Mental health promotion competencies in the health sector based on a Delphi study

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Introduction

There is increasing emphasis on a public mental health approach to improve the mental health and wellbeing of a population (Lindert et al., 2017; Wahlbeck, 2015). Mental health is an integral part of public health, and it has a significant impact on European human, social and economic capital. Public mental health actions aim to develop positive mental health and mentally healthy societies (Forsman et al., 2015; Herrman and Jané-Llopis, 2005). Mental health promotion with its focus on positive mental health and wellbeing (Barry and Jenkins, 2007; Tamminen et al., 2016) is recognised as a key approach in public mental health policies and actions aiming to strengthen mental health and increasing wellbeing (Lindert et al., 2017; Wahlbeck, 2015). Mental health promotion is grounded on the notion of mental health being "a state of well-being in which an individual realizes his or hers own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to her or his community" (World Health Organization, 2014). Thus, mental health is more than the absence of mental illness.

Effective public mental health policy and practice requires a trained workforce that is competent in mental health promotion and delivering on improved mental health at a population level. The European Pact for Mental Health and Well-being (European Commission, 2008) and the WHO European Mental Health Action Plan (World Health Organization, 2013) both stress the importance of capacity building and training health professionals in the area of mental health and mental health promotion. Moreover, the

EUPHA Public Mental Health section has recognised the need for training in the field of public mental health (Lindert et al., 2017).

Competent mental health promotion workforce are equipped with the necessary knowledge, skills and abilities to implement effective mental health promotion practice. However, it has been noted that there is a lack of professionals skilled and competent in implementing effective mental health promotion practice (Barry, 2007; Plan for Mental Health and Substance Abuse Work, 2010; Tamminen et al., 2017). Capacity building and training to equip professionals with the necessary mental health promotion competencies is required (Lang et al., 2016; Wahlbeck, 2015). In order to train professionals in mental health promotion, we need to know what these required competencies are. The PROMISE project produced European guidelines for training social and health care professionals in mental health promotion (Greacen et al., 2012). The project identified ten quality criteria for training: 1. embracing the principles of mental health promotion, 2. empowering all community stakeholders for effective involvement, 3. adopting an interdisciplinary and intersectoral approach, 4. including people with mental health problems, 5. advocating, 6. consulting the knowledge base, 7. adapting interventions to local contexts and needs in a holistic, ecological approach, 8. identifying and evaluating risks, 9. using the media, and 10. evaluating training, implementation and outcomes. Lang et al. (2016), on the other hand, have developed a scale to identify the training needs of mental health promotion implementers across different settings. These efforts add valuable knowledge to the domain of mental health promotion. Nevertheless, systematic research and information on the competencies needed for effective mental health promotion practice is currently lacking (Greacen et al., 2012; Lang et al., 2016; Tamminen et al., 2017).

In order to respond to this lack of systematic data on mental health promotion competencies, a study was developed to investigate what competencies are needed for mental health promotion in health sector practice. In the first phase of the study, the views of mental health professionals regarding mental health promotion-related competencies were examined by means of focus group interviews and a questionnaire survey. The investigation resulted in 23 identified competencies for mental health promotion (Tamminen et al., 2017). A Delphi study was subsequently carried out with the aim of refining the previously identified competencies through a consensus building process. The aim of this article is to describe this Delphi

consensus process and present the final results of the mental health promotion competencies study.

Methods

Delphi survey

The Delphi method was chosen as it is an approach commonly used to gain consensus among a panel of experts on a complex issue or when there is a lack of knowledge (Jorm, 2015; Linstone and Turoff, 2002). It has also been widely applied in health and mental health research (Barry et al., 2012; de Meyrick, 2003; Jorm, 2015). The group consensus is normally achieved through a series of panel rounds in which questionnaires are sent out to the panel members, the results analysed, and the finding reported back to the participants (Jorm, 2015). The method has the advantage of being an anonymous, iterative process where experts are able to present their views freely. The study's ethical acceptability followed the guidance of the University of Jyväskylä (Finland) Ethical Committee.

Data collection

Invitations to participate in the Delphi survey were originally sent to 43 health sector professionals that had been identified as having experience in mental health and/or mental health promotion. Furthermore, the sampling aimed to cover wide expertise and interest in public, private and third sectors: professionals working in policy level, research and development areas, higher education, mental health promotion practice and 'experts by experience' peer support work. Initially, 38 experts registered with the online survey, eDelphi.org, which was used for the data collection. Eventually, 32 panel members (female=27, male=5) answered the questionnaire in round 1 (response rate 84%) and 27 (female=22, male=5) in round 2 (response rate 71%). All targeted expertise and interest areas were covered by the panel members. The round 1 questionnaire was based on the earlier study with professionals (Tamminen et al. 2017) in which 23 mental health promotion competencies were identified. These competencies were grouped under four domains: theoretical knowledge, practical skills, personal attitudes and personal values. Further literature review and discussions within the research group lead to formulation of four additional competencies. Thus, the round 1 questionnaire included 27 key mental health

promotion competencies. In round 1, the panel members were asked to indicate the importance of the competencies using a 5-point Likert scale, and give reasons and justify their answers. They were also asked whether any of the competencies should be removed or new ones added. The questionnaire in round 2 was formed according to the results of the round 1. In round 2, the panel members assessed their level of agreement with each main competency statement again using a 5-point Likert scale. The online survey allowed iterative discussions among the panel members in both Delphi rounds. The questionnaire in both rounds was accessible to the participants for the duration of eight days. Half way of the survey, reminder emails were sent to the panel members that had not yet answered the questionnaire to increase the participation levels on both rounds. Figure 1 presents the Delphi process.

Figure 1. The Delphi process

Data analysis

The Delphi data were analysed mainly qualitatively with some quantitative measures. Quantitative analysis was used to measure the level of consensus for each competency. Consensus was agreed occurring when at least 70% of respondents scored 3.5 or more on the 5-point Likert scale for each competency. This consensus-level was considered appropriate for the study based on earlier studies (Barry et al., 2012; Keeney et al., 2006). In addition, the responses to the open questions in the questionnaires were coded and analysed using qualitative content analysis to identify common themes and issues arising (Krippendorf, 2003). The consensus scores together with the main themes arising from the qualitative analysis formed the basis in each Delphi round for the decisions made within the research group on what competencies to retain, remove or modify and what new competency areas to include.

Results

In round 1 of the Delphi survey, all competencies exceeded the agreed consensus point mean of 3.5 with at least 70% of the panel members scoring 3.5 or more. The mean ratings ranged from 3.89 to 5 as shown in Table I.

Table I Results from the Delphi round 1

The Delphi panel acknowledged the importance to "strengthen the competencies for mental health promotion in the health sector". There was some debate on the proficiency level of a competency depending on the professional's role in the health sector. All responses viewed the competencies important, although few thought the significance depended whether the professional worked in a grass root setting or in a more general development and research setting. Some new areas of competencies were suggested such as 'enabling and utilising peer support ("experts by experience") in mental health promotion activities' and including cultural understanding and respect in the personal attitudes competency domain. Further, repetition and overlapping competencies were modified.

In addition, the qualitative data of round 1 was utilised to form detailed and specific subcompetencies under each main competency in order to supplement the competencies and describe better the detailed competency needed.

As a result, the following changes were made after round 1:

- combining the domains of attitudes and values into one domain
- reducing the number of the main competencies from 27 to 19
- combining some main competencies into one to better embody the competency (e.g. "respect for human rights" and "equality" into "ethical values")
- working up detailed subcompetencies into the main competency categories according to the comments and feedback received from the panel participants (77 subcompetencies formulated)
- rewording some competencies based on the feedback from the panel members (e.g. "customer friendly" to "customer-based")

In round 2, the mean scores of all main competencies again exceeded the predetermined consensus point of 3.5, the mean ratings ranging from 4.04 to 5 as presented in Table II. In addition to scoring the main competencies, the panel members were asked to indicate the order of importance of each subcompetency. This task, however, proved to be trivial as participants consistently expressed the view that all subcompetencies were equally important and that it was not possible to put more value on one competency over another.

Table II Results from the Delphi round 2

The panellists regarded all competencies as highly important. However, the same concerns re-emerged as in round 1 including continued overlapping of competencies and some requests for rewording. It was again mentioned by some panel members that the extent of proficiency depends on the role of the health sector professional. As a result of this feedback, the main competencies within the personal attitudes and values domain were reduced down to three by combining overlapping competency areas. In addition, word 'personal' was left out as attitudes and values were seen to a great extent concern the whole working environment, not just the individual professional. Consequently, the number of main competencies was reduced from 19 to 16 and divided into three categories: 'theoretical knowledge',' practical skills' and 'attitudes and values'. Further, overlapping subcompetencies were combined. Altogether 56 subcategories were identified. The consensus-based mental health promotion competencies are presented in Table III.

Table III Mental health promotion competencies

Theoretical knowledge

Knowledge is the body of facts, principles, theories and practices that is related to a field of work or study. It can be described as theoretical and/or factual and it refers to the outcome of the assimilation of information through learning. (European Parliament and Council of the EU, 2008) The professionals stressed that having knowledge of the principles and concepts of mental health promotion was essential as "they provide the base for systematic and effective as well as ethical mental health promotion". They felt that it was important to differentiate the concept of mental health from mental health problems and mental health disorders as this misunderstanding was seen as a common problem in the health sector and within the health sector professionals. Knowledge and understanding of the concept of positive mental health was considered crucial.

In addition, societal understanding, i.e. understanding society's influences and relationship with mental health and mental health promotion work was viewed as an important main competency. As one professional vividly commented: "It surely is the water that surrounds the fish that defines pretty many matters in its life…". According to the experts, societal

understanding is vital especially when developing policies and services related to mental health promotion. Understanding the significance that different sectors have for mental health and their role in mental health promotion is needed.

Practical skills

In short, practical skills mean the ability to apply knowledge and use know-how to complete tasks and solve problems, and involve manual dexterity and the use of methods, materials, tools and instruments (European Parliament and Council of the EU, 2008). Nine main competencies related to practical skills were identified highlighting the variety of skills needed in mental health promotion practice in the health sector. Many of these were related to mental health promotion actions and interventions such as planning, implementing and evaluating skills. However, it was collaboration skills that scored full marks by all experts. The skill to truly "do and act" together instead of just collaborating artificially was underlined. Closely related to collaboration skills were advocacy skills emphasising the need to influence decision makers, decision-making and policies at different levels and different sectors.

Furthermore, another highly ranked practical skill was interpersonal skills. As one professional expressed: "It is often thought that people are born with interpersonal skills. They can be learnt and it would be imperative to teach them, and not just speak about their importance". Even though it was recognised that the structures of the society need to be taken into consideration, the view was that mental health is overwhelmingly promoted in interactions between people.

Attitudes and values

Attitudes are beliefs or feelings about a concept, person or object. Values, on the other hand, are beliefs, traditions and social customs held dear and honoured by individuals and collective society. As such, they are closely related. Both attitudes and values may change as individuals gain life experience. (Public Health Agency of Canada, 2008) Three main competencies in relation to attitudes and values were identified in the study: positive attitude, holistic approach and ethical values. These areas of competency are closely linked reflecting the experts' view that a customer-oriented operating culture was essential in mental health

promotion work. For example, positive attitude was to "identify, find and utilise actively opportunities and resources" believing that each person has positive resources in them, they just need to be found. In addition, working with an open-minded attitude with different people, population groups and cultures, as well as acting tolerantly and respecting differences highlighted the ethical values that the professionals expressed.

Discussion

The mental health promotion competencies identified in this Delphi consensus survey are the result of a shared understanding among health sector professionals. A strong consensus was reached within the participating experts, them viewing all competencies as important. The identified competencies highlight the great variety of different competencies and competency areas that are needed for effective mental health promotion practice in the health sector. The competencies provide a valuable resource for workforce development, as they illustrate what theoretical knowledge, practical skills and attitudes and values are required from professionals working in public mental health and/or mental health promotion. They also provide an instrument to enhance education and training programmes in mental health promotion thus contributing to a more skilled workforce and improved quality of practice. These, undoubtedly, lead to improved mental health and wellbeing of populations and individuals.

The study employed the competency approach to define the knowledge, skills and attitudes and values needed in mental health promotion. This concurs with the current mental health promotion dialogue in Europe and the established use of the concept of competency (Barry et al., 2012). Nevertheless, there has been some debate on the use of the competency term in other contexts (Lozano et al., 2012; Weigel et al., 2007).

The competencies presented here are consistent with the PROMISE project's European guidelines for training social and health care professionals in mental health promotion, as described in the discussion section (Greacen et al., 2012). The developed competencies include all but one (evaluating risks) aspect of those guidelines thus strengthening the significance of the study results.

The identified competencies clarify a vital aspect of mental health promotion, namely empowerment. The competencies either explicitly or implicitly refer to the empowerment of individuals. Competencies within the values and attitudes domain, for example, refer to equality and individuals' own expertise and agency with regards to the promotion of their mental health and wellbeing. Practical skills based competencies such as interpersonal skills and needs assessment skills refer to customer's strengths and resources and recognising them. Theoretical knowledge related competencies such as knowledge of mental health promotion principles address the issue as well.

Furthermore, the study and its findings are supported by the public mental health research priority recommendations provided by the ROAMER project (Forsman et al., 2015). These priorities included an emphasis on positive mental health and well-being as it was recognised that mental health promotion is under-researched. The findings of the study presented here add to the shared view of the importance of mental health promotion for strengthening mental health and well-being of populations.

Finally, it is worth to note that the level of proficiency required for each competency may depend on the professional's role in the health sector. This view was expressed by some of the participating experts. This suggests that working in a development role might require different level of proficiency of a competency than working in a more customer-based role. Each competency may therefore need to be adjusted to the specific working environment and the role of the professional working in that setting. Moreover, in Finland, for example, the professionals whose work includes mental health promotion actions represent a diverse workforce with varying levels of training and qualifications. This needs to be taken into consideration when planning mental health promotion training and continuing professional development to ensure adequate emphasis on each competency.

Strengths and limitations

The study used a consensus-building process to develop the competencies for mental health promotion. The use of an electronic Delphi survey proved to be fruitful and convenient way to seek opinions and views of experts. It provided a method where it was possible for the panel members to express their views in an iterative process, and discuss anonymously. While the response rates (84%, 71%) were fairly high, some decline occurred during round 2.

This may have been the result of participation fatigue which is considered common in Delphi surveys (Keeney et al., 2006; Linstone and Turoff, 2002). Personal reminder emails were sent to participants to enhance response rates. Furthermore, lack of time was given as an explanation when an expert refused the invitation to participate in the survey, a fact that could also explain the slight decline in response rate in round 2. Nevertheless, 27 experts participated in round 2 reaching consensus and thus producing stable results (Jorm, 2015).

The panel members in the study were professionals with experience of mental health and/or mental health promotion and working in the health sector representing a wide variety of expertise such as policy, research and practice areas. This strategy produced practice-based evidence which was considered appropriate in order to answer the research aims.

Conclusion

A strong consensus exists among experts on needed competencies for mental health promotion. The competencies identified highlight the great variety of different competencies ranging from theoretical knowledge to practical skills, and further comprising attitudes and values. Mental health promotion takes place in various settings and environments, with different individuals and populations, valuing a holistic view of mental health and the individual.

These competencies are later formulated as competency recommendations for mental health promotion in the health sector. A further development stage is to develop a tool to assess and measure mental health promotion competencies. Although these competencies were developed to the health sector, they can be applied and modified, as applicable, to other sectors as well. It also needs to be acknowledged that the competencies need to be reviewed periodically to meet the changing demands and challenges in the health sector and in mental health promotion work.

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Figure 1. The Delphi process

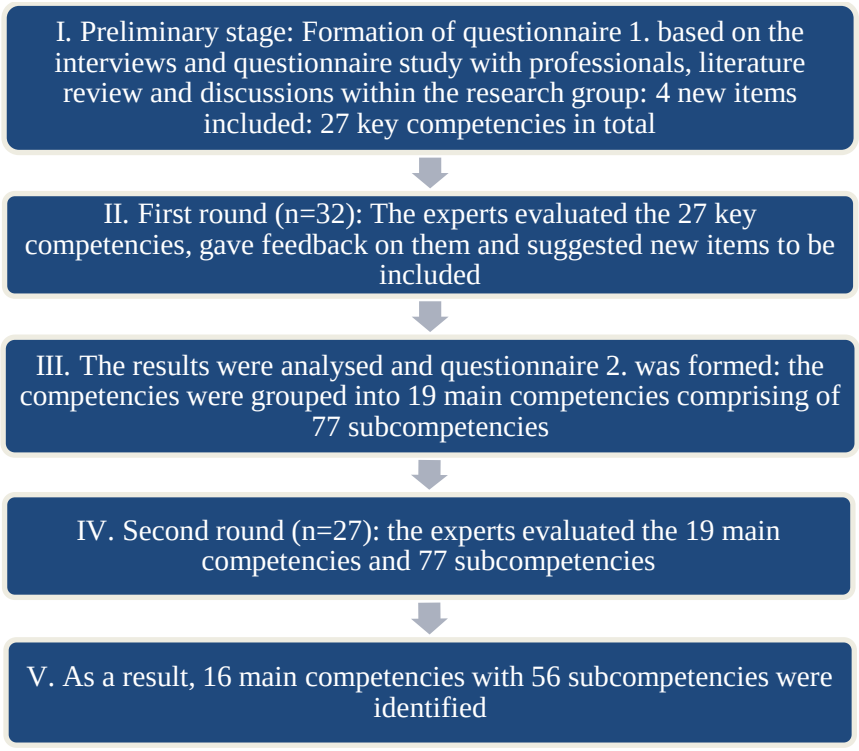

Table I Results from the Delphi round 1

Main category	**Subcategory**	**Mean (%)**
Theoretical knowledge	Knowledge of principles and concepts of mental health promotion	4,72 (100)
	Human development knowledge	4,16 (84,38)
	Knowledge of positive psychology	4,63 (100)
	Societal understanding	4,48 (100)
	Knowledge of human rights	4,56 (90,63)
Practical skills	Communication skills	4,55 (96,55)
	Interpersonal skills	4,93 (100)
	Needs assessment skills	4,55 (93,08)
	Planning skills	4,14 (85,71)
	Implementation skills	4,43 (85,71)
	Able to identify components of positive mental health	4,75 (100)
	Able to identify risk factors of mental health	4,68 (100)
	Leadership	4,18 (82,14)
	Collaboration skills	4,89 (100)
	Managing skills	4,36 (89,29)
	Evaluation and research skills	4,25 (89,29)
	Advocacy skills	4,61 (100)
	Marketing skills	3,89 (71,43)
	Multisectoral working	4,7 (96,67)
Personal attitudes	Positive attitude	4,69 (96,55)
	Broad-minded	4,86 (100)

	New ways of working	4,14 (82,75)
	Holistic approach	4,97 (100)
	Multidisciplinary approach	4,7 (96,66)
Personal values	Respect for human rights	5 (100)
	Equality	4,93 (100)
	Customer-friendly	5 (100)

Table II Results from the Delphi round 2

Main competency	**Mean (%)**	**Number of subcompetencies**
Theoretical knowledge		
Knowledge of principles and concepts of mental health promotion	4,52 (100)	4
Human development knowledge	4,04 (85,18)	2
Societal understanding	4,70 (100)	5
Knowledge of human rights	4,3 (96,29)	3
Practical skills		
Communication skills	4,04 (85,18)	4
Interpersonal skills	4,93 (100)	4
Needs assessment skills	4,52 (88,89)	6
Planning skills	4,58 (100)	3
Implementation skills	4,26 (96,3)	2
Collaboration skills	5 (100)	4
Leadership skills	4,3 (96,3)	4
Evaluation and research skills	4,26 (100)	5
Advocacy skills	4,74 (96,3)	5

Attitudes and values		
Positive attitude	4,96 (100)	4
Broad-minded	4,81 (100)	4
New ways of working	4,22 (96,3)	7
Holistic approach	5 (100)	3
Customer-friendly	5 (100)	5
Equality	4,93 (100)	3

Table III Mental health promotion competencies

Main competencies	Subcompetencies
Theoretical knowledge	
1. Knowledge of principles and concepts of mental health promotion (MHP)	1.1 Knowledge of the concept of positive mental health, resilience, and the importance of strengths, resources and protective factors 1.2 Knowledge of supportive living conditions and environments 1.3 Knowledge of the concept of mental health 1.4 Knowledge of the risk factors of mental health 1.5 Knowledge of effective methods, practices and tools for mental health promotion
2. Human development knowledge	2.1 Knowledge of MHP aims and activities according to the life course approach 2.2 Knowledge of the psychosocial and physiological human development
3. Societal understanding	3.1 Understanding how the society works and how to influence on it 3.2 Understanding the factors that support and challenge mental health in the society 3.3 Understanding the significance of different sectors and their role in MHP 3.4 Understanding the influence of political decisions on wellbeing and mental health promotion

4. Knowledge of human rights	4.1 Knowledge of equality, justice, and appreciation and respect for others 4.2 Knowledge of cultural differences and similarities and their significance to MHP work
Practical skills	
5. Communication skills	5.1 Mastering different communication methods, including verbal and written communication as well as technological communication methods 5.2 Providing information on factors and activities related to MHP 5.3 Influencing positive and supportive attitude towards mental health, and reducing stigma
6. Interpersonal skills	6.1 Mastering interaction skills when working with various stakeholders 6.2 Considering others with appreciation, respect and empathy taking into account the views and values of others and using them as a starting point for working 6.3 Mastering group and bilateral work as well as different guidance methods
7. Needs assessment skills	7. 1 Assessing customer's needs while utilising different methods, tools and indicators 7.2 Engaging customers/target groups with needs assessment as well as setting and monitoring objectives and actions 7.3 Monitoring mental health with different indicators and indicating

	the effectiveness of MHP 7.4 Recognising and supporting components of positive mental health and customer's strengths and resources and supporting those 7.5 Recognising risk factors of mental health
8. Planning skills	8.1 Planning objective-oriented MHP actions and interventions 8.2 Utilising available resources with planning 8.3 Engaging customers and other stakeholders when planning and developing activities 8.4 Developing new innovations, methods and tools
9. Implementation skills	9.1 Implementing effective MHP methods and interventions 9.2 Providing objective-oriented and targeted MHP actions to and with customers as well as part of wider MHP 9.3 Monitoring systematically the planned actions
10. Collaboration skills	10.1 Working in partnership with others beyond organisations, sectors and disciplines while planning and developing MHP actions 10.2 Networking and creating partnerships and utilising different networks 10.3 Working in partnership with customers/target groups 10.4 Enabling and utilising peer support ("experts by experience") in MHP activities
11. Leadership skills	11.1 Leading and supporting MHP actions in practice and in different

	levels from customer work to population level actions 11.2 Guiding systematically objective-oriented and knowledge based MHP and its actions 11.3 Utilising scientific knowledge in decision making both in the health sector and other sectors
12. Evaluation and research skills	12.1 Seeking scientific knowledge to support MHP work and utilising research based effective interventions 12.2 Mastering different evaluation and research methods and indicators 12.3 Studying and evaluating MHP planning, implementation and impact
13. Advocacy skills	13.1 Influencing by networking and working with different sectors 13.2 Marketing MHP and MHP actions to other stakeholders and players 13.3 Influencing decision makers, decision-making and policies at different levels 13.4 Lobbying for resources needed for MHP actions
Attitudes and values	
14. Positive attitude	14.1 Working with an open-minded attitude in MHP actions with different people, population groups and cultures 14.2 Inspiring, encouraging and motivating people

	14.3 Recognising and utilising possibilities and resources and strengths 14.4 Renewing and improving ways of working with courage in order to promote and support mental health
15. Holistic approach	15.1 Seeing the customer as a whole person with strengths and limitations supporting customer's own expertise and agency, and empowering them 15.2 Multisectoral and multidisciplinary working manner with MHP activities 15.3 Taking into account the biological, psychological, social, spiritual and societal factors that affect mental health 15.4 Promoting customer-oriented operating culture
16. Ethical values	16.1 Respecting human rights and strengthening equality 16.2 Acting tolerantly and respecting differences 16.3 Making human rights visible and realised in MHP actions