EVALUATING MENTAL HEALTH PROMOTION PROGRAMS:
A SUPPLEMENT TO THE BEST PRACTICE GUIDELINES SERIES

Prepared by:

Provincial System Support Program
The Centre for Addiction and Mental Health
33 Russell Street,
Toronto, Ontario, M5S 2S1
Telephone: 416-535-8501
www.camh.ca/pssp
www.camh.ca

camh

About the Provincial System Support Program

The Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health works together with communities and service providers across Ontario to move evidence to action to create sustainable, system-level change and to mobilize implementation support for Ontario's *Comprehensive Mental Health and Addictions Strategy*. With offices in Toronto and across the province, PSSP is on the ground, collaborating with stakeholders to build a better system through our work in implementation, knowledge exchange, evaluation, information management, health equity and engagement.

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Project Leads

This resource was prepared by:

- Jewel Bailey, Knowledge Broker, Provincial System Support Program, Centre for Addiction and Mental Health
- Sera Weafer-Schiarizza, Evaluation Coordinator, Provincial System Support Program, Centre for Addiction and Mental Health
- Linda Yoo, Knowledge Broker, Provincial System Support Program, Centre for Addiction and Mental Health

The project leads would like to thank the following individuals for their contribution:

- Kyley Alderson, Communications Coordinator, Healthy Communities Link
- Rossana Coriandoli, Communications Coordinator, Provincial System Support Program, Centre for Addiction and Mental Health
- Linda Ferguson, Manager, Toronto Public Health

- Liben Gebremikael, Executive Director, TAIBU Community Health Centre
- Jennifer Hardy, Program Manager, Canadian Mental Health Association, Ontario Division
- Dr. Suzanne Jackson, Associate Professor Emerita, University of Toronto
- Benjamin Leikin, Supervisor, Ottawa Public Health
- Jessica Patterson, Health Promotion Specialist, Toronto Public Health
- Julie Turcotte, Public Health Nurse, Ottawa Public Health
- Angela Yip, Knowledge Broker, Provincial System Support Program, Centre for Addiction and Mental Health

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INTRODUCTION

Between 2007 – 2014, the Centre for Addiction and Mental Health (CAMH), the Dalla Lana School of Public Health at the University of Toronto, and Toronto Public Health collaborated to produce a series of resources called *Best Practice Guidelines for Mental Health Promotion Programs* (referred to as "guides" in the remainder of this document) to promote positive mental health for three populations:

- Children (7-12) & Youth (13-19)[1]
- Older Adults 55+[2]
- Refugees[3]

These three guides present best practice approaches for promoting positive mental health. They are intended to help health and social service practitioners integrate best practice approaches into new or existing mental health promotion programs and initiatives.[1]

Each guide includes a set of best practice guidelines specific to the target population, examples of mental health promotion programs that exemplify the guidelines, and worksheets to help incorporate the best practice guidelines. The guides also include outcome and process indicators for measuring program success.

This resource ("supplement") complements the guides by providing additional direction on how to evaluate mental health promotion programs based on the best practices guidelines. It will support program planners and evaluators in tracking program progress and outcomes. This supplement is general to all three guides, which means it can be applied to mental health promotion programs for any of the three target populations. It can also be applied to existing programs that have objectives that align with any of the guidelines.

When reference is made to mental health promotion programs in this document, it means programs based on, or those with, objectives that align with the best practice guidelines. There may be other components included in a mental health promotion program that contribute to its success; however, this supplement does not focus on evaluating those components.

This supplement is intended for anyone involved in planning and evaluating mental health promotion programs, including those working in public health, community health settings, family health teams, and schools; it is not intended as a comprehensive guide.

[1] The terms "programs" and "initiatives" are used interchangeably in this resource.

It suggests indicators that can be used to assess the implementation of the best practice guidelines in a mental health promotion program, as well as indicators to measure program outcomes. Just as the best practice guidelines can be applied to existing or new mental health promotion programs, the suggested indicators can be incorporated into evaluation frameworks in any stage of development.

To develop this resource, searches were conducted to identify grey and academic literature on the evaluation and measurement of positive mental health. The information was then used to prepare different sections of the document. Selected information from the series of best practice guidelines is also included because of their relevance. Indicators were developed based on the best practice guidelines.

The team engaged in an iterative process to refine multiple versions of the supplement. Stakeholders from six organizations reviewed a draft and provided feedback to enhance its clarity and usability.

CONSIDERATIONS WHEN EVALUATING MENTAL HEALTH PROMOTION PROGRAMS

All three guides outline the theoretical context and underlying concepts unique to mental health promotion, which need to be considered in both program planning and evaluation. These considerations are:

- the intersecting continua approach to mental health;
- a focus on positive mental health; and,
- the determinants of mental health.

The Intersecting Continua Approach to Mental Health

Mental health and mental illness are two separate but interrelated constructs. An individual can experience both mental health and mental illness at the same time. A person with mental illness can still experience positive mental health, while someone without mental illness may experience mental health problems and have difficulties coping.[4]

When measuring the outcomes of a mental health promotion program, there can be a tendency to assume that the absence of a mental illness is an indicator of the presence of mental health. This view has an underlying assumption that mental health and mental illness are opposites and occur separately, never simultaneously. For example, public health monitoring and surveillance activities have used morbidity and disease distribution data as measures or indicators of mental health within the population.[5] Mental health promotion programs aim to improve the mental health and well-being of all program participants irrespective of whether they have a mental illness or not.

A Focus on Positive Mental Health

As outlined in the guides, mental health promotion is concerned with enhancing positive mental health and well-being rather than on mental illness. The World Health Organization also emphasizes that mental health promotion is concerned with positive mental health and the need to capture measures of well-being. It states:

> *"...mental health promotion reconceptualizes mental health in positive rather than negative terms and is concerned with the delivery of effective programs designed to reduce health inequalities in an empowering, collaborative and participatory manner. This shift in focus from negative to positive indicators of well-being calls for methodological refinement in establishing sound measures of protective factors and positive indicators of mental health outcomes".*[6]

When monitoring and evaluating mental health promotion programs, there should be measures to determine if program processes are empowering, collaborative, and participatory. Additionally, there should be indicators to measure positive mental health rather than mental illness.

The Determinants of Mental Health

Many factors that impact mental health have been identified, including the following key influences:[7]

- Social inclusion;
- Freedom from discrimination and violence;
- Access to economic resources.

Program planners may wish to examine how their mental health promotion programs can increase protective factors and reduce risk factors related to these determinants in their program participants' environment.

A situational assessment of the community or population served by an organization will reveal the risk and protective factors a mental health promotion program should address. This assessment will indicate the socio-economic circumstances of participants and point to the modifiable determinants of mental health. Each protective factor plays an important role in contributing to positive mental health. An outcome evaluation will measure progress towards reducing risk and enhancing protective factors and the program's effects on participants' mental health.

EVALUATING THE IMPLEMENTATION AND OUTCOMES OF BEST PRACTICE GUIDELINES FOR MENTAL HEALTH PROMOTION

Planning for Evaluation

Logic Models

Mental health promotion programs should be based on a logic model that identifies the goal of the program (usually a step on the path to overall mental health) and the factors it aims to influence to reach that goal. Logic models demonstrate the relationship between the program objectives and the program activities, and are generally developed or modified during program planning and program evaluation. More information about developing logic models can be found under "Evaluation Resources" (Appendix A).

Program Objectives

A program's objectives should be based on the best practice guideline. For example, a program following the best practice guideline "Focus on skill building, empowerment, self-efficacy and resilience" might include program objectives such as, "Increased self-esteem in participants", "Increased empowerment in participants", and "Increased self-efficacy in participants".

Evaluation Framework

An evaluation framework is helpful for planning evaluation tasks aimed at measuring the degree to which program objectives have been met. The framework identifies the following elements:

- Evaluation questions;
- Indicators of success and progress;
- Data collection methods;
- Timing of data collection;
- Persons responsible for data collection.

10 Best Practice Guideline Topics

1. Address and modify risk and protective factors, including determinants of health that indicate possible mental health concerns.
2. Focus on skill building, empowerment, self-efficacy, and resilience.
3. Intervene in multiple settings.
4. Support professionals and non-professionals in establishing caring and trusting relationships with populations served.
5. Involve multiple stakeholders.
6. Promote comprehensive support systems.
7. Adopt multiple interventions.
8. Address opportunities for organizational change, policy development, and advocacy.
9. Demonstrate a long-term commitment to program planning, development, and evaluation.
10. Ensure information and services provided are culturally appropriate, equitable, and holistic.

Table 1 provides an example of an evaluation framework focusing on the best practice guideline "Focus on skill building, empowerment, self-efficacy and resilience". For more information on evaluation planning see Appendix A.

In this supplement, best practice guidelines that are similar or closely related are grouped together and are assigned a best practice guideline topic (see Appendix B and

pull-out box on this page) [2]. This allows the program planners to use the supplement across the three guides.

Table 1. EXAMPLE OF A MENTAL HEALTH PROMOTION PROGRAM EVALUATION FRAMEWORK

Guideline Topic: Focus on Skill Building, Empowerment, Self-efficacy and Resilience				
Evaluation Questions	**Indicators**	**Data Collection Methods**	**Timing of Data Collection**	**Person(s) Responsible for Data Collection**
Is the program increasing the self-esteem of participants?	Increased levels of self-esteem	Participant survey	Before and after program participation	Program coordinator
	Increased levels of self-esteem as reported/assessed by professionals	Clinical assessment tool	Before and after program participation	Clinician, health/social service professional
Are participants feeling empowered as a result of participating in the program?	Increased levels of having influence over events and outcomes that are important to them	Participant survey	Before and after program participation	Program coordinator
	Increased levels of having control or ownership in the design of program or services they participate in	Participant survey	Before and after program participation	Program coordinator
Is the program increasing participants' self-efficacy?	Increased levels of having control or ownership of activities that occur in their community or neighbourhood	Participant survey	Before and after program participation	Program coordinator
	Increased levels of having a sense of control in their life since starting the program	Participant survey	Before and after program participation	Program coordinator

Adapted from Ontario Centre of Excellence for Child and Youth Mental Health, 2013[8]

[2] There is alignment among 10 best practice guidelines across the three guides. Only one guideline for older adults and three for refugees could not be grouped with the others.

INTEGRATING BEST PRACTICE GUIDELINE TOPICS AND RELATED OBJECTIVES INTO AN EXISTING EVALUATION FRAMEWORK

Mental health promotion programs with an existing evaluation framework can incorporate indicators to assess the implementation of a specific best practice guideline topic. A scan of existing program objectives, indicators, and available data sources may reveal opportunities for measuring implementation and related outcomes of a best practice guideline topic.

The following steps will help integrate a best practice guideline topic and indicators into an existing evaluation framework:

- Identify existing program objectives and their related indicators. Compile a list of all data sources currently used to measure these indicators.
- List the best practice guideline topics and related objectives that the program would like to follow.
- Identify objectives that are similar between the current program objectives and the best practice guideline topic and objectives.
- Identify opportunities for alignment by reviewing the indicators currently used to measure the existing program objectives and any tools or sources that are already being used to collect data.
- If the data that is already being collected cannot help measure the best practice guideline indicators, another data source should be identified.

Suggested Evaluation Approach

Different types of evaluation can be applied in different phases of a mental health promotion program. The two types of evaluation addressed in this supplement are process and outcome evaluation. This section provides an overview of these two types of evaluation, which can be used to assess the implementation and outcomes of the best practice guidelines:

Process Evaluation: Measuring Implementation of the Best Practice Guidelines

Process evaluation assesses processes involved in program implementation to determine if the program is being implemented as planned, if it is reaching the target audience, and if it is achieving the desired outputs.[9] The focus is on evaluating activities and documenting the program's reach (e.g., the number of participants), and the quality and capacity of the individuals, organizations, and/or systems to effectively deliver the program.[10]

Process evaluation can help to determine to what extent a mental health promotion program is implementing the best practice guidelines. Some programs may choose to implement only those guidelines that align with their program or agency's goals. In

such cases, knowing if a guideline was implemented as it was intended will help to determine if it contributed to the program's outcomes.

Outcome Evaluation: Measuring Outcomes Related to Implemented Best Practice Guidelines

Outcome evaluation identifies which changes have occurred as a result of program activities and to what extent a program achieved its goals and objectives. [11] [12] Outcome evaluations can be conducted at the individual, interpersonal, community, organizational, or public policy levels.[13] To assess any changes, baseline information needs to be collected.[14]

A program can measure outcomes at three stages: immediate, intermediate, and long term.

- *Immediate* outcomes are the direct changes as a result of a program, such as changes in program participants' knowledge and attitudes.[15]

- *Intermediate* outcomes entail behaviour change within the target population or policy changes within an organization.[16]

- *Long-term* outcomes are outcomes the program is aiming to achieve and include improved health status of a population or changes in government policies that support health.[17]

Long-term outcomes can be challenging to measure as they require additional time, planning, and resources. Often, these outcomes cannot be directly attributed to the original program due to other influencing factors. However, successful immediate and intermediate program outcomes can help identify a strong connection between the program and its intended long-term outcomes, and provides an overall sense of the program's impact.

SUGGESTED INDICATORS BY BEST PRACTICE GUIDELINE TOPIC

This section offers sample process and outcome indicators. For each topic, sample indicators will be listed under the following headings:

- *Sample Process Indicators*: Suggested measures or types of information that can be collected to understand how the program is being implemented. These indicators can be adapted, modified, or replaced to suit a program's processes or organizational needs.

- *Sample Outcome Indicators*: Suggested measures or types of information that can help determine how effective a program is in producing its intended changes. These indicators can be adapted, modified, or replaced to suit a program's objectives or organizational needs.

- *Potential Data Sources*: Suggested tools, documents, or qualitative data sources such as interviews, that can be used to collect or provide the information needed to monitor and evaluate a program. Where possible, existing data sources should be leveraged to reduce reporting burden.

Topic 1: Address and modify risk and protective factors, including determinants of health that indicate possible mental health concerns.

Sample process indicators

- Number of social determinants of health addressed through program (e.g., social inclusion, housing, income, and food security);
- Risk factors addressed for target population (refer to specific guides);
- Protective factors addressed for target population (refer to specific guides).

Sample outcome indicators

- Percent of participants living above the poverty line;
- Percent of participants who report social connection;
- Percent of participants who attain competitive paid employment;
- Percent of participants living in independent or supportive housing.

Potential data sources

- Intake forms – participant demographics, needs, and services currently being accessed;
- Participant survey at the end of the program;
- Interviews or survey of organization service providers/staff who work with program participants.

Topic 2: Focus on skill building, empowerment, self-efficacy, and resilience.

Sample process indicators

- Number of sessions focused on skill-building;
- Percent of participants who report being satisfied with skills training;
- Number of staff trained in empowerment/anti-oppression approaches.

Sample outcome indicators

- Percent of participants who report “high” or “very high” self-esteem (before and after program);
- Percent of participants who have “high” or “very high” self-esteem as reported/assessed by professionals (before and after program);
- Percent of participants who report having a sense of control over their lives;
- Percent of participants who report feeling increased control or ownership of activities that occur in their community or neighbourhood.

Potential data sources

- Intake forms – participant characteristics;
- Participant survey at the end of the program (possible follow-up: 6 months post-intervention);
- Interviews or survey of organization staff who work with program participants;
- Tools that measure self-esteem and perceptions of control over decisions (e.g., General Self-Efficacy Scale[18]).

Topic 3: Support professionals and non-professionals in establishing caring and trusting relationships with populations served.

Sample process indicators

- Number of training sessions offered to professionals (e.g., teachers and settlement workers) and non-professionals (e.g., peers and family members) on how to establish caring relationships with populations served;
- Number of professionals/non-professionals who attended training sessions;
- Number of professionals/non-professionals who intend to use training manuals/ resources in their work.

Sample outcome indicators

- Percent of participants who report “high” or “very high” levels of trust for the professionals/non-professionals involved in the program;
- Percent of participants who report they are “likely” or “very likely” to participate in future programs offered by the organization;
- Percent of participants who report they feel connected to one or more service provider within the organization.

Potential data sources

- Organization reports;
- Interviews or survey of organization staff who work with program participants;
- Survey of program participants’ perception of services;
- Participant survey at the end of the program.

Topic 4: Intervene in multiple settings.

Sample process indicators

- Number of types of settings where mental health promotion initiative is implemented (e.g., schools, long-term care facilities, libraries, and settlement agencies);
- Number of new settings for mental health promotion initiatives for the current fiscal year;
- Number of referrals made from agencies outside the sector;
- Percent of participants who complete the program.

Sample outcome indicators

- Percent of participants who report accessing more than one service/program;
- Percent of participants who "agree" or "strongly agree" that they know how to access programs in the future.

Potential Data Sources

- Annual reports;
- Minutes from departmental or board of directors meeting;
- Reports for funder;
- Environmental scan of existing services.

Topic 5: Promote comprehensive support systems

Sample process indicators

- Number of planning/networking meetings between partner organizations;
- Number and types of sectors represented among partner organizations;
- Number of services that address and support needs of program participants;
- Number of strategies implemented to improve access to a comprehensive support system.

Sample outcome indicators

- Percent of program participants who identify that they have access to a service they did not have access to previously;
- Percent of participants who report feeling more "supported" or "very supported" by their service providers.

Potential data sources

- Annual reports;
- Minutes from departmental or board of directors meeting;
- Reports for funder;
- Strategic plans;
- Survey of program participants' perception of services;
- Participant survey at the end of the program.

Topic 6: Adopt multiple interventions.

Sample process indicators

- Number of trainings offered to staff on different types of intervention (annually);
- Percent of participants who report being "satisfied" or "very satisfied" with interventions offered.

Sample outcome indicators

- Number of types of strategies used in the program (e.g., community social, events, train-the-trainer models, skill-building workshops). (For more examples, see guides);
- Number of interventions used in the program.

Potential data sources

- Strategic plans;
- Annual reports;
- Minutes/reports from departmental or board of directors meeting;
- Reports for funder;
- Participant survey at the end of the program.

Topic 7: Ensure that information and services provided are culturally appropriate, equitable, and holistic.

Sample process indicators

- Number of informational print resources linguistically and culturally adapted to program participants;
- Number of types of measures taken to remove barriers to program participation for priority populations (e.g., offering child care, tokens, and evening/weekend hours);
- Number of program staff who receive health equity and diversity training;
- Number of organizational policies that promote equity, diversity, and inclusion;
- Existence of formal documentation and bias-free recruitment processes for staff.

Sample outcome indicators

- Percent of participants who ”agree” or “strongly agree” that the mental health promotion program is culturally appropriate;
- Percent of program participants who belong to priority populations or marginalized groups;
- Percent of program participants who report that staff are sensitive to their language and ethnic/cultural background;
- Percent of staff who reflect the demographics of the population served.

Potential data sources

- Reports for funder;
- Program attendance records;
- Participant registration or intake form;
- Survey of participant satisfaction;
- Program participants survey at the end of the program;
- Staff demographics report.

Note: Evaluations should take into account contextual factors.[19] According to the First Nations Mental Wellness Continuum Framework, tracking program progress and evaluation efforts should be designed to measure success based on First Nations communities' definition of success. It also acknowledges that various communities will define success differently.[20]

Topic 8: Involve multiple stakeholders.

Sample process indicators

- Number of stakeholders involved in program planning, implementation, and evaluation;
- Number and types of sectors represented by stakeholders;
- Number of stakeholders on program advisory committees;
- Development of role breakdown of stakeholders (e.g., community member, direct service provider, management, administration, and policy maker);
- Types of support provided to increase community members' involvement in program planning and decision-making.

Sample outcome indicators

- Percent of stakeholders who report being “satisfied” or “very satisfied” with partnership;
- Percent of stakeholders/partner organizations who report high engagement with program staff or organization;

- Percent of stakeholders/partner organizations who report feeling their contributions are valued.

Potential data sources

- Minutes from board of directors meeting;
- Reports for funder;
- Partnership survey;
- Annual report.

Topic 9: Address opportunities for organizational change, policy development and advocacy

Sample process indicators

- Number of information sessions held to address issues such as upcoming legislation or government programs that have an impact on mental health;
- Number of ministry or local government stakeholders attending meetings;
- Number of meetings conducted with staff, program participants, and community members to discuss organizational change;
- Number of staff involved in supporting program or processes related to program.

Sample outcome indicators

- Percent of participants who report they intend to participate in community meetings, consultations, or public speaking opportunities;
- Percent of staff and program participants who report feeling empowered to advocate for change;
- Number of organizational changes that can be attributed to program or processes related to program;
- Number of policy changes that can be attributed to the program.

Potential data sources

- Minutes from board of directors meeting or other meetings;
- Interviews or surveys with staff and management;
- Organizational policies;
- Accreditation reports;
- Survey of participants' satisfaction with overall experience with the organization.

Topic 10: Demonstrate a long term commitment to program planning, development, and evaluation.[iii]

[iii] Some of the indicators are at the organizational level because organizational factors influence the resourcing, planning, implementation and evaluation of mental health promotion programs.

Sample process indicators

- Development of a situational assessment to inform the design of mental health promotion programs;
- Development of a mental health promotion program plan, which outlines the population, goals, objectives, activities, and logic model;
- Development of an evaluation plan for the mental health promotion program that includes positive mental health outcomes and indicators;
- Number of members of the target population or community involved in the planning, implementation, and evaluation of the mental health promotion program;
- Number of full-time equivalent staff dedicated to planning, implementation, and evaluation of the mental health promotion program;
- Number of evaluation reports created and shared with the community and funder.

Sample outcome indicators

- Percent of staff who believe they have the skills to plan, implement, and evaluate mental health promotion programs;
- Number of activities to continuously gather information on new developments in the area of mental health promotion program planning, development, and evaluation;
- Percent of staff who rate their level of engagement in program decision-making as “high” or “very high”;
- Number of evidence-based programs implemented.

Potential data sources

- Strategic and departmental program plan and report;
- Monitoring and evaluation plan;
- Program logic model;
- Organization budget;
- Departmental work plan and meeting minutes;

MEASURING POSITIVE MENTAL HEALTH OUTCOMES

As noted previously, the goal of mental health promotion programs is to strengthen and maintain positive mental health for program participants. Therefore, outcomes associated with positive mental health indicators need to be measured to determine the success of any mental health promotion program. Although this supplement proposes outcome indicators to determine program success, participants’ positive mental health can also be measured independent of the best practice guidelines.

Scales and assessment tools have been developed internationally to measure positive mental health. Canada also developed a framework to measure positive mental health within the Canadian population in response to the data gap for this type of information.

Positive Mental Health Surveillance Indicator Framework

The Public Health Agency of Canada (PHAC) developed the Positive Mental Health Surveillance Indicator Framework, which includes measures for youth (12-17 years)[21] and adults (18 years and older)[22] to understand the state of positive mental health among Canadians.

The framework contains five positive mental health outcomes, their indicators, and the most recent estimate for each indicator. It also includes indicators and estimates for the determinants of positive mental health outcomes, grouped by four domains: individual; family; community; and society.[23] These indicators can be used to measure the mental health of participants at a program level. The indicators were selected from the literature and are based on current theories of mental well-being.[24] Data for the indicators are gathered from surveys such as the Canadian Community Health Survey.[25]

The PHAC tool is useful for program implementers because it gives points of comparison for their work from surveys like the Canadian Community Health Survey. For programmers that do not have resources to complete a pre-post survey, they can use this to compare their outcomes to standard rates of positive mental health indicators in the Canadian population in general.

International Tools for Measuring Positive Mental Health

Presented below is a list of tools developed by international organizations and leading subject matter experts to measure positive mental health. Some of the tools are available in different languages and others have been validated with some ethno-cultural and racialized groups. However, here is limited information on the cultural adaptation of these tools.

1. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by NHS Health Scotland, the University of Warwick, and the University of Edinburgh.[26] The scale assesses mental well-being in the general population. The items are framed using positive language and assess both the feeling and functioning dimensions of mental health.[27] Both the 14-item WEMWBS 7-item version of the scale[28] were validated for use with persons 13 to 74 years[29] and validated with persons of Chinese and Pakistani descent in England.[30]

2. The WHO-5 Well-Being Index (WHO-5) was developed by the Psychiatric Research Unit in Denmark.[31] The index measures a person's mental well-being within the previous two weeks, and frames the items positively.[32] WHO-5 is a validated tool,[33] is available in more than 30 languages, and is used in research studies internationally.[34]

3. The Personal Wellbeing Index was developed by the International Wellbeing Group of the Australian Centre on Quality of Life.[35] The index includes seven measures of satisfaction, each one corresponding to a quality of life domain: standard of living; health; achieving in life; relationships; safety; community-connectedness; and future security. These seven domains are aimed at answering the question," How satisfied are you with your life as a whole?"[36] This tool has been adapted and validated for use with children,[37] adults,[38] and those with intellectual and cognitive disability.[39]

4. The Psychological General Well-being Index (PGWBI) was developed by Harold Dupuy, a psychologist at the National Center for Health Statistics in the United States.[40] This index measures levels of well-being and distress in six domains: anxiety; depressed mood; positive well-being; self-control; general health; and vitality. The 22 items have been used to create an overall index or total score for general well-being. It has been validated, translated, and culturally adapted in over 30 languages, and has been used with both men and women, as well as age groups ranging from young (18-24) to older adults (75 years and over).[41]

5. The Mental Health Continuum Short Form (MHC-SF) was developed by Corey Keyes, a sociologist at Emory University in the United States.[42] This tool assesses emotional, psychological, and social well-being. This tool classifies an individual's mental health as flourishing, moderate, or languishing based on their total score. The MHC-SF has been validated for use with persons 12 years and over.

USE OF EVALUATION RESULTS

One aim of program evaluation is to use the findings to improve a program.[43] Process indicators reveal if a program is actually implementing the best practice guidelines, while outcome indicators measure the effects of the program on the risk and protective factors impacting participants' mental health and well-being. Practitioners and organizations can use the evaluation results to demonstrate program effectiveness, identify ways to improve a program, change program plans, and justify funding.

Practitioners could also create a communications plan that outlines how the evaluation results will be shared with stakeholders. This plan would include the following components:

1. Intended audience, such as program staff, management, program participants, funder, etc.;
2. Types of information to be shared;
3. Timeline for sharing information;
4. Medium to be used to convey the information (e.g., evaluation report, executive summary, power point slides with key findings, one-page summary, infographic, and social media).

The purpose of using various media and tailoring the message to various audiences is to share lessons learned and to increase the reach and use of evaluation findings.

SUMMARY

This document was developed to support the evaluation of mental health promotion programs that are based on the *Best Practice Guidelines for Mental Health Promotion Programs*, which focus on children and youth, older adults, and refugees. It is intended as a reference for those who develop and deliver mental health promotion programs and help initiatives better track the delivery of their programs and the outcomes associated with implementing the best practice guidelines.

This document also aims to shift the measurement of mental health away from data focused on morbidity and the distribution of mental illness, towards positive mental health and well-being.

This approach is congruent with PHAC's Positive Mental Health Surveillance Indicator Frameworks, which were created to fill the data gap on positive mental health and its determinants in Canada. The Supplement also supports this PHAC initiative by providing guidance on measuring positive mental health at the program level.

Overall, evaluating mental health promotion programs based on the *Best Practice Guidelines* will help program planners better understand what contributes to successful implementation, how to determine if objectives are being achieved, and how to identify the immediate and intermediate outcomes for program participants. This information can then be used to refine future programs, services, strategies, policies, and initiatives, and contribute to the ever growing evidence base on mental health promotion.

APPENDIX A: EVALUATION RESOURCES

Planning for and conducting evaluations

- **Evaluating Health Promotion Programs: Introductory Workbook**
  Public Health Ontario
  http://www.publichealthontario.ca/en/eRepository/Evaluating_health_promotion_programs_workbook_2016.pdf
    - Provides a 10-step evaluation model, and an overview of key concepts and strategies for health promotion program evaluations.

- **Program Evaluation Toolkit**
  The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
  http://www.excellenceforchildandyouth.ca/sites/default/files/docs/program-evaluation-toolkit.pdf
    - This toolkit contains resources for planning, doing and using program evaluation.

- **Developing Logic Models**
  Alberta Health Services
  http://www.albertahealthservices.ca/assets/info/res/mhr/if-res-mhr-eval-resources-logic-models.pdf
    - Brief overview of the structure and development of program logic models.

Using and sharing evaluation results

- **Communicating evaluation results**
  YouthRex
  Tips for conducting program evaluation
  http://www.youthrex.com/toolkit/wp-content/uploads/2016/03/YouthREXCESStep06CommEvalFindings-1450659558960.pdf
    - Tips for writing evaluation reports, engaging stakeholders and sharing results.

- **Evaluation Reporting: A Guide to Help Ensure Use of Evaluation Findings**
  U.S. Centers for Disease Control and Prevention
  https://www.cdc.gov/dhdsp/docs/evaluation_reporting_guide.pdf
    - Guide to producing effective evaluation reports that present information that is useable by the target audience.

APPENDIX B: ALIGNMENT OF BEST PRACTICE GUIDELINES

The table below presents the alignment of the Best Practice Guidelines (BPG) that are similar across the three populations: children and youth, older adults, and refugees. Best Practice Guidelines that are the same, or closely related, have been assigned a topic for ease of reference and clarity. See column A for the BPG topic. Columns B, C and, D provide the BPGs for each population and their number in their respective guides.

Note: There was alignment among 10 best practice guidelines. Only one best practice guideline for older adults and three for refugees could not be aligned with all the other Best Practice Guidelines. These four best practice guidelines are included at the end of the table.

A BPG Topic	B Children and Youth BPGs	C Older Adult BPGs	D Refugee BPGs
1. Address and modify risk and protective factors, including determinants of health that indicate possible mental health concerns	1. Address and modify risk and protective factors, including determinants of health, that indicate possible mental health concerns	2. Address and modify risk and protective factors, including determinants of health that indicate possible mental health concerns for older people	3. Address and modify protective factors (including determinants of health) that can protect against mental health concerns for refugees 4. Address and modify risk factors (including determinants of health) that could lead to mental health concerns for refugees
2. Focus on skill building, empowerment, self-efficacy and resilience	3. Focus on skill building, empowerment, self-efficacy and resilience	5. Provide a focus on empowerment and resilience.	8. Focus on individual resilience, skill building, self-efficacy and community capacity building for refugees
3. Intervene in multiple settings	2. Intervene in multiple settings	3. Intervene in multiple settings	6. Intervene in multiple settings using multiple approaches that are culturally appropriate
4. Support professionals and non-professionals in establishing caring and trusting relationships with	4. Train non-professionals to establish caring and trusting relationships with children and youth	4. Support professionals and non-professionals in establishing caring and trusting relationships with older people	7. Support both professionals and non-professionals in establishing caring and trusting relationships with refugees

A BPG Topic	B Children and Youth BPGs	C Older Adult BPGs	D Refugee BPGs
populations served			
5. Involve multiple stakeholders	5. Involve multiple stakeholders	9. Involve multiple stakeholders	11. Involve multiple stakeholders
6. Promote comprehensive support systems	6. Help develop comprehensive support systems.	6. Promote comprehensive support systems	9. Provide comprehensive support systems that are easily accessible and culturally competent
7. Adopt multiple interventions	7. Adopt multiple interventions	7. Adopt multiple interventions	
8. Address opportunities for organizational change, policy development and advocacy	8. Address opportunities for organizational change, policy development and advocacy	10 Address opportunities for organizational change, policy development and advocacy	12. Address opportunities for structural and organizational change, policy development and advocacy
9. Demonstrate a long-term commitment to program planning, development and evaluation	9. Demonstrate a long-term commitment to program planning, development and evaluation	11. Demonstrate a long-term commitment to program planning, development and evaluation.	13. Demonstrate a long-term commitment to the development and evaluation of culturally relevant programs
10. Ensure information and services provided are culturally appropriate, equitable and holistic	10. Ensure that information and services provided are culturally appropriate, equitable and holistic	8. Ensure that information and services provided are culturally appropriate, equitable and holistic	10.Ensure that information and services are culturally appropriate, holistic and accessible
Identify the status and experience of members of the refugee population			1. Identify the status and experience of members of the refugee population
Continually involve individuals from the refugee population through meaningful community involvement			2. Continually involve individuals from the refugee population through meaningful community involvement
Reduce negative attitudes about mental illness within the community			5. Reduce negative attitudes about mental illness within the community

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