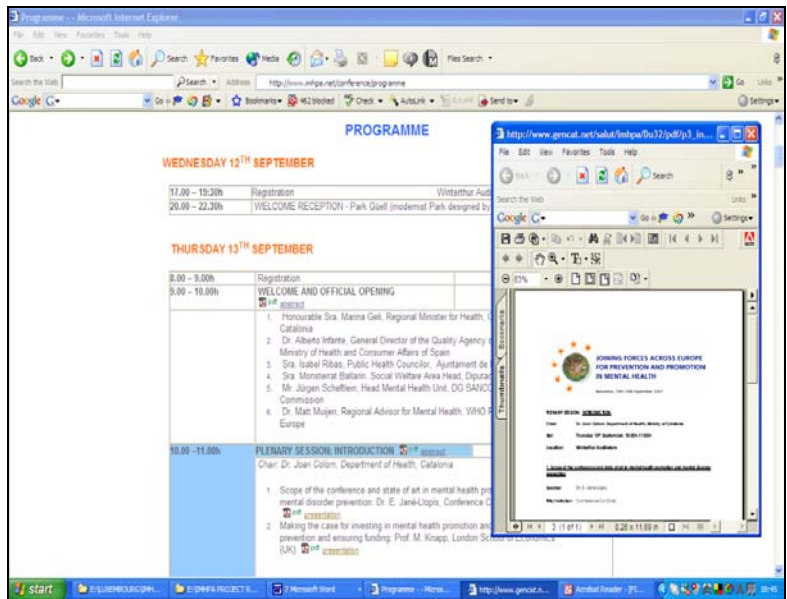
The idea with the publicity for this event was to reach a tipping point of interest where the conference would be “advertised” using to a snowball effect. The publicity strategy used had various parts, some of which ran simultaneously:

Firstly, following the Leiden meeting, the IMHPA partners were encouraged to create a “country delegation” of 2-10 professionals from their institutions and associated organisations in their country to attend the event. The rationale was that this number would be sufficient to generate primary interest and start the snowballing process of diffusion.

Second, the conference website <http://www.imhpa.net>, was designed to be as intuitive and easily navigable as possible. The website could be reached via the IMHPA website through a clickable logo in the highlights margin of the page template, to maximise visibility. The website address also appeared on all conference material. A separate e-mail account, imhpaconference@gencat.net, was also set up to deal with all correspondence related to the conference and this e-mail address appeared on all publicity material.

The conference website was multi-functional, providing background information on the conference, practical information on the location, such as travel and accommodation, and as a portal to follow the progress towards the event and the outcomes following the event. It was also the entry point to register, submit proposals to participate in the conference and provide feedback on the draft output publication.

The site was constantly updated and all conference materials (described above) were posted there. The output publication, the final conference report, the participation list and presentations (where authors' permission was obtained), and abstracts of all plenary and parallel sessions (as a single abstract booklet, chronologically in the programme or by author) are also available on these web pages. The website contents are described in greater detail below and in Annex 8.1.



Thirdly, flyers for the conference were designed containing all the essential information – title and dates, a brief description of the conference aims, practical information on the registration costs and method, sponsorship and the URL of the website for further information. These were distributed by post to IMHPA partners, Catalan and Spanish institutions and at related conferences, such as the Global IUHPE conference in Vancouver in June 2007. The full size flyer can be seen in Annex 8.2

Fourth, the project leaders contacted key individuals in the field to invite them to the event as key note speakers in the plenary sessions, plenary session chairs and strand

rappoteurs. These individuals were approached due to their eminence and expertise in the field along with their strong reputations as conference speakers. Professionals from different arenas, such as the political, academic and media, were contacted with the aim of providing a varied and interesting range of perspectives and consequently attracting a wide audience to the event. Example of the formal letters of invitation to plenary speakers, chairs and rapporteurs can be seen in Annex 8.3.

Simultaneously to this, a system of sending regular conference announcements and reminders to selected professionals (both individuals and groups) was devised. The mailing lists were created by a system of branching searches, carried out by the management team. Using the brainstorming work of the IMHPA partners on the conference target audience in the Leiden meeting (Annex 2.7.c) as a starting point, relevant organisations and potentially interested individuals were identified and their e-mail contacts collated into e-mail lists. Care was taken not to disclose the lists in the public domain and to avoid cross-posting where possible.

Three different announcements were sent out:

The 1st conference announcement was sent out in April 2007. This announcement gave a brief background to the conference, outlined the aims and objectives and invited participation in the event. It also included a programme overview and practical information on registration, as well as directing the reader to the conference website. The document was translated into Spanish and Catalan to generate local interest early on in the mailing process. The 1st announcement can be seen in Annex 8.4.

The 2nd conference announcement to be circulated took the form of a short update on progress towards the conference. This was in the style of a bulleting with a selection of attention grabbing questions and topics taken from the abstracts submitted in response to the call for participation and some of the speakers confirmed at this point (both in plenary and parallel sessions). This document was circulated in June 2007 and translated into Spanish for local distribution. A couple of versions of the update were also tailored to different stakeholders to generate interest in sub-sections of the field. For example, a version highlighting the questions raised in abstracts focussing on schools and education was circulated to a mailing list developed around this topic. Once again practical information and direction to the website was included. The 2nd announcements (short update) can be seen in Annex 8.5.

The 3rd and final announcement, distributed in August 2007, also took the form of an update on progress towards the conference. This was a longer update and included a detailed programme of the event, key speakers and further topic examples from the parallel sessions as abstracts continued to be sent in. This document was again translated into Spanish. The 3rd announcement (August update) can be seen in Annex 8.6.

At the same time as these announcement mailings, information on the conference was placed on several strategic websites and established list-serves, such as the Early Career Prevention Network – ECPN, identified in conjunction with the mailing list creation process.

The final part of the publicity strategy involved contacting individual professionals in the field to raise awareness of the conference and invite them to submit proposals as part of the call for participations in parallel sessions. This included contacting all those with European interventions detailed in the IMHPA programmes database and those who had presented European work in mental health promotion and mental disorder prevention in other conferences, such as the WFMH conference in Oslo, 2006.

Call for participation:

The proposals submitted in response to the call for participation in the conference were handled by the IMHPA management team technical officers, who signed as the 'conference technical secretariat' to avoid confusion and clarify their role. Proposals were invited for 3 types of participation: a complete session of 1.5 hours, a single oral presentation or a poster presentation. Proposals could be submitted either online, via the conference website using an online form which stored the proposals in a password protected database, by e-mail, sending the completed 'call for participation' form in electronic format to the conference e-mail address, or by fax by completing the form, printing it out and faxing to the technical secretariat.

An immediate reply was sent to proposal authors, notifying them of receipt and the forthcoming selection procedure. All proposals were entered into an access file which was subsequently used to group the proposals into type and by conference strand. Authors were later contacted by the technical secretariat to negotiate any changes in their proposals, inform them of their place in the conference programme and identify parallel session chairs to those involved in the session.

Plenary and parallel session programming:

The technical officers and project leader held a 1-day meeting to discuss and finalise the organisation of all participation proposals into the parallel sessions' structure. Care was taken that there should be continuity between topics presented in the morning plenary sessions and the following parallel sessions and that there should not be any obvious clashes of interest between the parallel sessions (such as the education sector and school-based programmes).

For those sessions made up of several individual presentations, for which no chair had been proposed, appropriate chairs had to be found and approached. Additionally, due to the number and quality of proposals received, several full sessions had to be reduced and combined with complimentary proposals and in these cases, the roles of chairs and rapporteurs as well as the resulting shorter time slot available had to be negotiated and clarified with the authors of the session proposal.

Finally, in order that the chairs should support the strand rapporteurs' work in feeding session conclusions into the final conference rapporteurs' presentation, each parallel session chair was sent a briefing e-mail with instructions including suggestions on the focus of the session and questions which might be addressed in the discussion. The need for good timekeeping to allow time for discussion and ensure the interactive nature of sessions was highlighted in these instructions. An example of such an e-mail to chairs can be seen in Annex 8.7.

OUTCOMES OF THE IMHPA CONFERENCE**Participation:**

Participants attending the conference included 381 professionals from over 35 countries with different backgrounds such as policy makers, programme implementers, health promoters, researchers, prevention specialists and planners working at all levels of European society. Given the inter-sectoral nature of mental health, participation of delegates from the education, justice, employment, and other sectors was encouraged and achieved throughout plenary and parallel sessions.

123 proposals for participation were submitted with a wide variety of formats ranging from spoken presentations grouped around a topic to interactive training workshops and debates. In the event, these proposals were combined and organised into thirty-two 1.5 hour sessions and one hour-long poster session with 30 posters presented.

Presentations and abstracts:

Following the conference, all presenters at the event, both in plenary and parallel sessions, were approached to ask for permission to publish their presentations as a protected PDF on the conference website. The rationale for this was to increase the dissemination of the work presented and the utility of the conference web pages as a resource tool for researchers and other stakeholders. For those authors who granted their permission, the presentations are downloadable from the programme tab of the website. Additionally, the abstracts for all sessions of the conference were compiled into an abstract booklet which is downloadable from the programme tab of the website. These abstracts can also be downloaded individually by clicking on the relevant session in the conference programme or by consulting a pop-up window with an alphabetical list of authors. The idea was to enable visitors to access the information easily in a number of different ways, adding to the usability of this site.

Conference report:

All 6 of the conference strands had 2 conference strand co-rapporteurs, who attended all strand sessions in the parallel sessions programme, recorded discussion points and recommendations made and prepared a short strand report or slides by the last day of the conference to feed back to the general conference rapporteurs.

Conference Strand Co-rapporteurs:

Children Adolescents	Louise Rowling (AUS) Randi Talseth (NO)
Depression Suicide	Sjoerd van Alst (NL) Aliriza Arenliu(KOS)
Policy development	Susan Gregory (EL) Pablo Nicaise (BE)
Implementation support	Antoaneta Maateva (BG) David McDaid (UK)
Stakeholders Settings	Allyson McCollam (UK) Chris O'Sullivan (UK)
Social inclusion Empowerment	Joan Obiols (ES) Emma Hogg (UK)

Two conference rapporteurs, Allyson McCollam (UK) and Andrej Marusic (SI), were in charge of collating the reports from all strand co-rapporteurs and summarising session conclusions and recommendations in a joint presentation for the last session of the conference.

This presentation highlighted several key issues in relation to the topics discussed in each conference strand, which are summarised in the final conference report which was produced after the event by the project leader in collaboration with the conference rapporteurs (Annex 8.8 for the full conference report and its translation into Spanish, undertaken by the Department of Health, Government of Catalonia).

As was explained in the final plenary session, a draft of the conference report was put on the IMHPA conference website within 2 weeks of the end of the event and conference participants were invited to comment and give feedback on this draft. These comments were evaluated and incorporated into the final conference report which was subsequently published on the conference website.

The Spanish translation was submitted to the Spanish Ministry of Health to support development and policy decision making at the national level. In addition, the conclusions

from the conference as given in the report have been used to inform the work of the Catalan working group for mental health promotion and mental disorder prevention, meeting in June 2008.

5. DISSEMINATION AND SYNERGIES

5.1. PR and visibility

An important issue from the project set out has been the dissemination of the project products once have been developed to ensure the stimulation of mental health promotion and mental disorder prevention action at the Member State and European levels. During the Imhpa meetings brainstorming on possible actions for dissemination and implementation were held, especially linked to work package 4 and the European conference (see annexes 2.1 and 2.2). Secondly dissemination was supported firstly through the development of a new Imhpa website (www.imhpa.net), which was distributed through the engaged networks and partners in the project (see Annex 9.1 for screen shots of the web site).

Thirdly, Imhpa has been engaged in several PR activities to disseminate its products across Europe, and to a lesser extent, worldwide. Some of these activities are listed below:

Presentations at different key European-World Conferences:

- EMIP Conferences (Tallin, Portugal, Budapest, Warsaw)
- Building Capacity Network
- Wonca (general practice) European Conference
- Fourth World Conference on Mental Health Promotion and the Prevention of Mental and Behavioural Disorders
- EC Green Paper Launch
- EC First Thematic Meeting on Prevention and Promotion in Mental Health
- World Psychiatric Association World Congress
- No Health without Mental Health -Canada
- IUHPE world Congress

Representation and partnership building:

- Representation of Imhpa at the meeting of the World Consortium on Mental Health Promotion and Mental Disorder Prevention led by World Federation Mental Health
- EC Working Party of Mental Health
- EC Green Paper Consultation Process
- Partnership in other EC projects, and presentation at meetings including: Mental Health Economics Network (MHEEN); Health Promotion Source (HP-Source); European Alliance against Depression (EAAD); EMIP; MINDFUL; SUPPORT project; Mental Health for Children and Adolescents in an Enlarged Europe (CAMHEE);

Launches at EC level and profiling

- Launch of the publication 'Mental Health Promotion and Mental Disorder Prevention: A collection of country stories' at the EC Green Paper launch
- Stand and poster at the EC High Level Conference: "Together for Mental Health and Well-Being" (see Annex 9.2)

Translation-dissemination-use:

- Translation of the country stories publication into Spanish
- Translation of the country stories publication into Catalan
- Translation of the Imhpa Conference report into Spanish
- Plan for translation of the country stories publication introduction into Polish
- Dissemination of the country stories publication across all Member states through country coalitions

Presence or description of the project or project outcomes in publications:

Peer- reviewed papers:

- Jané-Llopis, E. (2006). "Mental Health Promotion and Mental Disorder Prevention in Europe". Editorial. *Journal of Public Mental Health*. Vol 5, Issue 1, 5-7.
- Jané-Llopis, E. (2006). "Prevention of Depression: the state of the art". *Clinical Neuropsychiatry*, Vol 3, No. 1, 3-5.
- Jané-Llopis, E. (2006). Guest Editorial: From Evidence to Practice: Mental Health Promotion Effectiveness. *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, Volume 5, Issue 1, 2006
- Jané-Llopis, E. (2006). Mental health promotion and mental disorder prevention in Europe. *Journal of public mental health*, Vol. 5, issue 1, 5-7
- Saxena S., Jané-Llopis, E. and Hosman C. (2006). "Prevention of Mental and Behavioural Disorders: Implications for Policy and Practice". *World Psychiatry*, Vol 5, No.1, 5-14.
- Jané-Llopis, E. (2007). "Mental health promotion: Concepts and strategies for reaching the population". *Australian Journal of Health Promotion*. Volume 18, Issue 3, 191-197
- Van Weel-Baumgarten E., Jané-Llopis, E., Anderson P., Mynors-Wallis, L. (2005). "Prevention of Mental Illness in Primary Care. The Imhpa manual and the General Practitioner's role". Editorial. *European Journal of General Practice*, Vol. 11, 92-93.

Chapters in books:

- Barry M., Patel V., Jané-Llopis, E., Raeburn J., Mittelmark M. (2007). Strengthening the evidence base for mental health promotion, in: "The evidence of health promotion", Eds. McQueen & Jones. Springer.
- Jané-Llopis, E. & Anderson, P. A. (2007), "A policy framework for promotion of mental health and prevention of mental disorders", in: *Mental health policy and practice across Europe*, Eds. Knap, M., McDaid, D., Mossialos, E., & Thornicroft, G. Open University Press, Berkshire.

Others:

- Jané-Llopis, E. & McDaid, D. (2005). Promoting mental health in Europe: a timely opportunity. *Eurohealth*, Vol 11., No 4, 9-10
- Jané-Llopis, E. Katschnig, H., McDaid, & Walhbeck. (2007). Commissioning, interpreting and making use of evidence on mental health promotion and mental disorder prevention: an everyday primer. Lisbon: 2007.
- Jané-Llopis, E. (2007). Joining forces across Europe for prevention and promotion in mental health. National Institute for Mental Health in England (NIMHE) Update. January 2008, Gateway Reference Number 9246, pp.14-16

5.2. Exploration of synergies development

Imhpa partners have continued highlighting the importance of developing synergies with existing networks, groups and ongoing projects that have a relation to mental health promotion and mental disorder prevention. Synergies were created before the start of the project with the WHO, HP Source, 4 European Networks and MHEEN, which all became Imhpa partners. Other synergies of Imhpa developed during the second year with other organizations include the European Alliance Against Depression, EMIP to support with implementation of mental health promotion, MINDFUL with its training manual for effective mental health promotion, with CAMHEE to support the assessment of policies and practice for mental health promotion for children and adolescents, and later on collaboration with the Support Project.

A second issue that had the attention of Imhpa partners in relation to next steps towards the end of the project was related to the development of a follow-up strategy to continue the work and expertise that Imhpa has develop. It was strongly recommended by all partners to seek new opportunities for continuation and explore funding options.

5.3. Usability of project products

Google hits of search key word imhpa include more than 150 successful and relevant first hits in different European and non-European languages, including website links, links to publications and newsletters, and links to other related projects, project partners or Imhpa conference participation.

The country reports have been frequently quoted as a source of information/bibliography; they were used by the Commission and national Member States during conferences and meetings, and have recently served as basis for writing the Country Briefing Sheets for the High Level Conference "Together for Mental Health and Well-Being". At the end of 2006, the national Ministry of Health in Spain launched its National Strategy quoting the respective country report. Similar cases were noticed in Poland and in Austria.

Parts of project products, such as the training manual, the indicators of mental health, the tool to assess costs of implementation, the database, etc. can be used in different contexts and be part of a wider pan-European initiative to put together all resources, materials, and knowledge on mental health promotion and mental disorder prevention.

As part of sustainability, country coalitions should be seen as a project result, which can serve as country networks that might continue to work together.