Title

"It's all a bit wishy washy": the challenge of building partnerships for effective mental health evaluation.

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Abstract

Mental wellbeing and social connectedness is a key health priority in Victoria. Actions and interventions that may contribute to the promotion of community level mental wellbeing and social connectedness often occurs in other, non-health sectors. Including evidence from these sectors in evaluations of community based interventions around mental wellbeing and social connectedness is important to ensure comprehensive evaluation, and the development of best practice in this health priority area. However, published evaluation material of community based interventions around this health topic is limited, and rarely captures information from non-health sectors. This pilot study investigated the capacity of health promotion practitioners and other key stakeholders working in this area in Victoria to undertake evaluation of community based mental wellbeing and social connectedness interventions, issues and barriers faced in evaluation, and practitioners' needs to be able to conduct effective and comprehensive evaluations. Qualitative methods including semi-structure interviews and document analysis were used. Data was coded and analysed inductively, and key themes developed.

Results indicate that evaluating such interventions is challenging for practitioners due to the broad nature of the topic, and the measurement tools available. Many practitioners would like to conduct more comprehensive evaluation and include evidence from other sectors. Managerial and organizational support to develop partnerships both within the health sector and inter-sectorally was identified as a need in order to develop evaluation skills and facilitate more comprehensive evidence gathering.

This study underscores the importance of inter-sectoral partnerships for developing best evidence-based practice in community health. Partnerships are necessary for conducting comprehensive and effective evaluation to contribute to the evidence base. However, developing effective partnerships is challenging, and acts as a barrier to effective evaluation in a key health area for some community health practitioners. The findings also highlight an agenda for more action by managers to facilitate the development of relevant inter-sectoral partnerships.

Background

Currently, poor mental health and wellbeing is among the leading causes of disease burden in Australia (DHS 2004a; VicHealth 2005a) accounting for nearly one-third of all non-fatal burden of illness (AIHW 2005). In addition to the direct burden of disease related to poor mental health, there are a range of secondary effects contributing the burden on society, including increased stress and absenteeism from work (Claxon et al. 1999; Woo et al. 1999; Nystuen et al. 2001) hypertension and heart disease (Uchino 2004) and addiction (Wilkinson and Marmot 2003).

A broad range of determinants contribute to the mental health status of individuals and populations, including social connectedness. The link between mental wellbeing and social connectedness (MWSC) is now well established (Glover et al. 1998; Berkman and Glass 2000; Kawachi and Berkman 2001; Uchino 2004). Over recent years, the issue of mental wellbeing and social connectedness has been a key health priority area of leading health bodies, including the Commonwealth Government of Australia (AIHW 2003), the Victorian Health Promotion Foundation (VicHealth 2005b) and the Victorian Department of Human Services (DHS) (DHS 2003).

However, conceptions and definitions of social connectedness vary widely in literature, with some debate as to whether social connectedness is even a discrete concept, or a component of related concepts, such as social capital or social inclusion. For instance, commonly accepted definitions of social capital including those of Putnam (1995) and Kawachi et al. (1997) suggest inherent notions of social connectedness, rather than connectedness being defined separately and operationally In contrast, other accepted definitions, including VicHealth definition, distinguish between the two notions (Ministry of Social Development 2005; VicHealth 2005c, d).

The components that comprise social connectedness are also contested. Some contend social connectedness comprises of support networks and interpersonal relationships (Ministry of Social Development 2005), whereas others include physical activities and environments as components of social connectedness (VicHealth 1999).

Despite the absence of a universal working definition of social connectedness, a body of community based interventions addressing mental wellbeing and social connectedness has emerged. Effective evaluation of health promotion interventions is importance to inform evidence-based practice (DHS 2003), particularly in newer areas of research and intervention, such as MWSC. However, a search of published literature reveals very limited available evaluation material of interventions around MWSC.

The need to improve practitioner capacity to undertake health promotion evaluation has previously been identified (AIHW 2005; DHS 2003; DHS 2004a). A report from the Australian Health Ministers identified a similar need, with a particular emphasis on outcome measurement in mental health promotion (Australian Health Ministers 2003). Consequently, the development of evaluation skills among health promotion practitioners has been a major undertaking by some agencies in Victoria (Marshall and Round 2005; Round et al. 2005). However, the focus has tended to be on general health promotion skills for planning and evaluations, rather than skills specific to evaluating around MWSC promotion.

The following study aimed to address this gap by investigating the capacity of health promotion practitioners to evaluate community level interventions specifically around MWSC. The study specifically looked at the capacity of practitioners involved in Primary Care Partnerships (PCP's) in Victoria, which are formalized networks of agencies working around similar health priorities. A number of Victorian PCP's have identified MWSC as a health priority for their catchment area. Much of the community level promotion of MWSC undertaken throughout Victoria is done so by agencies affiliated with PCP's. The study examined the current context of evaluation in this area including current reporting requirements, and methods and tools used; investigated practitioners current capacity to evaluate, including perceived barriers to evaluating in this area; and investigated practitioners' needs to enhance capacity in this area.

Methods

Participants

The sampling frame for this study was health promotion practitioners and managers working within PCP's in Victoria; and health professionals employed in peak health promotion bodies in Victoria.

Eligibility criteria for PCP practitioners were that their agency or PCP had mental wellbeing and social connectedness as a priority area and was running community based interventions around the topic; and that the participant was the primary person responsible for the management and evaluation of these activities. Eligibility criteria for other key informants were: a knowledge of the PCP structure and evaluation reporting requirements, knowledge of the priority area of mental wellbeing and social connectedness, and some degree of line-management responsibility for MWSC programs in their catchments or regions.

Participants were initially recruited via a global invitation circulated to Victorian PCP's with mental wellbeing and social connectedness as a priority area, and their affiliated

agencies. Two people from different PCP's initially responded to the invitation. From these initial respondents, snowballing was utilized to recruit the remainder of participants from the PCP network.

Concurrently, key personnel in other leading health bodies were contacted via email. One person responded. Snowballing was again used to identify and recruit the other peak-body key informants. The reasons for non-participation in this study are unknown. It is possible that non-participation may have been influenced by feelings of anxiety or difficulty in addressing this topic, or resource constraints inhibiting time. This could possibly introduce some selection bias to the study.

Overall, nine semis structured interviews were conducted with practitioners from PCP's (including full time and part time agency level practitioners and senior staff), plus four key informants from peak health bodies including VicHealth and the DHS.

Data Collection

Semi-structured interviews were conducted with each participant. Interviews ranged from forty minutes to ninety minutes in duration. Questions covered topics including agency goals around MWSC; interventions that have been implemented to enhance MWSE; agency and PCP evaluation plans and reporting requirements, and practitioners capacity to use them; challenges to evaluating around this topic; and needs for effective evaluation.

Data analysis

Interviews were recorded and transcribed by the researcher. Initially, qualitative data from the interview was sorted according to whether it addressed the research question around current evaluation context, current evaluation capacity, or needs for enhanced evaluation practice.

Within each of these three areas, data was extrapolated and coded inductively. Emerging key themes were identified throughout by undertaking a process of constant comparison of data. In some instances, document review of agency or PCP documents was undertaken as a method of triangulation and validation of interview data. This process was undertaken to validate data in the areas of current evaluation context, and skills and capacity. Documents reviewed included published and grey literature around MWSC, and agency and PCP documents including planning documents and evaluation documents of projects around community level MWSC. For instance, the issue of variable definitions of 'social connectedness' was triangulated by reviewing published literature on the topic and agency

and PCP documents specifying working definitions. Reported issues around perceived complex reporting requirements, or limited practitioner capacity to identify appropriate indicators, were validated by checking agency and PCP evaluation and reporting documents to identify gaps.

Results

A number of themes were identified in each of the three key areas of current evaluation context, current evaluation capacity, and needs for enhanced evaluation practice.. There was considerable overlap between the themes and issues raised in each of these three areas. For instance, with regards to the current context of evaluation, the lack of a common understanding or working definition of the concept was identified as a key theme. Similarly, with regards to current capacity to evaluate, the lack of commonality in understanding was a consistently raised barrier, and was identified as having secondary implications for other issues (such as the identification and selection of appropriate measurement indicators). Therefore, this theme was also relevant to the area of current evaluation capacity as well as current evaluation context.

Similarly, the three key areas were also commonly interconnected. That is, issues and themes presenting as relevant to the current context or barriers to current capacity often gave rise to the identification of key needs. This complex, interconnected nature of key themes resulted in the development of a conceptual map of the issues and themes, rather than presenting them as discrete, unrelated entities (see Figure 1). The resulting concept map depicts a complex and interconnected picture of the current context, capacities, barriers and needs practitioners face with regards to evaluating in this area.

It is not possible to detail all the themes that evolved within the confines of this paper. However, the matter of effective working partnerships in evaluation practice was a consistently recurring theme across all three areas. The presentation and discussion of results will be limited to this theme for the remainder of this paper.

Issues of partnerships in the current evaluation context

With regards to the current context, participants commonly felt that working cross-sectorally was highly desirable in order to evaluate effectively around this health priority due to the many of the determinants of mental health being interconnected with the broader social context. Participants consider that many activities occurring in other sectors may contribute to the promotion of MWSC, and that it would be valuable to capture this information in

health sector evaluations of community based MWSC. However, participants feel this is not always recognized or occurring. For example, on practitioner highlighted a transport activity running within their municipality that could contribute to enhancing community access, participation and connectedness. It was felt that this presented a valuable opportunity to evaluate the outcomes of this transport activity on mental wellbeing and social connectedness. Activities occurring in the community arts sector were also specifically highlighted as examples of cross-sectoral activity that may be important to community level MWSC, and would be desirable to capture in evaluation. However, participants felt that currently, partnerships to be able to undertake such cross-sectoral or collaborative partnerships are not very strong.

A possible reason suggested for the lack of current working partnerships was a perceived lack of value around mental health promotion both within the health sector and by the broader community. Participants commented:

> "There is difficulty in getting other organizations or agencies on board because often they are coming from a welfare "fix it" framework, not from a health promotion understanding".

> "there is still some perception that to talk about mental health is not as real as other areas like physical activity. It's perceived as a bit 'wishy-washy'. Therefore, there is some trouble legitimizing work around social connectedness".

Participants also identified current low levels of organisational support and leadership in partnership development, which may contribute to the current situation of few working collaborative relationships. There was a general dissatisfaction among participants with regards to the level of organisational and managerial support for building partnerships cross-sectorally, and within the health sector also. Specifically, practitioners were unsatisfied with the support for building partnerships to encourage information sharing between agencies in that the PCP structure aims to facilitate partnerships and working together around common priorities. However, practitioners do concede that information sharing is difficult due to this area being a relatively new one of health promotion practice, with limited evaluation material to date.

Partnership issues in current evaluation capacity

The theme of partnership issues was also present with regards to current evaluation capacity of practitioners. Practitioners felt that working collaboratively with intra- and inter-sectoral partners would enhance capacity to undertake more comprehensive data collection. It was commonly felt that evaluation skills, capacity and confidence of practitioners could be enhanced with effectively functioning partnerships which would provide the opportunity for reciprocal exchange of evaluation skills, knowledge and experiences.

However, once again, difficulties in building partnerships were highlighted, and present a barrier to being able to develop evaluation capacity. Practitioners felt they currently have low level skills, confidence and capacity in initiating and developing partnerships, and felt unsure about how to engage other partners "without stepping on their toes". A possible contributor to this may relate to the current context of limited organisational leadership and support to facilitate skill and capacity development in partnership building and management.

Partnerships issues in evaluation needs

Finally, several aspects of partnerships presented as a recurring theme in discussions around needs for enhanced evaluation practice. The kinds of partnership-oriented needs identified may have logically derived from the perceived barriers raised in the current evaluation context and capacity. That is, in discussing needs, issues around more organisational support and leadership in initiating and developing partnerships was raised. Supporting practitioners in their own capacity building to develop partnerships was also raised. The need for relationship building and opportunities for collaborative engagement for sharing of evaluation knowledge, information and skills was also commonly identified and strongly contended, addressing identified barriers to current evaluation capacity in this area.

Discussion

Evaluation is highly regarded as crucial for best evidence-based practice in health promotion. However, conducting effective evaluation has previously been identified as challenging for community level health promotion practitioners (DHS 2003, 2004a). These challenges are compounded around the contested concept of mental wellbeing and social connectedness.

Similarly, the development of effective partnerships are widely recognised and valued as important for the development of best practice in health promotion (Marshall and

Round 2005; Round et al. 2005; COAG 2006; NHMP Working Group 2009). Inter-sectoral collaboration to address the social determinants of health is now widely practiced; however issues of evaluating cross-sectorally have not been previously widely explored. Challenges of evaluating cross-sectorally are compounded around the issue of community level mental wellbeing and social connectedness (MWSC), as it is a newer area of health promotion with limited published evaluation material, and the broad nature of the topic contributes to many challenges in understanding, conceptualising and operationalising the topic. This stresses the need for high quality evaluation research to be conducted and made easily accessible, in order to support the development of a robust evidence-base around this health priority issue.

The results of this pilot study highlight a deeply complex, interconnected network of issues that interact to contribute to the current capacity of practitioners to evaluate community level interventions around MWSC, barriers to evaluation, and needs for evaluation practice.

A common issue raised consistently throughout the themes in each three main key results areas was that of working effectively and cooperatively in partnerships, both within the health sector and inter-sectorally. Partnerships were repeatedly raised as a pertinent issue in the current context of evaluating in this area. With regards to current capacity to undertake evaluation, developing partnerships was both identified as necessary to enhance evaluation capacity, but somewhat paradoxically, were noted as an area in which practitioners lack skill and capacity. Stemming from the issues identified in the current context and capacity, increased emphasis on leadership and capacity building for partnership development was identified as a key need.

The findings of this study are particularly timely and relevant given current key policy documents around mental health promotion practice and workforce capacity. The current National Mental Health Plan (COAG 2006) emphasises enhancing workforce cooperation, coordination and partnerships in action, as well as workforce capacity building to enhance the promotion of mental wellbeing. However, these actions are only emphasised with regards to cooperation between health service providers, or between health service providers and the government. Notions of inter-sectoral collaboration are notably absent from the plan, and may be considered a serious oversight given the determinants of mental health are complexly interrelated to the broader socio-ecological context. A recent discussion paper reviewing the current National Mental Health Plan in preparation for a new one has noted the omission of

inter-sectoral emphasis. They have recommended inter-sectoral partnerships and action be considered in the revised National Mental Health Plan, in recognition of the increasing action in other, non-health sectors that may contribute to community mental wellbeing (4th NMHP Working Group 2009). Despite the recognition of the increased involvement and influence of non-health sectors in the promotion of mental community level mental health and wellbeing, evaluations involving these sectors remain limited to date. It is increasingly necessary to engage these in evaluation of MWSC, in accordance with their increasing involvement, in order to develop best practice.

The paper also highlights a call for an agenda around quality and innovation in the mental health workforce. Effective engagement of cross-sectoral partnerships in this currently under-addressed area of evaluation would contribute to addressing this agenda.

While the need for greater working partnerships, and enhanced support and capacity to develop them, has been a main finding of this study, methods and opportunities to facilitate partnership development and maintenance were not addressed by this stud. Indeed, this provides and opportunity for further necessary research in this around this matter.

A limitation of this study was the very small sample size. Reasons for this are not know, but could be indicative of time constraints of practitioners to participate, or difficulties and anxiety around confronting and addressing issues of evaluation of this topic. Despite the small sample, it is felt the study adds a valuable contribution to work in this area. It is particularly relevant to agencies working around MWSC who are involved in the PCP network, which accounts for much of the community level work around this health priority throughout Victoria. Thus, the contribution of this small study to the overall body of work in this area should not be discounted.

Another limitation was that triangulation and validation of data was selective and not routinely carried out for reasons of feasibility, including time and resource constraints. Future studies may consider triangulating data more routinely or consistently, including a mapping of community level interventions that occur cross-sectorally, and a review of planning or other activity documents from other sectors.

Conclusion

This pilot study highlights a range of issues present in the capacity of health promotion practitioners to undertake effective evaluation of community level interventions to improve mental wellbeing and social connectedness. In particular, issues associated with the initiation, development and maintenance of effective working partnerships to enhance

evaluation capacity and practice occurred as a recurring theme with regards to the current context of evaluation around this topic, current capacity and barriers, and identified needs in order to enhance evaluation capacity. The study presents a number of issues that warrant deeper investigation, as well as opportunities to undertake new research. Research and publication around this topic should be encouraged and supported to develop the evidence base, and inform future best practice around this important community health and wellbeing issue.

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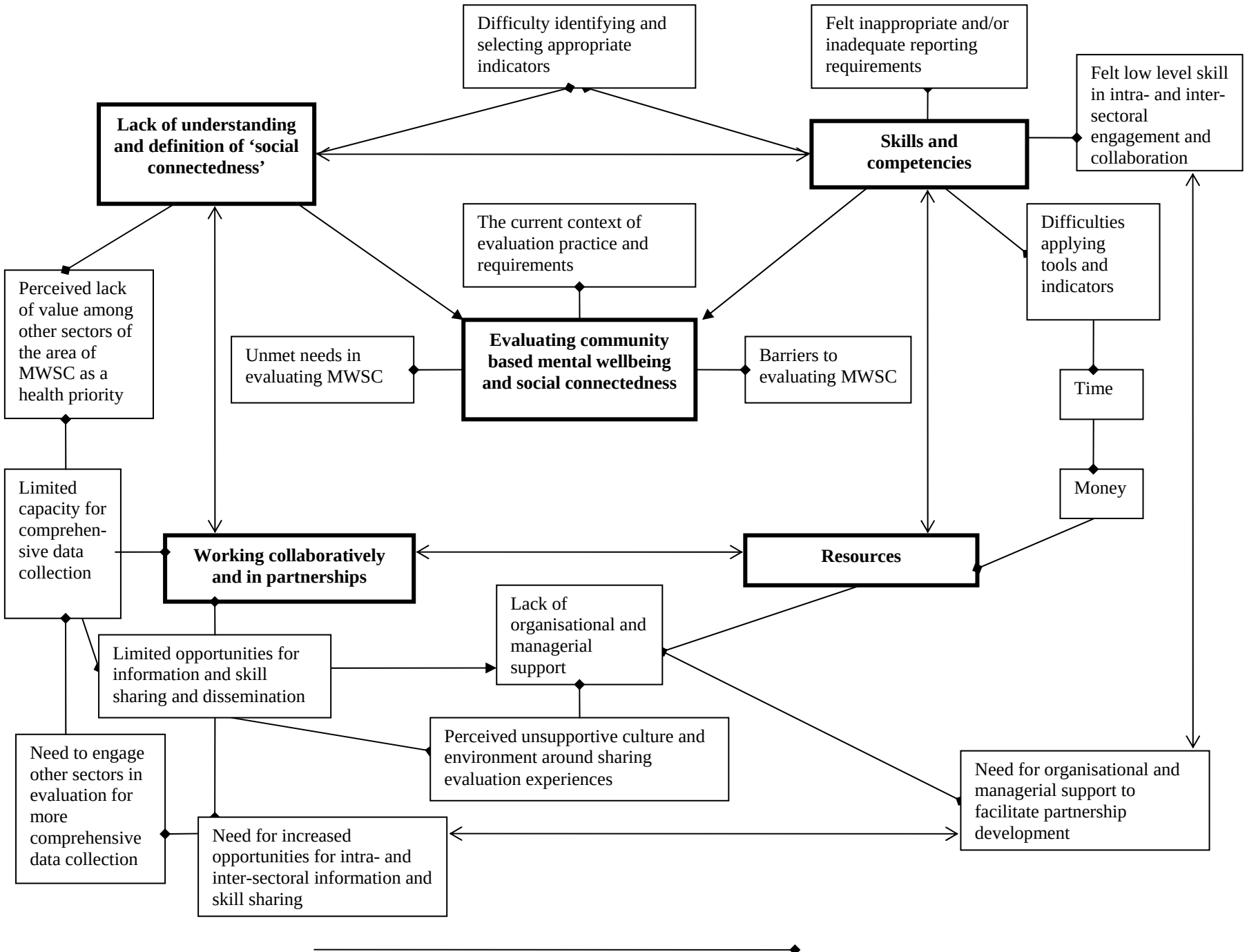
Figure 1: Key themes and issues in health promotion practitioners' capacity to evaluating community level mental wellbeing and social connectedness interventions.



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