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Title: Intersectoral partnerships and competencies for mental health promotion : a Delphi-based qualitative study in Finland

Year: 2022

Version: Accepted version (Final draft)

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Please cite the original version:

Tamminen, N., Solin, P., Barry, M. M., Kannas, L., & Kettunen, T. (2022). Intersectoral partnerships and competencies for mental health promotion : a Delphi-based qualitative study in Finland. *Health Promotion International*, 37(1), Article daab096.
<https://doi.org/10.1093/heapro/daab096>

Intersectoral partnerships and competencies for mental health promotion: a Delphi-based qualitative study in Finland

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Keywords

mental health promotion, intersectoral partnership, collaboration, mental health promotion competencies

Abstract

The importance of intersectoral collaboration and partnership working in mental health promotion, together with the requisite competencies for effective collaboration, is widely acknowledged. This Delphi-based qualitative study examined how intersectoral collaboration and partnership work are constructed and adopted in mental health promotion practice. Descriptive data from a Delphi panel of mental health promotion practitioners working in the health sector (n=32) were used as a data source. Thematic analysis was used to analyse the data. Applying the theory of collaborative advantage, eight themes of collaboration advantage and the related competencies were identified: management structure, leadership, communication and language, common aims, working processes, resources, trust, and commitment and determination. The themes capture the competencies required to influence and work with others to improve the mental health and wellbeing of individuals and communities. The identified theme areas can be used to inform education and training and capacity building for professional practice in mental health promotion. Future research is needed to explore

other possible collaborative advantage themes in mental health promotion practice and the competencies required to facilitate effective partnerships across sectors. Further investigations are also needed on the identified theme areas in order to develop and guide capacity building and training in mental health promotion.

INTRODUCTION

Mental health promotion is grounded on the notion of mental health being ‘a state of well-being in which an individual realizes his or her 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’ (WHO, 2018, p. 1). Mental health is thus more than the absence of mental illness and embraces positive concepts of mental health, wellbeing and resilience (WHO, 2005; Barry et al., 2019). Mental health promotion actions focus on strengthening protective factors for good mental health, promoting positive mental health and creating supporting living conditions and environments (WHO, 2005; Barry et al., 2019). These actions can take place on individual, community and population levels (Barry et al., 2019). Mental health is influenced by a range of social, environmental and economic determinants (WHO, 2005; Barry, 2009; WHO & Calouste Gulbenkian Foundation, 2014). Addressing these determinants calls for an intersectoral approach and comprehensive and coordinated actions for improved mental health (WHO, 2005; Barry et al., 2019).

The importance of intersectoral collaboration and partnerships has been recognised in the strategies and actions to promote and improve mental health and wellbeing (WHO, 2013a; 2013b). A Mental Health in all Policies approach (MHiAP) emphasises the impacts of public policies on mental health determinants and aims to develop mental health promotion by integrating mental health in all policies (WHO, 2013c; EU Joint Action on Mental Health and Wellbeing, 2016). Mental health is created in people’s daily living environments and actions, thus the responsibility for mental health and wellbeing extends across all sectors of society (WHO, 1986, 2013a, 2013b). Sectors such as

health, education, housing and welfare, employment, environment, workplace, and so on, all have a significant role in promoting the mental health of individuals, communities and populations (Perth Charter for the Promotion of Mental Health and Wellbeing, 2012; WHO, 2013a; WHO & Calouste Gulbenkian Foundation, 2014). A MHiAP approach proposes that mental health should be incorporated in the strategic planning of ministries responsible for education, social welfare, police, courts, prisons, probation services and child protection, among others. Mental health policies, such as the recently launched Finnish National Mental Health Strategy (Ministry of Social Affairs and Health, 2020), also highlight that mental health promotion must be implemented on several different levels using multidisciplinary approaches. The strategy acknowledges that mental health is influenced by sectors outside of health and social welfare and that mutually accepted values and principles are needed to facilitate action planning.

Political commitment and intersectoral collaboration is required for a MHiAP approach to succeed (Jenkins and Minoletti, 2013). Collaboration between different sectors can be problematic as improved mental health is not often a primary policy objective of sectors outside the health and mental health sectors (McDaid et al., 2019). It is therefore that advocacy may be needed to place mental health and mental health promotion on the common agenda of different partners (WHO, 2003). Advocacy strategies such as political advocacy and professional mobilisation can be implemented to effect change in priorities and activity areas in sectors where mental health is not of main concern. Increasing the profile of mental health thereby winning commitment to mental health promotion and providing mental health promotion workforce with information and tools to advocate for mental health can be used as advocacy activities to achieve change (WHO, 2003; Shilton, 2008).

Partnership working for mental health promotion entails challenges that need to be acknowledged and resolved. Shared and mutually beneficial goals, as well as a common language that is understandable to all partners, is needed to engage all sectors in mental health promoting actions and joint working. Furthermore, sharing of resources and strengthening capacity across the

individual, organisational and community dimensions are required for successful collaboration (WHO, 2005, 2014; EU Joint Action on Mental Health and Wellbeing, 2016). The requisite knowledge and skills for facilitating effective partnerships across sectors may need to be developed among professionals, networks and communities that are involved with mental health promotion actions (Greacen et al., 2012; WHO, 2014; Ministry of Social Affairs and Health, 2020).

Research on mental health promotion practice has identified collaboration work and partnerships as essential aspects of mental health promotion work and demonstrated that there is a need for building capacity in mental health promotion practice (Barry, 2007a; Forsman et al., 2015; Tamminen et al., 2018; Tamminen et al., 2019). Horn et al. (Horn et al., 2014) examined collaboration in mental health promotion capacity-building initiatives and identified key facilitators for collaboration and engagement that may be particularly applicable to the implementation of a mental health promotion program or intervention. Fostering relationships and valuing the contributions of stakeholders, maintaining a shared vision and having the necessary resources to effectively collaborate and engage were recognised as important facilitators of effective collaboration. Shared goals, mutual understanding among partners and the engagement of relevant individuals in all actions of mental health promotion have also been identified as important features of successful mental health promotion practice (Hinrichsen et al., 2020). However, there is limited evidence on how competencies for partnership and collaboration work are applied in mental health promotion practice. The overall aim of this study is to examine how intersectoral collaboration and partnership work are constructed and adopted in mental health promotion practice focusing on the perspective of practitioners working in mental health promotion in the health sector.

Theoretical framework

Partnerships are defined in health promotion as voluntary agreements between individuals, groups, communities, organisations or sectors to work cooperatively towards a common goal through joint action (WHO, 1998; Speller et al., 2012). Effective partnerships are collaborative working

relationships where partners can achieve more by working together than they can on their own (Huxham, 2003; Jones and Barry, 2011). This synergy is produced when the complementary skills, resources, perspectives and shared know-how of the partners lead to better solutions (Jones and Barry, 2011).

While there seems to be no universally agreed-upon theory of intersectoral collaboration and partnerships, there is a growing body of research and theoretical frameworks of partnership functioning and collaborative work (Williams, 2002; Corbin and Mittelmark, 2008; Koelen et al., 2012; Seaton et al., 2018). Corbin and colleagues (Corbin et al., 2018) reviewed the international literature on processes that support and inhibit health promotion partnership functioning. They identified nine core elements for positive partnership processes: development of a shared mission; inclusion of a broad range of participation from diverse partners and a balance of human and financial resources; incorporation of leadership that inspires trust; confidence and inclusiveness; monitoring and adjustment of how communication is perceived by partners; balancing formal and informal roles and structures; building trust between partners during the partnership; ensuring balance between maintenance and production activities; considering the impact of political, economic, cultural, social and organisational contexts; and evaluation of partnerships for continuous improvement. The theory of collaborative advantage (Huxham, 2003; Vangen and Huxham, 2010) is a practice-oriented, theme-based theory that is concerned with enhancing practical understanding of the management issues involved in joint working across organisations. The theory is derived from action research with practitioners concerned with collaborative arrangements aimed at addressing social issues in settings such as community planning, special education, economic development, the environment, health promotion and health service provision (Huxham, 2003). It is structured around the tension of two contrasting concepts underscoring the paradoxical and complex nature of collaborations and partnerships. The first concept, *collaborative advantage*, describes the synergy that can be created through joint working. The second concept, *collaborative inertia*,

relates to the possible disappointing output of reality. The theory is organised around themes of issue areas that are seen as central and need consideration in collaboration practice. Several overlapping themes are presented, key themes being: common aims, power, trust, membership structures and leadership. Other themes in collaboration practice include resources, communication and language, working processes, commitment and determination, accountability, compromise, democracy and equality, learning, identity, culture, social capital and risk (Huxham, 2003; Vangen and Huxham, 2010). The theory is descriptive, aiming to underlie the complexity of collaborative situations, and to support and empower those who seek collaborative advantage in practice. The theoretical frameworks described above seek to identify areas to focus on in order to support positive partnership working and help to address the practical issues involved.

Partnership and collaborative working have been recognised as an important workforce competency in training and education in health promotion. Competencies can be defined as a combination of attributes such as knowledge, abilities, skills, attitudes and values that are necessary for the practice of health promotion (Shilton et al., 2001; Barry et al., 2012). Barry et al. (2012) identified 11 domains of core competencies for health promotion. One of the competencies emphasises the ability to mediate through partnerships; a health promotion practitioner is able to work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action. The partnership domain requires core knowledge and skills such as the theory and practice of collaborative working (e.g. teamwork, networking), principles of effective intersectoral partnership working, collaborative working skills, facilitation and mediation skills, and communication skills (Barry et al., 2012a). Greacen and partners (Greacen et al., 2012) produced European guidelines for training social and health care professionals specifically in mental health promotion. The project identified ten quality criteria for training, among them adopting an interdisciplinary and intersectoral approach and empowering all community stakeholders for effective involvement. The aim is for all stakeholders to have collective ownership of the mental

health promotion actions and the encouragement of the acquisition of leadership skills to build shared vision, shared planning and strategy for the actions.

METHODS

Data collection

This study was part of a larger web-based Delphi (Jorm, 2015) survey that was carried out in 2017 in Finland (Tamminen et al., 2018) to investigate what competencies are needed for mental health promotion in health sector practice. The original survey sought the views of mental health and/or mental health promotion experts working in the health sector. Invitations to participate in the original Delphi survey were sent to 43 health sector professionals that had been identified as having experience in mental health and mental health promotion. The purposive sampling covered a wide range of expertise and interest in public, private and third sectors: professionals working in policy level (i.e. Ministerial Adviser, Senior Specialist, Health Policy Advisor), research and development areas (i.e. Senior Researcher, Chief Specialist, Project Manager, Research Manager), higher education (i.e. Principal Lecturer, University Lecturer), mental health promotion practice (i.e. Chief Psychologist, Wellbeing Coordinator, Project Manager, Executive Director, Deputy Chief Doctor) and experts by experience (i.e. Expert by experience, Educator, Executive Director). Eventually, 32 experts (84,4% female) answered the questionnaire in Round 1 and 27 (81,5% female) in Round 2. The panel members represented professional expertise and experience in mental health promotion: 15 experts worked in the public sector (mental health care of municipalities, health promotion in municipalities, research organisations, the Ministry of Health and Social Affairs), 12 experts in the third sector (NGOs with expertise in grass-root intervention, advocacy, experts by experience, research and development work), and 5 experts in the private sector (the higher education system).

An online survey, eDelphi.org, was used for the data collection, which was conducted in Finnish. The survey comprised two Delphi rounds; both questionnaire rounds included five-point Likert

scales to allow the participants to identify and evaluate the importance of key mental health promotion competency areas. The initial 27 competency areas in round 1 were based on a previous study with professionals (Tamminen et al., 2019). The questionnaire in Round 2 was formed according to the results of Round 1. In addition, both questionnaire rounds included space for open responses from the experts. In the provided space, the panel members were asked to write their expert views and opinions on required skills, knowledge, attitudes and values for mental health promotion. The online survey allowed iterative discussions among the experts; they were anonymously able to view and comment on the responses of others, thus building the data and descriptions in a common dialogue. The descriptive data from the open responses was rich and versatile, and revealed that intersectoral collaboration and partnership work and related competencies are highly emphasised in mental health promotion practice. As a result, a separate study was carried out to investigate the matter of collaboration within the competencies in more detail, that is, how intersectoral collaboration and partnership work are constructed and adopted in mental health promotion practice. For this study, these qualitative descriptions of the experts formed the data source.

Data analysis

The qualitative data from both rounds of the Delphi survey was analysed using the data analysis software Atlas.ti (version 7). The analysis included two stages: 1. data driven inductive analysis applying thematic analysis method (Braun and Clarke, 2006; Clarke and Braun, 2014) and 2. analysis-driven process where the findings from the inductive stage were organised according to a theoretical framework. In stage 1, the transcripts were read several times to become familiarised with the data and to identify items of potential interest. Meaningful units of text (Table 1) were coded and codes discussing similar ideas or issues were grouped into themes. In stage 2, the findings were identified and collated according to the study's research question together with the theoretical framework of collaboration advantage outlined by Vangen and Huxham (Huxham, 2003;

Vangen and Huxham, 2010). The responses were checked for coding reliability by a second researcher. An example of the analysis process is illustrated in Table 1.

[Table 1. An example of the analysis process - here]

RESULTS

The identified themes were; membership structures, leadership, communication and language, common aims, working processes and resources, trust, and commitment and determination (Figure 1).

[Figure 1. Themes of intersectoral collaboration and partnership work - here]

Membership structures

The ability to create opportunities and structures for successful collaboration work was viewed as necessary by the experts. Working in partnership with others across organisations, sectors and disciplines while planning, developing and implementing mental health promotion actions was considered as one of the most essential competencies and, more precisely, a practical skill in mental health promotion:

Nowadays collaboration skills are emphasised in almost all work but especially in mental health promotion as it specifically aims to work across sector borders, because mental health matters are built by interaction between so many different sectors.

This acknowledgement of 'breaking boundaries', that mental health is supported and promoted not solely by the health sector but also within other sectors and areas of the society, was viewed as being crucial. Other sectors that were identified to promote mental health were, for example, early education, schools, work settings, older people's living settings and free time activities. The environment sector and social scientists were also captivatingly described to have an important and

fruitful role in joint mental health promotion actions and research:

If we think for example utilising city forests to promote citizens' mental health, so the research certainly is more rich if social scientists and geographers are involved together with health scientists.

Membership of clients such as mental health service users and other stakeholders such as non-governmental organisations (NGOs) was also considered vital. The experts described collaboration with clients especially with reference to face-to-face mental health promotion work taking place in the health sector: 'Involving clients is a must.' In these circumstances, the clients were often named as patients by the experts. Engaging clients in planning and designing mental health promotion actions was an example of this collaboration. The view was that the expertise of, and ownership by clients and other stakeholders such as children and young people, needs to be taken into consideration and should be at the centre of all mental health promotion action. This included collaboration with NGOs working in the area of mental health and public health:

Non-governmental organisations do really valuable mental health promotion work.

The health sector could have numerous opportunities to initiate and collaborate (with NGOs) more effectively.

A shared view was that including the expertise of lived experience was essential and a much needed practice to be employed alongside mental health promotion work by professionals:

(It is important to...) have knowledge of peer support and peer work and the work of experts by lived experience, and to utilise them in mental health promotion work.

Leadership

Related to membership structures was the issue of leadership. Leadership and management were required in order for collaboration and partnership work to be successful and making collaboration

happen: 'Leadership has a big role in creating and/or maintaining partnership.' It was acknowledged that leadership and the competence to lead and manage partnerships may be needed in different levels of partnership work, from strategic level actions down to grass-root level partnership practice.

Communication and language

Good communication and interpersonal skills helped to advance the mental health promotion message among partners, especially if they were from sectors other than the health sector. This applied to use of a common language, as common concepts were seen to bring clarity, ease learning and promote interaction: 'The same message is repeated more easily, it helps the understanding'. Clear and explicit concepts and common principles were seen as a way to create understanding and discourse in different network meetings.

...related to that collaboration with different sectors ... often it is important to make clear quite ordinary, and in your opinion, self-evident matters so that everyone is talking about the same thing for sure and a common language and words are found.

The shared understanding was also considered important when working at a strategic level developing wider strategies or programmes in partnership with other sectors and disciplines.

Related to communication were advocacy skills that emphasised the need to network and work with different sectors in order to make mental health promotion visible and to influence and advance mental health promotion. Working together with and influencing decision-making and policies at different levels and different sectors was seen as being essential by the experts:

Advocacy work is central in order to better highlight the viewpoint of mental health promotion and transfer it to practice.

In addition, lobbying not just for mental health promotion actions but also for resources needed to implement those actions was seen as one of key competencies:

Mental health often still has to fight for its position or to prove its necessity...thus advocacy skills are needed. Everyone needs to know the so called lift-talk about his own speciality to quickly justify what you are doing, why and why it is important.

Further, social marketing methods were viewed as means to promote mental health.

Common aims

This theme was strongly connected to the communication and language theme as the experts stated that use of a common language leading to a shared understanding was required in order to develop a shared vision together with aligned common aims.

Concepts create the ground for collective understanding that is needed so that common aims can be set and actions and monitoring agreed.

Goal setting was seen as a starting point in the collaboration and it was supported by a mutual understanding of the vital roles that each stakeholder has in the partnership. The professionals shared a view that in order to successfully collaborate with others, one needs to recognise and appreciate the important part that different sectors (not just the health sector) play and the work they do towards the promotion of mental health:

In my opinion, when working in the health sector, it is most important to understand the role and significance of other sectors in mental health promotion. When you understand that mental health is created and sustained in everyday life environments (home, schools etc.), it is perhaps also easier to do partnership work with these different sectors.

This outlook of a common task and goal applied to collaboration both in the political decision-making level and in relation to more practical measures with different sectors of society.

Trust

The theme of building trusting relationships was associated with interpersonal and interactional skills. Good interpersonal skills were thought to be needed in all interactions with people in order to learn to know them and create meaningful conversations and build relationships. The ability to consider others with appreciation, respect and empathy, and taking into account the views and values of others as a starting point for joint working were considered essential in order to nurture the collaborative relationships. In addition, an open-minded attitude was valuable when working with different people, population groups and cultures. The experts considered it highly important to take into account other people's individual situations openly and without making a value judgement:

We need to be broad-minded towards different population groups and subcultures, not just towards individual values.

Mastering good interaction skills when working with various stakeholders was considered important. Furthermore, having good interpersonal skills and creating positive interactions between people were seen as promoting mental health as such:

...mental health is hugely promoted in interactions and face-to-face situations...

Respecting and appreciating the other is a valuable experience in itself.

Working processes and Resources

In relation to working processes, the skill to truly 'do and act' together instead of just collaborating artificially was underlined. Collaboration was seen to be often superficial and only taking place for the sake of formality. The experts had experiences of occasional meetings where they only

presented their own work but didn't engage in real collaboration work:

Too many times 'good collaboration' stays at a level where representatives from different sectors gather around the same table as a so called working group once or twice a year and report to each other what their own sector has already achieved.

In order to strengthen close and effective collaboration between partners, active working processes such as joint planning was needed:

In addition to cooperation, we need joint development work in order to include mental health supportive thinking early in the planning process.

Joint planning was also seen as encompassing joint funding and budgeting in order for true partnership work to be realised. The themes of working processes and resources were thus seen to be overlapping here. In general, networking and creating partnerships were seen to be a means to build up true collaborations.

Commitment and determination

This theme stressed the needed attitudes and values for partnership work. As the professionals shared the understanding that mental health as well as overall wellbeing is affected by various factors, most of which exist outside the health sector, a positive, committed attitude towards partnerships with different sectors and disciplines was needed:

This is indeed an important matter in order to have as many as possible win – win situations when working together.

Mental health promotion work cannot be done in a vacuum and in order for collaboration to succeed, one needs to look at the same goal.

It was also acknowledged that understanding and implementing effective intersectoral and

multidisciplinary work is challenging and time-consuming. A positive attitude created a positive atmosphere and a desire to progress with matters.

DISCUSSION

This study adds to the partial knowledge of how intersectoral collaboration and partnership work are constructed and adopted in mental health promotion practice focusing on the perspective of practitioners working in mental health promotion in the health sector. Using a practice-based theory of collaborative advantage (Huxham, 2003; Vangen and Huxham, 2010), eight themes of collaboration practice areas were identified: membership structures, leadership, communication and language, common aims, working processes and resources, trust, and commitment and determination. They illustrate what kinds of competencies are seen as being central for successful intersectoral partnership work in mental health promotion practice in the health sector. This approach provided a novel insight into the type of themes of collaboration practice identified and described by practitioners in mental health and mental health promotion work. The results indicated their reflections of their work experience and their reality of mental health promotion practice. The practitioners built these descriptions together and identified themes that give us a picture of the complexity of partnership work, as well as the competencies that may be needed to create and sustain collaboration. By applying a theoretical framework to presenting the findings, we were able to build representations of mental health promotion practice. The theory of collaboration advantage (Huxham, 2003; Vangen and Huxham, 2010) allowed us to examine, analyse and illustrate the diversity and complexity of collaboration work in mental health promotion practice. The theory thus proved to be applicable to mental health promotion setting when addressing collaborative arrangement issues.

The complexity of real-life practice and the potential challenges involved became evident from our findings as we found several themes overlapping and being connected with each other. For example, working processes and resources were closely connected to each other, as it was

emphasised that close collaboration required active working processes such as joint planning but also preferably joint resources such as shared funding. Further, the communication and language theme was related to the theme of common aims. A shared understanding created by common concepts and a common language was seen to lead to the development of a shared vision and common aims. On the other hand, sharing goals was seen to support commitment and determination for the partnership work. Overall, the identified themes were closely entwined; they all entailed a shared understanding and appreciation of the value of intersectoral collaboration and wide partnerships in mental health promotion and the necessity of competencies related to collaborative practice. The collaboration related competencies were seen as being essential to manage successful mental health promotion practice and to achieve collaboration advantage; the synergy of effective partnerships.

The study findings align with the Mental health in all policies approach (MHiAP) (EU Joint Action on Mental Health and Wellbeing, 2016) in that they highlight the importance of intersectoral collaboration in the actions to promote and improve mental health and wellbeing successfully. This is especially evident in the theme of commitment and determination, which indicated that a positive and committed attitude towards intersectoral partnerships was needed. The MHiAP approach emphasises building capacity at individual, community and institutional levels recognising that there may be a need to develop the requisite knowledge and skills for facilitating effective partnerships across sectors. Furthermore, the findings are consistent with earlier research (Horn et al. 2014; Tamminen et al., 2018; Tamminen et al., 2019), which has identified key areas such as fostering partnership and having shared aims and resources, among other things, to facilitate effective collaboration in mental health promotion practice. A study by Reupert et al. (2012) underlined collaboration as a competency theme in mental health promotion programme development and evaluation. Interdisciplinary and intersectoral working skills were similarly identified as key competencies for general practice in the UK to promote mental health and prevent

mental illness (Thomas et al. 2016). Also, the ability to work jointly with experts by lived experience has been recognised as an important competency for mental health promotion practice (Tamminen et al., 2018). In addition, the identified themes of competency areas align with the recommendations for developing positive partnerships in health promotion practice in general, such as the recommendation to develop a shared mission, include a broad range of participation from diverse partners, build trust and include necessary resources (Corbin et al., 2016). A study by Barry et al. (2012) identified competencies for health promotion, articulating the necessary knowledge, skills, and abilities that are required for effective practice. Ethical values such as collaborative and consultative ways of working, and core competencies such as mediation through partnership were seen to underpin health promotion actions.

The themes of collaboration practice areas also bear importance for the implementation of mental health promotion as creating and sustaining intersectoral partnerships is a core element of mental health promotion implementation (Barry, 2007b; Horn et al., 2014; Barry et al., 2019). Metz and partners (2020) outlined competencies needed by professionals supporting implementation. They described principles, skills and competencies, based on research and practice evidence, that help to build capacity for better implementation. Several of the presented core competencies, i.e. necessary abilities of implementation support practitioners, coincide with the collaboration theme areas identified in our study. Competencies such as co-learning and co-design emphasise the active involvement of stakeholders in all stages of the implementation process. We also found active working processes necessary to strengthen close and effective collaboration between partners. Furthermore, the collaboration related competencies in mental health promotion, such as leadership and communication, were identified as core competencies for implementation support practitioners (Metz et al., 2020).

With the use of the theme-based theoretical framework, it was possible for us to highlight theme areas in intersectoral collaboration and partnership work in mental health promotion practice that

require focus and reflective practice. The identified themes enhance our understanding of the practical knowledge, skills and attitudes that are needed to develop and manage successful and positive mental health promotion practice. These results should be viewed as a starting point for iterative and ongoing development of proficiency in collaboration work in mental health promotion practice. They can act as guidance for capacity building and workforce development, as they suggest what kind of competencies may be required for successful partnership work. Consequently, the findings provide a special focus for education and training programmes in mental health promotion suggesting competency areas that underpin successful intersectoral and collaborative practice and that could be developed when planning the training of mental health promoters. However, there is a need for further research in this area so that the complexities of mental health promotion practice can be captured more fully in order to inform workforce development in this multidisciplinary field of practice.

Limitations

This qualitative study relied on the participation of professionals working in mental health and mental health promotion in the health sector. This proposes several limitations. First, the findings are based on the subjective views and experiences of the participating experts. However, they represented different disciplines and sectors and therefore, provided varied assessments and outlooks of mental health promotion practice. In addition, the employed online survey, eDelphi.org, allowed the panel members to construct the collaboration and partnership competencies together in a joint discourse while preserving their anonymity. The online method proved to be a convenient means to seek the views of the experts as it was easily accessible at a time best suited for the panel members. On the other hand, a more qualitative approach such as focus groups or interviews could have produced more in-depth findings.

Another limitation was that the study was conducted in a European country where mental health promotion has a fairly well established role in the strategies to promote population health. As a

result, the findings need to be considered with these constraints in mind and caution is warranted in generalising the findings at a more global level. The study is further limited because the data represented practitioners only from the health sector. In future studies, it would be important to gain more understanding of how collaboration partners from sectors outside of health see collaboration and partnership work and related competencies in mental health promotion. While acknowledging these limitations, a number of useful insights regarding themes of collaboration in mental health promotion competencies can be gathered from the study.

CONCLUSION

The importance of intersectoral partnerships and collaboration work to promote mental health and wellbeing has been acknowledged in various high-level policies such as the Ottawa Charter (WHO, 1986), the Helsinki Statement on Health in All Policies (WHO, 2013c) and the WHO Comprehensive Mental Health Action Plan (2013a). Furthermore, there is an understanding that the necessary knowledge and skills for facilitating effective partnerships across sectors may need to be developed. This study further illustrates the key role of intersectoral partnerships and collaboration work in mental health promotion practice, as it identifies what kind of competencies may be required for successful collaboration. The theory of collaboration advantage provides a useful framework for examining theme areas and requisite competencies for collaboration advantage in mental health promotion practice. Eight themes of collaboration practice areas have been presented here. They capture the competencies required to influence and work with others to improve the mental health and wellbeing of individuals and communities through the pursuit of shared goals as well as shared resources and responsibilities. The identified theme areas can be used to inform education and training and capacity building for professional practice in mental health promotion. They provide aid in planning education and training programmes as they present key areas of intersectoral partnership work to focus on.

Identifying additional theme areas should be given consideration in further investigations as these study findings are produced in a specific research context and carrying out the study in another sector of society or in another country might produce different key theme areas. It will also be of interest to examine the identified theme areas further in order to develop and guide capacity building and training in mental health promotion.

Funding

The authors received no financial support for the study, authorship, and/or publication of this article.

Ethical approval

The study's ethical acceptability followed the guidance of the University of Jyväskylä (Finland) Ethical Committee. Informed consent was obtained from all participants prior to data collection.

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