



Effective  
Change

# Evaluation of the VicHealth Mental Health Promotion Short Course

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Bendigo

Prepared by Clare Keating  
Effective Change Pty Ltd  
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# 1. Introduction

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This report is an evaluation of the Victorian Health Promotion Foundation's (VicHealth) Mental Promotion Short Course ('the Short Course') delivered in Bendigo, in the Loddon-Mallee Region in November, 2009.

## 1.1 The Training Course

The Mental Health Promotion Short Course was developed in 2004 by VicHealth in partnership with Deakin University. The course was developed to respond to an identified need to develop workforce skills in relation to mental health promotion. Since 2004, the course has been delivered to over 2000 participants working in a range of sectors.

The two-day course is based on a range of principles and perspectives that underpin the work of VicHealth which include the following:

- ◆ Promotion of mental health and community wellbeing activity is best articulated through a determinants approach to mental health promotion, as articulated in the VicHealth framework
- ◆ The drivers of mental health and community wellbeing lie outside the health sector and therefore partnerships must be established with individuals and organisations across diverse sectors.
- ◆ An adult learning approach which includes a common framework, language, customised tools, resources and experienced trainers is required to appropriately build the skills of any workforce.
- ◆ A well trained workforce across diverse sectors will strengthen advocacy for a broad consistent approach to mental health promotion practice and policy shifts designed to address the social and economic determinants of mental health and community wellbeing, at their source.<sup>1</sup>

The VicHealth Framework for Mental Health Promotion<sup>2</sup> provides the overall framework for the course, with its emphasis on the benefits for individual and community mental health of social inclusion, freedom from discrimination and violence, and economic participation, and the importance of a range of sectors taking action to promote mental health.

## 1.2 Aims of the Course

The aims of the Short Course are to:

- ◆ improve the design and delivery of evidence-based interventions in the promotion of mental health and community wellbeing;
- ◆ promote cross-sectoral partnerships and planning in the promotion of mental health and community wellbeing;
- ◆ encourage organisational change;

<sup>1</sup> Verins, Marshall and Keating *Strategies for bridging sectors and silos: a training model in mental health promotion* Health Promotion Journal of Australia (forthcoming)

<sup>2</sup> Victorian Health Promotion Foundation. *A Plan for Action 2005-2007: Promoting Mental Health and Wellbeing*. Melbourne: VicHealth; 2005.

- ◆ increase skills in evaluation, and
- ◆ facilitate consistent and good practice.<sup>3</sup>

### 1.3 Training Delivery

The Short Course was delivered in Bendigo on 19 -20th November, 2009. It was attended by 25 participants.

### 1.4 Methodology

The evaluation was conducted through the administration of:

- ◆ Pre-training questionnaire to ascertain participants' knowledge and understanding of key concepts to be addressed in the training. (See: Attachment 1)
- ◆ Post-training questionnaire to ascertain change in knowledge and understanding following the training. (See: Attachment 2)

The pre and post-training questionnaires have been developed using the framework of the 'Kirkpatrick' Model of Training Evaluation.<sup>4</sup> The results are based on 24 pre-training and 25 reaction questionnaires.

The survey results includes both quantitative and qualitative responses.

### 1.5 Structure of the Report

The report is structured in the following sections:

- ◆ The Participants
- ◆ Pre and Post Training Results
- ◆ Participants' Views
- ◆ Key Findings and Conclusions

<sup>3</sup> Verins et al

<sup>4</sup> Donald L Kirkpatrick *Evaluating Training Programs The Four Levels* Second Edition (1998)

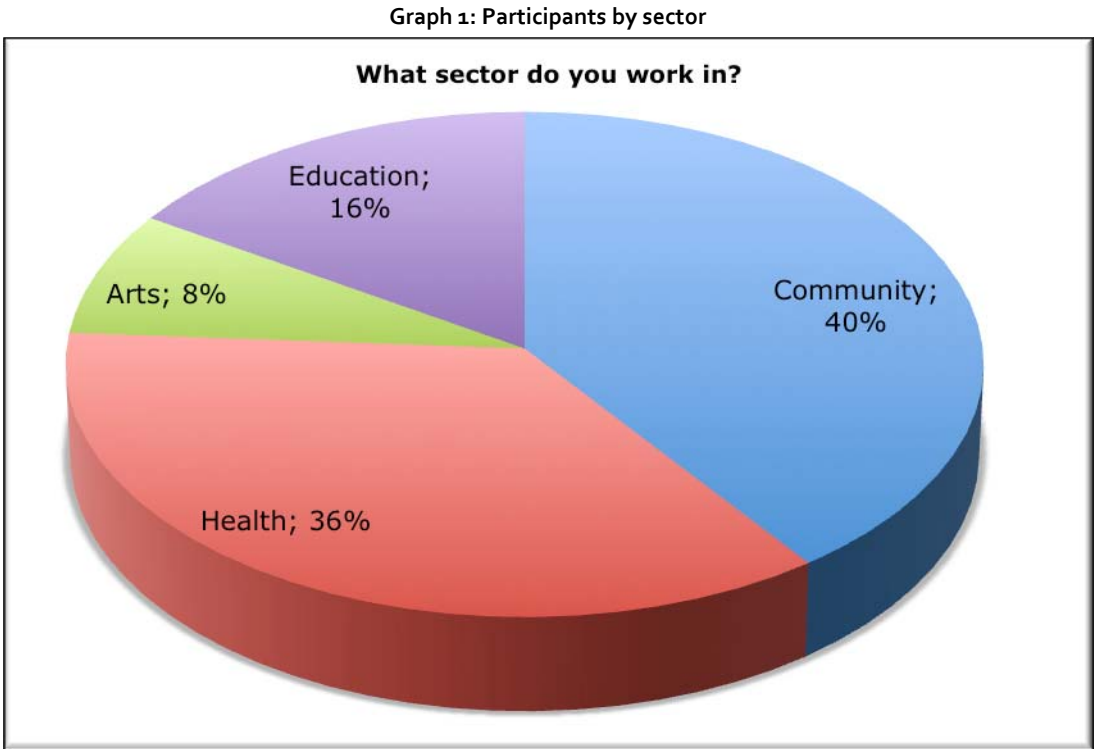
## 2. The Participants

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Surveys were collected from 25 training participants. This section of the report provides an overview of the participants by some selected characteristics, such as sector of employment, location of training and region.

### 2.1 Sector of employment

Graph 1 below shows the greatest number of Bendigo participants were employed in the community sector (40%). The remaining 60% came from the health (36%); education (16%) and the arts sectors (8%). This shows that the course was delivered to a cross-sectoral audience, achieving one of the course’s key aims of reaching individuals and organisations from diverse sectors.



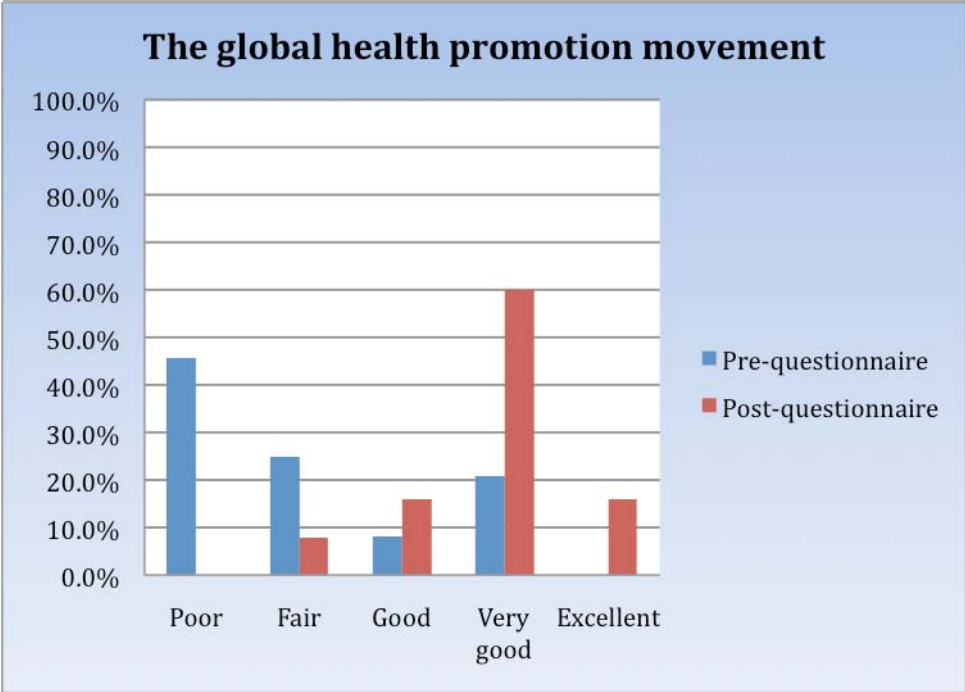
### 3. Pre- and Post-Training Results

This section of the report presents the results of the pre and post-training (reaction) questionnaires, devised around the key learning outcomes of the course. Participants rated their knowledge and understanding of these concepts prior to and immediately after the course, using the categories of poor, fair, good, very good and excellent.

#### 3.1 The global health promotion movement

Graph 2 below shows the change in participants' knowledge of the global health promotion movement, covering for example, the Ottawa Charter, Jakarta Declaration and the Melbourne Charter. Prior to training, nearly half (45.8% or 11 participants n= 24) had 'poor' knowledge and 25% described their knowledge as 'fair'. After training, (76% or 19 participants n = 25) described their knowledge as either 'very good' (60%) or 'excellent' (16%). No participant rated their knowledge as 'poor' by the end of the short course.

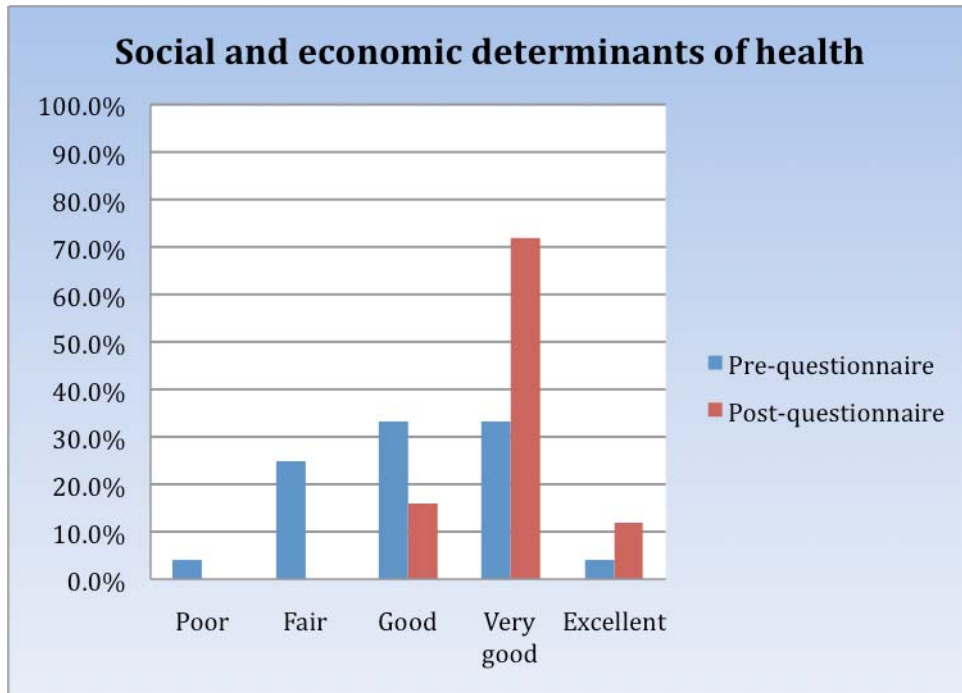
Graph 2: The global health promotion movement (e.g. Ottawa Charter, Jakarta Declaration, Melbourne Charter)



#### 3.2 Social and economic determinants of health

Most (70.8% or 17 participants) commenced the course having a 'good' (or better) understanding of the social and economic determinants of health. This shows there was a good level of pre-existing knowledge. As seen in Graph 3 below, this result improved even further. At the end of the course, all participants felt they had either a 'good' (16%), 'very good' (72%) or 'excellent' (12%) knowledge of social and economic determinants of health. No participants rated their knowledge as 'poor' or 'fair' after the training.

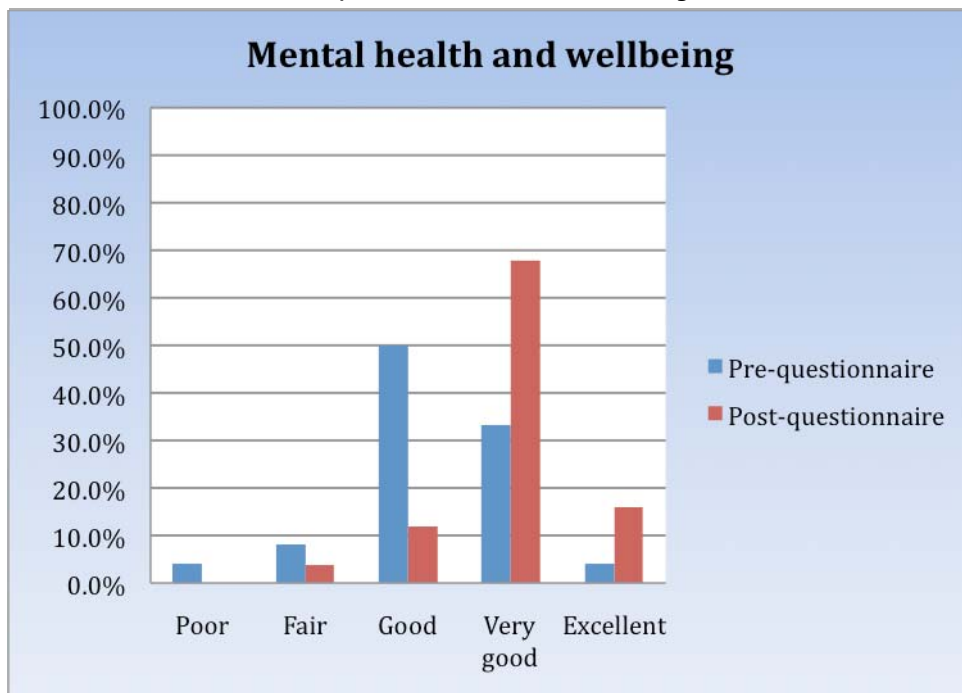
Graph 3: Social and economic determinants of health



### 3.3 Mental health and wellbeing

As seen in Graph 4 below, half (or 12 participants) commenced the short course with 'good' knowledge of mental health and wellbeing. This knowledge and understanding developed through the course and at the end of training, 84% of participants indicated either a 'very good' (68%) or 'excellent' (16%) knowledge. This was a very positive result. After training, only one participant described her/his knowledge as 'fair' and no participant felt their knowledge was 'poor'.

Graph 4: Mental health and wellbeing

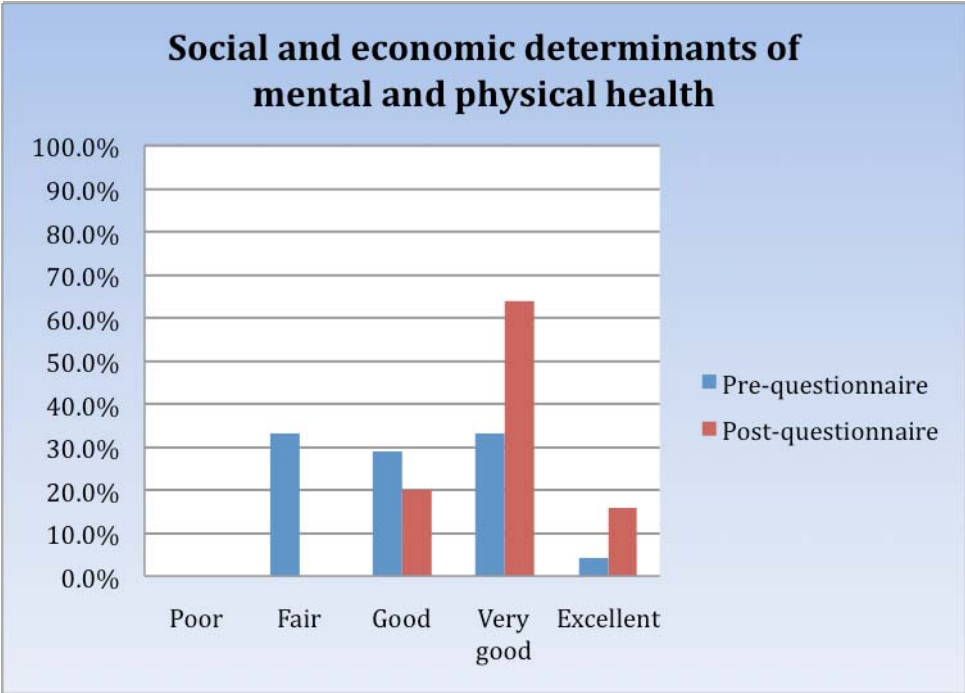


### 3.4 Social and economic determinants of mental and physical health

Graph 5 below shows that two thirds of the participants (66.7% or 16 participants) described their knowledge of social and economic determinants as either 'good' (29.2%), 'very good' (33.3%) or 'excellent' (4.2%) when they commenced the course.

The balance of the group (33.3%) rated their knowledge as 'fair'. At the end of the course, all participants felt their knowledge was either 'good' (or better). Sixty four percent (64%) rated their knowledge as 'very good' and 16% said their knowledge was 'excellent'.

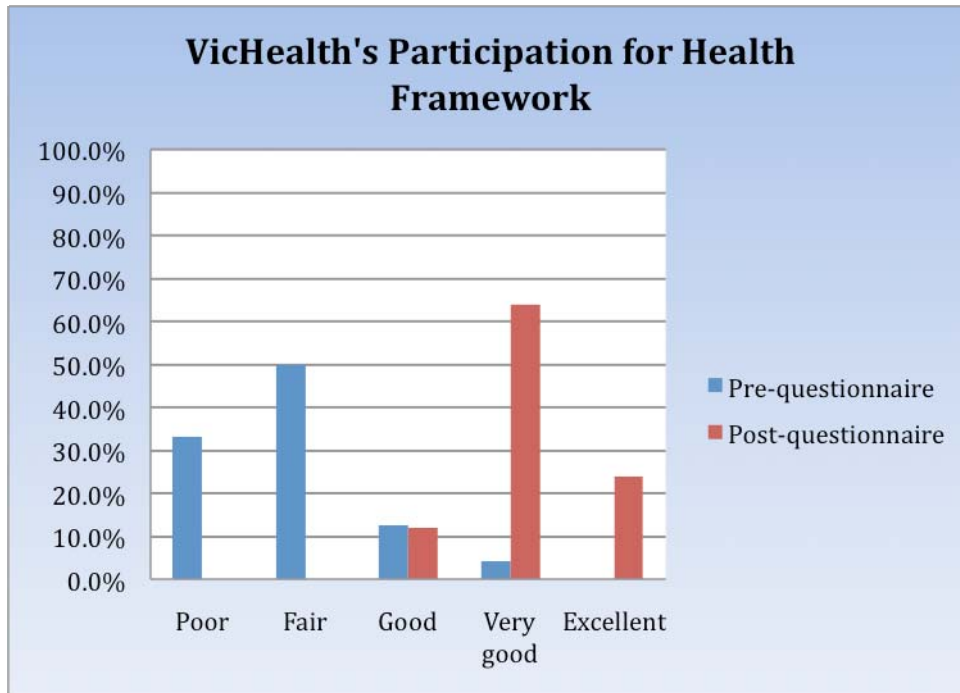
Graph 5: Social and economic determinants of mental and physical health



### 3.5 VicHealth’s Participation for Health Framework

The participants’ knowledge of VicHealth’s Participation for Health Framework improved significantly over the course. As seen in Graph 6 below, most (83.3%) of the participants rated their knowledge as either 'poor' (33.3%) or 'fair' (50%) prior to the training. After the course, all participants had a 'good' (or better) understanding of the Framework. Two thirds (64%) of the participants felt their knowledge was 'very good' and 24% said it was 'excellent'.

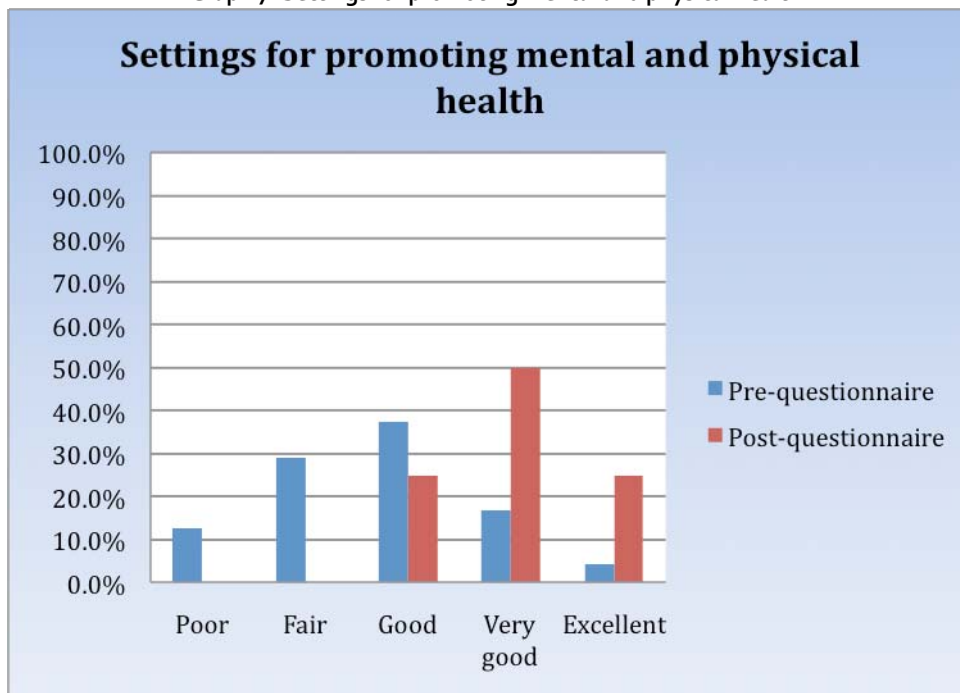
Graph 6: VicHealth's participation for health framework



### 3.6 Settings for promoting mental and physical health

Prior to the training, 41.7% of participants described their understanding of settings for promoting mental and physical health as either 'poor' (12.5%) or 'fair' (29.2%). As shown in Graph 7 below, not one participant described their knowledge as either 'poor' or 'fair' at the completion of the course. After training, half the participants described their knowledge as 'very good' and 25% felt their knowledge was 'excellent'.

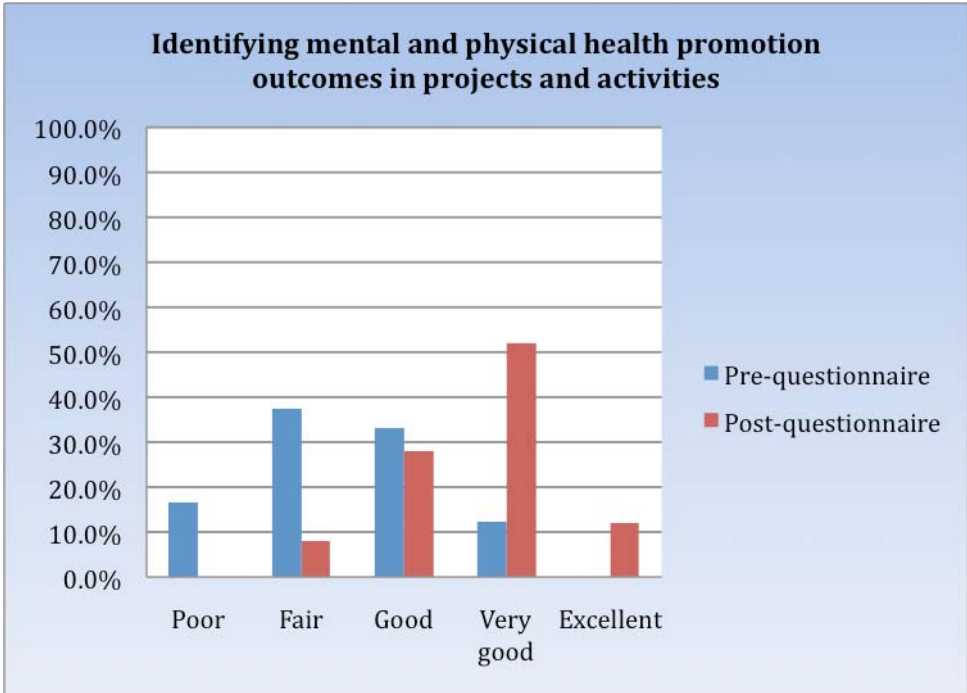
Graph 7: Settings for promoting mental and physical health



### 3.7 Identifying mental and physical health promotion outcomes in projects and activities

As seen in Graph 8 below, only 12.5% or 3 participants had a 'very good' knowledge of identifying mental and physical promotion outcomes in projects and activities before training. Not one participant rated their knowledge as 'excellent'. The number of participants in these categories improved greatly during the course and, on completion of training, over half (52%) rated their knowledge as 'very good' and 12% felt their knowledge was 'excellent'.

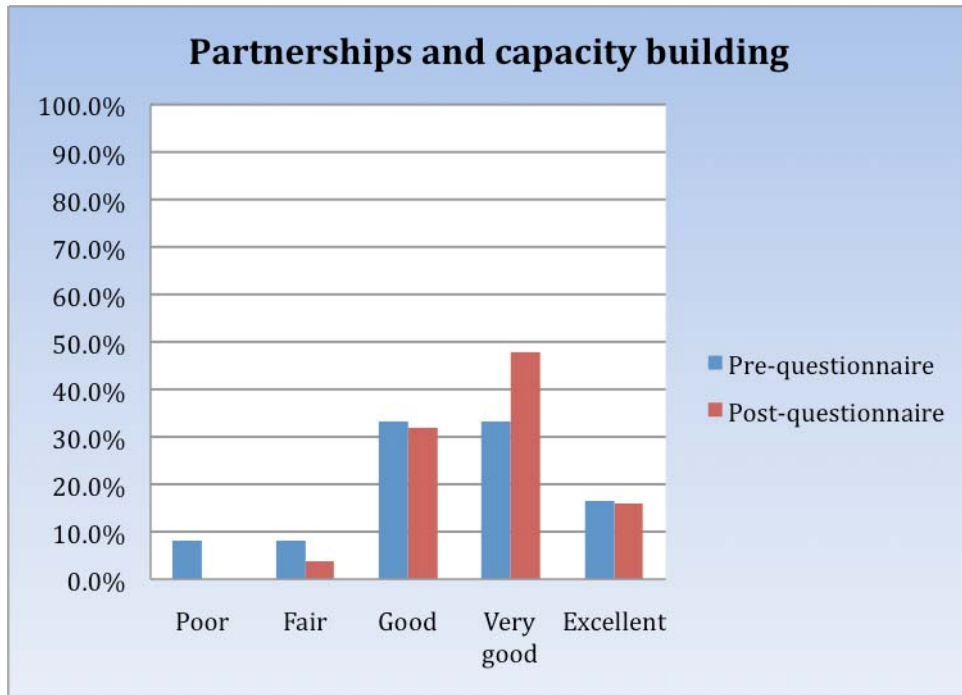
Graph 8: Identifying mental and physical health promotion outcomes in projects and activities



### 3.8 Partnerships and capacity building

Graph 9 below shows the participants had a good level of pre-existing knowledge before the short course commenced. Prior to training, 83.3% (or 20 participants) described their knowledge of partnerships and capacity building as 'good' (or better). After training, this had improved further and 92% (or 24 participants) rated their knowledge as either 'good' (32%), 'very good' (48%) or 'excellent' (16%). No participant felt they had a 'poor' understanding of partnerships and capacity building at the completion of the course.

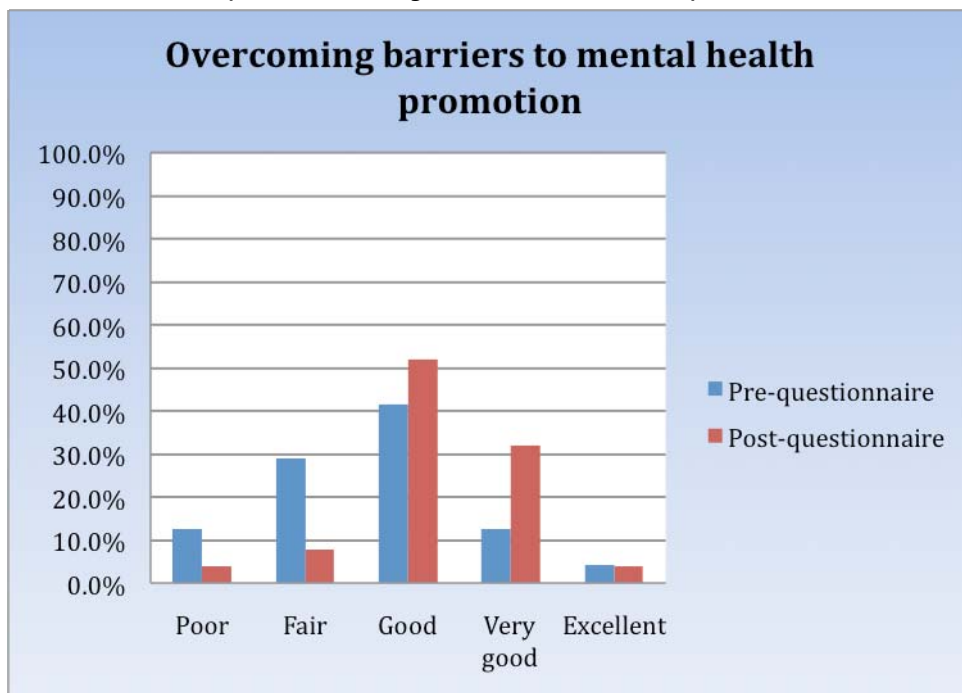
Graph 9: Partnerships and capacity building



### 3.9 Overcoming barriers to mental health promotion

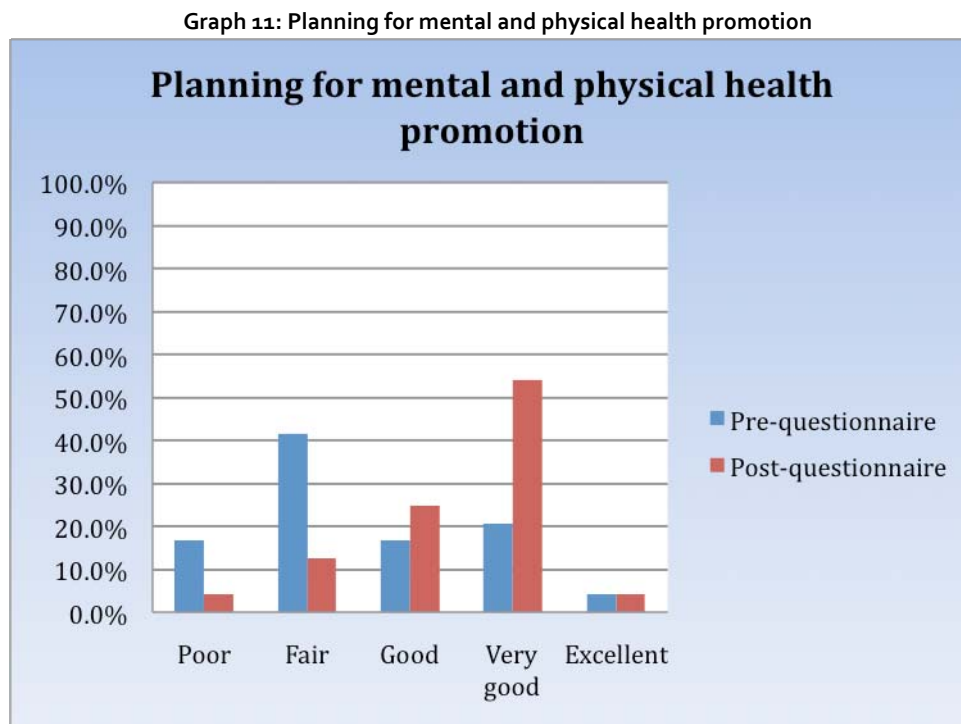
The results of the pre-training questionnaire showed that 41.7% (or 10 participants) rated their knowledge as either 'poor' or 'fair'. The same number rated their knowledge as 'good'. Graph 10 below illustrates the improvement of knowledge during the course. At completion, 88% rated their knowledge as either 'good' (52%), 'very good' (32%) or 'excellent' (4%).

Graph 10: Overcoming barriers to mental health promotion



### 3.10 Planning for mental and physical health promotion

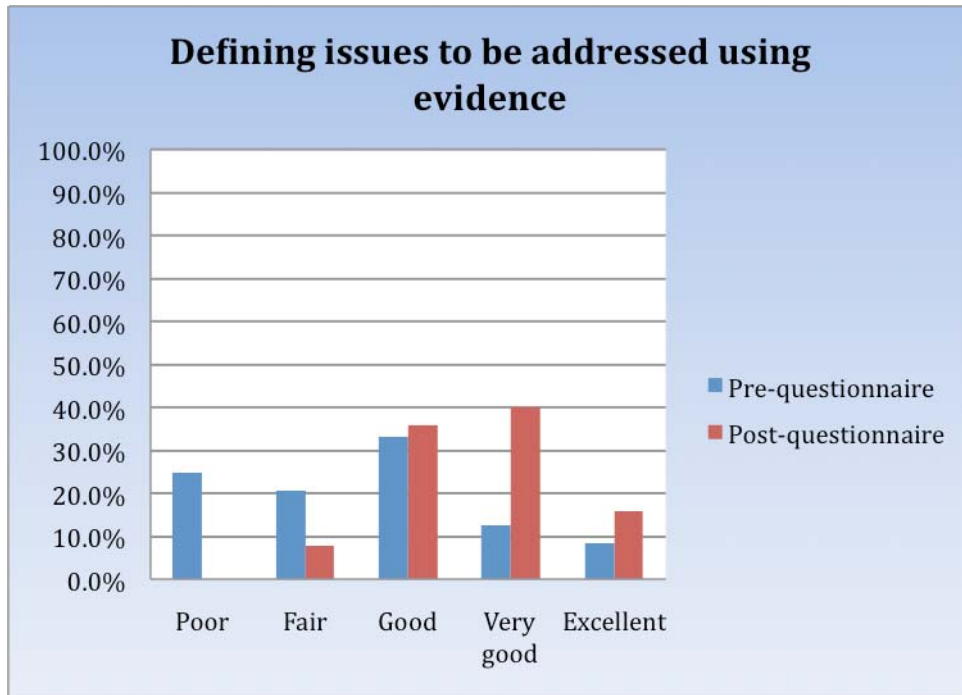
Prior to training, more than half (58.4% or 14 participants n=24) of the participants described their knowledge of planning for mental and physical health promotion as either 'poor' (16.7%) or 'fair' (41.7%). As seen in Graph 11, after the short course, more than half (54.2% or 13 participants n = 24) felt they had a 'very good' knowledge and 4% felt they had 'excellent' knowledge. Three participants still felt they only had a 'poor' or 'fair' knowledge by the end of the course which shows this topic was slightly more challenging for some.



### 3.11 Defining issues to be addressed using evidence

As seen in Graph 12 below, a large proportion (45.8% or 11 participants) rated their knowledge of defining issues to be addressed using evidence as either 'poor' or 'fair' prior to the training. The results of the post-training questionnaire were very positive with 92% rating their knowledge as either 'good' (36%), 'very good' (40%) or 'excellent' (16%). No participant rated their knowledge as 'poor' at the completion of the course.

Graph 12: Defining issues to be addressed using evidence



### 3.12 Developing project goals and objectives

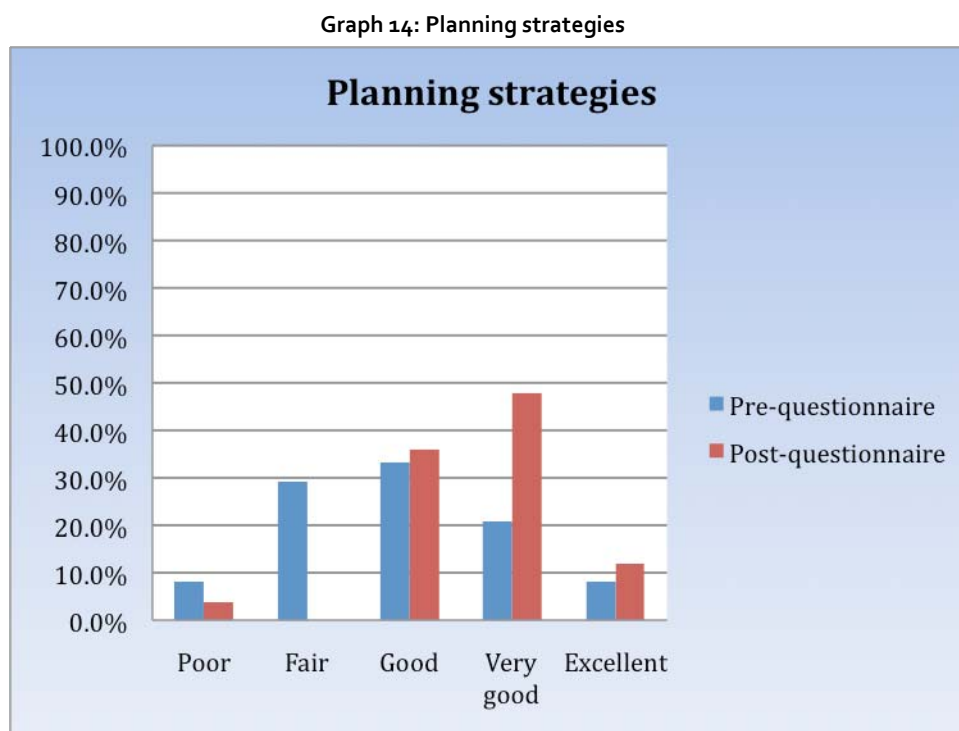
Graph 13 below shows that prior to training (41.7% or 11 participants) felt they had 'poor' (16.7%) or 'fair' (25%) knowledge of developing project goals and objectives. The results at the completion of the course were very positive with 64% (or 16 participants) describing their knowledge as 'very good' and two participants (8%) felt their knowledge was 'excellent'.

Graph 13: Developing project goals and objectives



### 3.13 Planning strategies

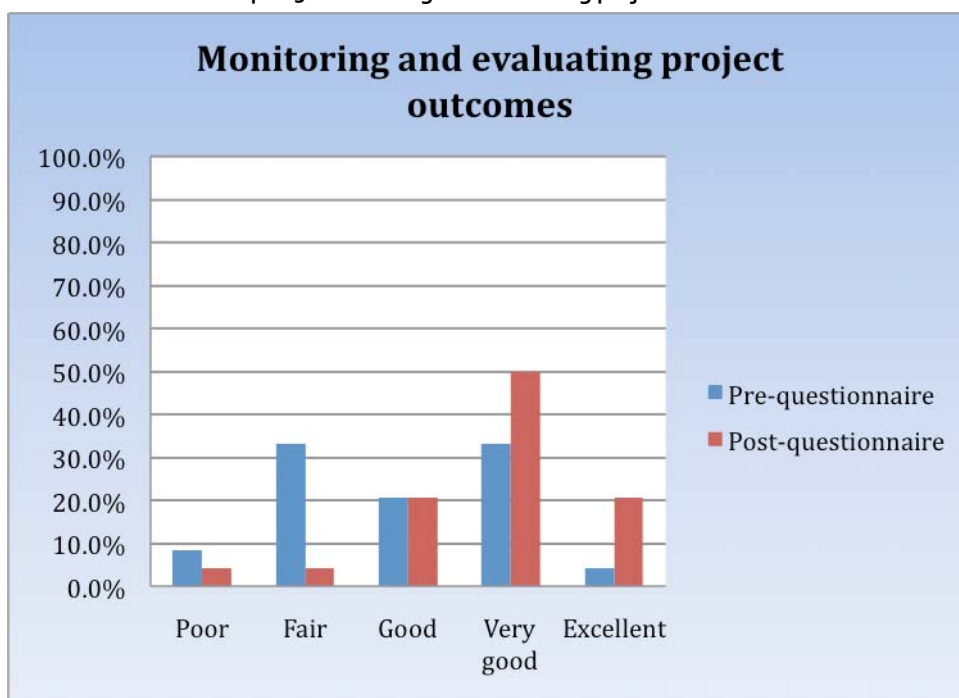
As seen in Graph 14 below, prior to the training, 70.8% of participants had either 'poor' (8.3%), 'fair' (29.2%) or 'good' (33.3%) knowledge of planning strategies. This understanding had improved at the completion of the course and all but one participant rated their knowledge as 'good' (or better) in the post-training questionnaire.



### 3.14 Monitoring and evaluating project outcomes

The results of the pre training questionnaire showed that 10 participants (41.6%) rated their knowledge of monitoring and evaluating project outcomes as either 'poor' (8.3%) or 'fair' (33.3%). Just over twenty percent (20.8%) said they had a 'good' knowledge. As seen in Graph 15 below, after training, (96% or 22 participants n=24) rated their knowledge of monitoring and evaluating project outcomes as either 'good' (20.8%), 'very good' (50%) or 'excellent' (20.8%).

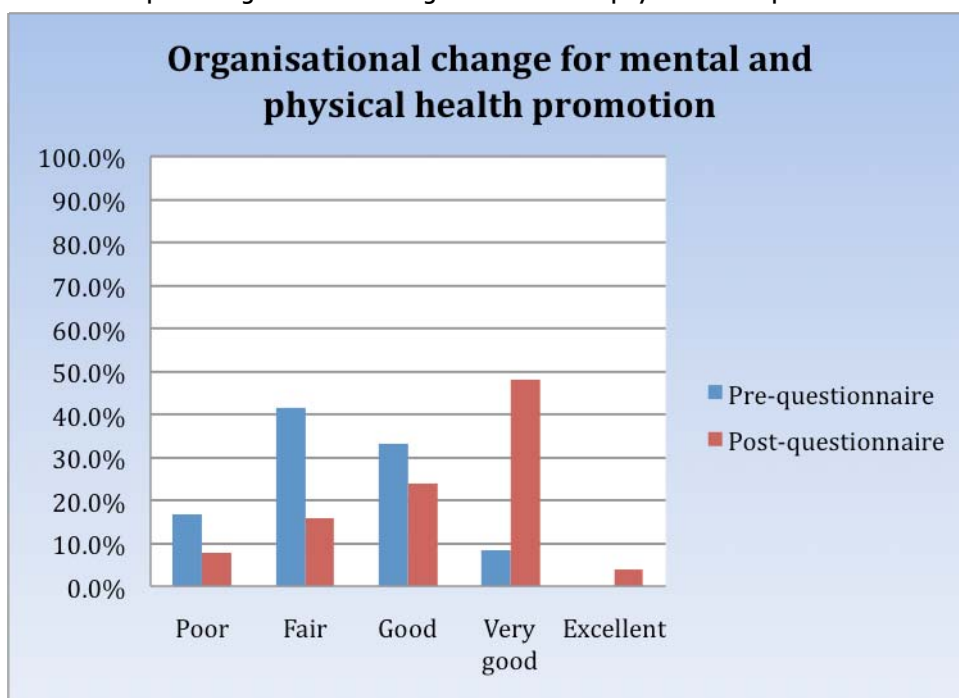
Graph 15: Monitoring and evaluating project outcomes



### 3.15 Organisational change for mental and physical health promotion

Graph 16 below shows that, prior to training, more than half (58.4%) of the participants rated their knowledge as either 'poor' or 'fair'. Ten participants (41.6%) rated their knowledge as either 'good' or 'very good'. Not one participant described their knowledge as 'excellent'. The majority of participants completed the course with either 'good' (24%) or 'very good' (48%) knowledge of organisational change for mental and physical health promotion. While the post-training questionnaire results are positive for most Bendigo participants, 24% (or 6 participants) rated their knowledge as 'poor' or 'fair'.

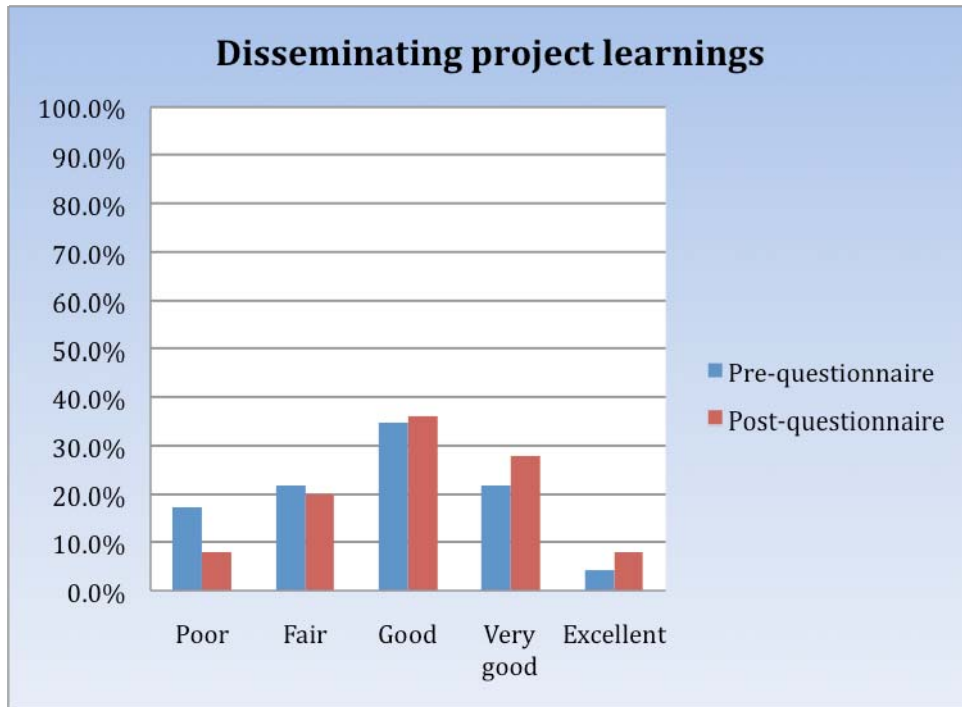
Graph 16: Organisational change for mental and physical health promotion



### 3.16 Disseminating project learnings

The results of the pre and post training questionnaire on the topic of disseminating project learnings indicate this topic had some challenges for the Bendigo participants. Prior to training, 39.1% (or 9 participants) described their knowledge as either 'fair' or 'poor'. Just over one third (34.8%), rated their knowledge as 'good' and 26% had either 'very good' or 'excellent'. At the completion of the course, these results improved only marginally. Seven participants (28%) rated felt their knowledge was 'poor' or 'fair', 36% said their knowledge was 'good' and the balance (36%) rated their knowledge as 'very good' (or better).

Graph 17: Disseminating project learnings



## 4. Participants' Views

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This section of the report provides an overview of the qualitative feedback about the course provided by participants. The feedback covers the positive aspects, such as topics of most benefit and best part of the course; areas for improvement and any disappointments.

### 4.1 Topics of most benefit

The comments below provide an indication of participants' feedback about the topics they found to be of most benefit. Participants often identified more than one topic, however, in general, the positive feedback was essentially around the following topics:

- ◆ the determinants of mental health and VicHealth's Participation for Health Framework, and
- ◆ the practical skills of planning and evaluating strategies, and
- ◆ partnerships.

#### **The Determinants of Mental Health and VicHealth's Participation for Health Framework**

Eleven participants (44%) identified the social and economics determinants of mental health, VicHealth's Participation for Health Framework and the Melbourne charter as the most beneficial topics of the course. A number of these participants also highlighted the benefit of developing their understanding of upstream and downstream thinking, research summaries and mind mapping.

#### **Planning and Evaluation**

More than one quarter of participants (seven participants, 28%) identified the practical skills around planning, developing project goals and objectives and evaluation are the most beneficial topics.

- ◆ *Refresher around aim, objectives and strategies.*
- ◆ *Writing objectives*
- ◆ *Developing project goals and objectives*
- ◆ *The exercise of developing an objective.*

#### **Partnerships**

Three participants identified that the partnership topic was of most benefit to them, and the partnership analysis tool.

#### **The Overall Course**

Three participants felt that the whole course was beneficial and a further three participants identified 'day one' as being of greatest benefit.

## 4.2 What would have improved the Short Course?

Participants were asked for feedback on how the Short Course could be improved. Most comments were positive, with a number commending the trainers:

- ◆ *Both facilitators were very helpful, but more time needed to be allocated for this training.*
- ◆ *Well done - great job to keep on track and energised*
- ◆ *Great facilitators.*

Participants provided constructive feedback about the course. Allocating more or less time to certain topics or lengthening the course is a perennial theme for the course. In keeping with the positive feedback about the course, participants suggested a number of ideas for enhancing the practical application of the course.

**Table 1: How could the course be improved? Selection of suggested improvements**

Topic	Feedback
<b>Pre-requisites</b>	<ul style="list-style-type: none"> <li>◆ Initial course flyer says who this would/may not appeal to- or list the topics prior to days.</li> <li>◆ Clarification prior to commencing the course of the course content.</li> <li>◆ Context of course/less diverse Audience. Aim higher with learning objectives.</li> </ul>
<b>Pre-course</b>	<ul style="list-style-type: none"> <li>◆ Pre-reading before coming.</li> </ul>
<b>Course length</b>	<ul style="list-style-type: none"> <li>◆ Maybe Day 1 &amp; 2 over 2 days each.</li> </ul>
<b>Course structure</b>	<ul style="list-style-type: none"> <li>◆ Start earlier- finish earlier</li> <li>◆ More breaks, pretty intensive.</li> <li>◆ More time for case studies</li> <li>◆ More time to cover topic areas</li> <li>◆ Day One- too much time spent explaining 'sociology 101'- shortening this area so more time could be spent on planning strategies</li> <li>◆ More focus on topics discussed in Day 2, more examples highlighting mental health promotion, show examples of research/program proposals</li> </ul>
<b>Course content</b>	<ul style="list-style-type: none"> <li>◆ Use a specific determinant for sole parent to give to group to develop a variety of objectives.</li> <li>◆ Practical examples of a case study- showing the goals, objectives, strategies and evaluation process.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>◆ Venue too small on Day 1!!!</li> <li>◆ Use of microphone. Difficult to hear above white-noise of air con. Loss of concentration, chance to opt for exchanged address list.</li> <li>◆ Spell check name tags! 2nd day more relevant to me.</li> </ul>

## 5. Key Findings and Conclusions

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### 5.1 Key Findings

1. Twenty five people participated in the VicHealth Mental Health Promotion Short Course run in Bendigo. Participants were drawn from a cross-sectoral base. Three quarters of the participants were from the health and community sectors, with the balance of participants from the education and arts sectors.
2. The pre and post training results show that significant learning occurred in every topic.
3. Before undertaking the training, most participants (i.e 50% or more) rated their own knowledge and understanding of the key concepts between poor to good. As a direct result of the training, the majority of participants developed very good – excellent understanding of all the key concepts. Less than five per cent of participants left the training with only a fair understanding of key concepts.
4. Most of the feedback received on the course was positive. Participants found learning about the social and economic determinants of health and the VicHealth Mental Health Promotion framework to be of benefit. Participants also appreciated the practical nature of the course, with the planning, especially developing up project goals and objectives, partnerships and evaluation topics perceived to be of benefit.
5. Areas for improvement included providing more examples, practical ideas and applications of the information. Some felt the course could be longer, more time spent on certain topics or more breaks provided as the course was intensive.
6. The resource provided through the course, and tools such as the partnership analysis tool were appreciated. Some suggested that it would be useful to receive evaluation tools.

### 5.2 Conclusions

The Bendigo VicHealth Mental Health Promotion Course was well-received. Feedback from participants suggests that some minor improvements may be made to the course. Overall though, participants appreciated the course, the supporting resources and the way the trainers delivered the course.

The evaluation shows that the VicHealth Short Course has been further validated by another training audience and that presenting mental health promotion information to cross-sectoral audiences is a highly successful strategy.

# The Short Course

## Promoting Mental Health and Wellbeing



# VicHealth

### Pre Training Questionnaire

*BEFORE* undertaking the VicHealth Short Course Promoting Mental Health and Wellbeing, how would you rate your knowledge and understanding of the following?

Instructions: Please circle the appropriate number (using the scale below) after each statement.

For example:

1    2    3    ④    5

1 = Poor

2 = Fair

3 = Good

4 = Very good

5 = Excellent

Social and economic determinants of health	1	2	3	4	5
The global health promotion movement <i>(e.g. Ottawa Charter; Jakarta Declaration; Alma Ata)</i>	1	2	3	4	5
Mental health promotion	1	2	3	4	5
Social and economic determinants of mental health and wellbeing	1	2	3	4	5
The VicHealth Mental Health Promotion Framework	1	2	3	4	5
Settings and sectors for promoting mental health and wellbeing	1	2	3	4	5
Identifying mental health promotion outcomes in projects / work	1	2	3	4	5
Networks, partnerships and capacity building	1	2	3	4	5
Barriers to mental health promotion	1	2	3	4	5
Planning for mental health promotion interventions	1	2	3	4	5
Building the rationale for an intervention based on primary evidence	1	2	3	4	5
Developing project goals and objectives	1	2	3	4	5
Planning interventions for success	1	2	3	4	5
Organisational change for mental health promotion	1	2	3	4	5
Monitoring project outcomes	1	2	3	4	5
Capacity building	1	2	3	4	5

From the options below, please tick the box which *best describes* the sector you work in?

Local government     Community     Education     Health / Community Health     Justice     Arts     Sport   
 Other (please specify): \_\_\_\_\_

