



ORIGINAL ARTICLE

## Mental health promotion competencies in the health sector in Finland: a qualitative study of the views of professionals

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### Abstract

**Aims:** In this study, we aimed to investigate what competencies are needed for mental health promotion in health sector practice in Finland. **Methods:** A qualitative study was carried out to seek the views of mental health professionals regarding mental health promotion-related competencies. The data were collected via two focus groups and a questionnaire survey of professionals working in the health sector in Finland. The focus groups consisted of a total of 13 professionals. Further, 20 questionnaires were received from the questionnaire survey. The data were analysed using the qualitative data analysis software ATLAS.ti Scientific Software Development GmbH, Berlin. A content analysis was carried out. **Results:** In total, 23 competencies were identified and clustered under the categories of theoretical knowledge, practical skills, and personal attitudes and values. In order to promote mental health, it is necessary to have a knowledge of the principles and concepts of mental health promotion, including methods and tools for effective practices. Furthermore, a variety of skills-based competencies such as communication and collaboration skills were described. Personal attitudes and values included a holistic approach and respect for human rights, among others. **Conclusions:** **The study provides new information on what competencies are needed to plan, implement and evaluate mental health promotion in health sector practice, with the aim of contributing to a more effective workforce. The competencies provide aid in planning training programmes and qualifications, as well as job descriptions and roles in health sector workplaces related to mental health promotion.**

**Key Words:** *Mental health, mental health promotion, competencies, health sector, professionals, qualitative study, Atlas.ti*

### Introduction

Mental health promotion plays a pivotal role in public health. The importance of mental health for population well-being is acknowledged by various European governments and key European level strategies. These include the European Pact for Mental Health and Well-being and the World Health Organization (WHO) European Mental Health Action Plan [1,2]. To achieve better mental health, the Pact recommends European States to take action

and ‘promote training of professionals involved in the health, education, youth and other relevant sectors in mental health and well-being’ (European Commission, p. 4) [1]. Consequently, mental health promotion is seen as a way to achieve better population mental health. Mental health promotion aims to enhance positive mental health and well-being. It is a distinct concept comprising a unique set of attributes and characteristics such as emphasizing

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empowerment and participation of individuals, and supporting multisectoral working [3]. The focus of mental health promotion is on the whole population and on strengthening protective factors for good mental health and quality of life [4].

A skilled workforce is needed to provide efficient mental health promotion practices in the health sector. However, it is recognized that there is a lack of professionals that are skilled and competent in providing and implementing effective mental health promotion [5,6]. In order to train professionals effectively, it is necessary to determine the competencies that are required in mental health promotion. Many studies on general health promotion and public health competencies have been conducted. The CompHP project developed core competencies for health promotion [7] and European Core Competences for Public Health Professionals were identified in ASPHER's European Public Health Core Competences Programme [8]. With relation to mental health promotion competencies, the European PROMISE project identified 10 quality criteria for training care professionals in mental health promotion [9]. These criteria are meant to be used as generic guidelines for training social and healthcare professionals in mental health promotion. The criteria embrace the principles of mental health promotion and concern issues such as promoting positive mental health, empowering community stakeholders and adopting an interdisciplinary and intersectoral approach. Systematic information on the specific competencies needed for mental health promotion in the health sector is currently lacking, and requires further investigations.

Competence and competencies are versatile concepts. The Oxford Dictionaries [10] define competence as 'the ability to do something successfully or efficiently'. According to Shilton et al., [11] competencies are a combination of attributes such as knowledge, abilities, skills and attitudes that enable an individual to perform a set of tasks to an appropriate standard. The CompHP project [7] applied a description of competencies that defined competencies as 'a combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion' (Barry et al., p. 649). For this study, competencies and abilities are understood as equivalent [12].

In order to define the needed competencies for mental health promotion, a qualitative study was carried out to seek the views of mental health professionals regarding mental health promotion-related competencies. Through qualitative analysis, it was possible to explore and deepen the understanding of the required competencies in health sector practice in Finland.

## **Methods**

### *Data collection*

The data was collected via two focus groups and a questionnaire survey of professionals working in the health sector in Finland (professionals in healthcare, non-governmental organisations, health development and research, etc.). We applied purposive sampling covering participants representing wide practical expertise in mental health and mental health promotion in the health sector. The first author conducted the interviews and the questionnaire survey. The focus group interviews were carried out in spring 2014 and autumn 2015 (duration 90 and 100 minutes). They consisted of a total of 13 professionals: five senior experts working in mental health promotion development and research and eight health professionals conducting further academic studies in mental health. Written, informed consent was acquired from all focus group participants before the interviews. An interview guide addressing participants' experiences and views on mental health promotion and related competencies needed in the health sector practice was used. The interviews were recorded and verbatim transcribed. In addition to the focus groups, a qualitative, open-ended questionnaire survey was conducted to widen the available data and obtain as comprehensive results as possible. The questionnaire was designed according to the structure of the focus group interviews and included the same themes and questions. The questionnaire together with a return envelope was distributed by hand to 70 health professionals working in mental health-related practice and attending the final seminar of the National Mental Health Programme [2] held in December 2015. A total of 10 questionnaires were returned. In order to attain a sufficient amount of data, an additional 14 high-level mental health professionals in Finland were approached individually via email or in person in January 2016, asking them to fill in the questionnaire. Ten of these answered the questionnaire. Altogether, 20 questionnaires were received and transcribed for the analysis.

### *Data analysis*

The transcribed text from the focus groups and the questionnaire survey was analysed using the qualitative data analysis software Atlas.ti (version 7). An inductive content analysis was carried out with the aim of ideas and themes arising freely from the data [13,14]. This method was chosen as a systematic way to capture the richness of the phenomenon of interest. The text was read repeatedly to achieve immersion and to obtain a sense of the whole picture.

Table I. An example of the analysis process.

Meaning unit/quotation	Subcategory
'You need to have strong enough theoretical knowledge base adopted. And also, it would be helpful to be able to present effective practices and methods how to... [promote mental health].'	Knowledge of principles and concepts of mental health promotion
'Strong communication and information know-how in order to communicate knowledge.'	Communication skills
'...you need to have courage to speak for mental health promotion in different occasions. And especially in situations... where people think disease-oriented, you need to present your view and highlight fairly strongly the matters.'	Advocacy skills
'At least what is needed is... a positive attitude.'	Positive attitude towards mental health promotion
'Viewing the psychological and somatic aspects as a whole and not to divide them into 'specialities'. With somatic diseases, trying to connect the illness as part of the person's everyday life and mental view.'	Holistic approach
'An experience of everyone's equality, equal rights to equal needs and to fulfilling them.'	Equality

Table II. Summary of the main categories and subcategories of mental health promotion competencies.

Subcategory	Main category
Knowledge of principles and concepts of mental health promotion	Theoretical knowledge
Human development knowledge	
Knowledge of positive psychology	
Societal understanding	
Knowledge of human rights	
Communication skills	Practical skills
Planning skills	
Implementation skills	
Needs-assessment skills	
Leadership	
Evaluation and research skills	
Advocacy skills	
Marketing skills	
Collaboration skills	
Multisectoral working	
Positive attitude	Personal attitudes
Broad-minded	
New ways of working	
Holistic approach	Personal values
Multidisciplinary approach	
Respect for human rights	
Equality	
Customer-friendly	

Meaning units and text fragments containing some information about the research question [15] were identified. The meaning units comprised sentences or words associated with their content. The meaning units were labelled with codes that were meaningful and relevant to the study aims. The codes were compared on the basis of similarities and differences and finally grouped into subcategories and main categories. The analysis yielded 23 subcategories for mental health promotion competence. These were clustered under four main categories of mental health promotion competencies: theoretical knowledge, practical

skills and personal attitudes and values. The first author carried out the initial data analysis, after which two other researchers went over the categorization of the results, followed by discussions among the researchers regarding the analysis and the results. An example of the analysis process is illustrated in Table I.

## Results

### *Theoretical knowledge*

Participants stressed that it is important to have *knowledge of the principles and concepts of mental health promotion*. It was necessary to know what mental health promotion means and what good and positive mental health is. Further, in order to promote mental health, you need to know what mental health is and what factors influence it. Furthermore, knowledge of the protective factors and risk factors related to mental health was important. Participants mentioned that you need to know the methods, tools and effective practices of mental health promotion. On the whole, with this knowledge of mental health promotion it was possible to 'comprehend the cornerstones of mental health and understand how mental health can be promoted', as expressed by one of the participants.

A *knowledge of human development and positive psychology* were also identified as a key category. As one participant summarized: 'You need at least [...] knowledge of positive psychology; of resources, survival, development, resilience, but also, to some extent, of mental illnesses and how to live with them.' The knowledge of human development was seen as important, especially with relation to promoting young people's mental health. Participants viewed *societal understanding* as needed; to understand how society works and how to affect it. In addition, *knowledge of human rights* was mentioned as a competence for mental health promotion.

### Practical skills

An extensive number of practical skills were identified as important. Participants described *communication* skills as being necessary. Communication skills included those such as listening and interaction skills. Being able to encounter and interact effectively with individuals and groups of people was required. The ability to use communication technology when desirable was also recognized. Related to communication skills were the skills of *advocacy* and *marketing*. As one participant said: ‘You need to be able to make matters visible to others and to influence.’ Marketing and ‘*selling*’ mental health promotion were seen as necessary by the participants. It was felt that mental health promotion needed to be put forward strongly, especially in disease-oriented settings and practices.

Regarding mental health promotion practice, *planning* and *implementation* skills were mentioned. In addition, *needs assessment* skills were stated as central in order to be able to plan mental health promotion actions that were suitable for the needs of each specific group and individual. Furthermore, *evaluation and research* skills were identified: ‘You need to be able to look for information and introduce it in practice.’ Evaluation and research skills gave the ability to base mental health promotion actions on scientific knowledge and methods, and to evaluate the effectiveness of these actions.

Participants said that *leadership* and management are also needed skills in the health sector. Leadership and guidance were needed in order to include mental health promotion as an all-encompassing scheme in health services. Guidance, negotiation and leading teamwork were also mentioned.

*Collaboration* skills were described as a needed skill because a great deal of mental health promotion work was seen to happen in collaboration with others and working in groups with different actors. Collaboration work supported mutual understanding with regards to mental health promotion work. Closely associated with collaboration was *multisectoral* working. As one of the participants described well:

I have noticed in my own project that one can do very good mental health promotion work with the culture sector, and sports services are an excellent partner. So that it is not always the social and health sector. That we would break the boundaries and work more boldly together and appreciate everyone’s expertise and different perspectives on matters.

### Personal attitudes

A *positive attitude* towards mental health and mental health promotion, as well as towards individuals was also mentioned as a needed competence. A positive

attitude included support and encouragement for individuals. Participants stated that being *broad-minded* and having the ability to appreciate difference was required. *New ways of working* were also described as an attitude by some of the participants. This included having courage to do things differently and learning to move away from the old models of working.

A *holistic approach* as an attitude was described as ‘seeing the person as a whole’ and viewing the psychological and somatic aspects as a whole and not separating them. A *multidisciplinary approach* reflected a broader attitude and a view that mental health and promotion of mental health is a matter of different sectors, not just the health sector. ‘So that you see the possibilities [...] for mental health promotion with other actors and actions’, as one participant said.

### Personal values

Values were grouped into three subcategories: *respect for human rights, equality* and *customer-friendly*. Participants stressed that equality and equal rights were fundamental in mental health promotion. It was recognized that respect for the individual and their rights was required. Participants described the value of being customer-friendly as an all-encompassing approach that placed the customer, an individual or a group, at the centre of mental health promotion. As one participant said: ‘A customer-friendly working culture where the customer’s own actions are supported and his aims are the starting point.’ Another participant mentioned that giving room and opportunity for customers to express themselves was the starting point of mental health promotion. Table II presents the summary of the main categories and subcategories of mental health promotion competencies.

## Discussion

The study adds to the understanding of the competencies that are required for mental health promotion practice in the health sector. The obtained knowledge represents not only individual views of professionals but also provides wide and rich descriptions of the practice of mental health promotion in the health sector. It is novel knowledge that has not been produced previously.

In order to promote mental health, it is necessary to have a knowledge of the principles and concepts of mental health promotion, including methods and tools for effective practices. Knowledge of positive mental health, protective factors for mental health and determinants of mental health were emphasized in our study. This competence echoes the quality criteria ‘Embracing the Principles of Mental Health

Promotion' developed by the PROMISE project [9] and highlights the specific mental health-related knowledge needed in mental health promotion. In health promotion, on the other hand, the required knowledge and competence revolves around knowledge of the concepts and principles of health promotion [7].

The study revealed an extensive number of competencies that were labelled as skills, demonstrating the variety of skills-based competence needed in mental health promotion. The identified skills relate to mental health promotion practice. Skills such as planning, implementation, needs assessment and evaluation skills are needed to develop, implement, manage and evaluate mental health promotion actions. Moreover, participants emphasized communication skills as important. Communicating mental health promotion actions is needed and skills such as interaction were seen to be essential to engaging with individuals and groups. Interestingly, the described mental health promotion skills are closely in accordance with the practice-related skills of health promotion developed in the CompHP project [7]. Domains such as assessment, planning and implementation were identified as core competencies for health promotion practice. This suggests that the skills-related competencies of health promotion and mental health promotion are alike and equally applicable to their practices. Some earlier studies have also conveyed this view [5,16].

The study participants also identified competencies that referred to personal attitudes and values required in mental health promotion. A broad, holistic and positive approach towards mental health and mental health promotion, as well as towards individuals is needed. The participants found that mental health promotion practice should be based on respect for individuals' rights and equality, and be customer-friendly. The customer and their needs are at the heart of mental health promotion actions. This holistic approach similarly reflects the multidisciplinary approach to mental health promotion. This study result therefore emphasizes the concept of mental health promotion and its attribute of multisectoral partnership work [3]. Promotion of mental health is a matter for different sectors as also proposed by the recently published European Framework for Action on Mental Health and Wellbeing [17].

Our study investigated the views of mental health professionals regarding mental health promotion competencies needed in health sector practice. An extensive number of competencies were described by the participants. As a final point, it is worth noting that competencies depend on the needs and aims of an individual organization or setting as also indicated

by Sydänmaanlakka [18]. This suggests that the variety of competencies identified in this study need to be tailored to the specific mental health promotion practice setting they are applied to. For this reason, refining the list of competencies can be seen as a necessary and continuous process of each organization/mental health promotion setting. As mental health promotion actions need to be based on needs, so do the competencies required for those actions.

#### *Methodological reflections*

The data collection and the initial data analysis were carried out by the first author of this article. The two different data collection methods (focus groups and questionnaire survey) were used to increase the validity of the study [19]. Furthermore, the data sets acquired through the two methods supported each other. These different qualitative study methods were employed as a way of improving the validity of the research [19,20]. In addition, by employing qualitative study methods such as focus groups, it was possible to gain deep insights into the issue. The questionnaires were distributed at a seminar held in December, and this timing, close to the holiday season might have had a negative effect on the return rate of the questionnaires. A more careful consideration of the timing of the study may have resulted in more returns. However, the data obtained were rich and varied, thus meeting the study aims. Another form of triangulation and study rigour was attained by two other researchers going through the categorization of the results, followed by detailed discussions among the researchers [19]. The study investigated the views of professionals only, which could be considered as a limiting factor. It would be highly valuable to explore the perspectives of the health sector customers as well, and by applying different study methods.

#### **Conclusion and implications**

The study provides new information on what theoretical knowledge, practical skills, and personal attitudes and values are needed to plan, implement and evaluate mental health promotion in health sector practice, with the aim of contributing to a more effective workforce. The competencies inform capacity building for professional practice in mental health promotion. They provide aid in planning training programmes and qualifications, as well as job descriptions and roles in health sector workplaces related to mental health promotion. Moreover, the identified competencies allow measurement of competencies, thus furthering the development of the competencies

in mental health promotion practice. In addition, this new evidence allows further development and evaluation of the issue. A Delphi study will be conducted in order to acquire more detailed information on the identified competencies and what they entail. It could prove worthwhile to compare these competencies identified by professionals working in the field with theoretical definitions and approaches of mental health promotion.

### Declaration of conflicting interest

The authors declare that there is no conflict of interest.

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### References

- [1] European Commission. *European pact for mental health and well-being*. Brussels: European Union, 2008.
- [2] World Health Organization. *The European Mental Health Action Plan*. Conference document no. EUR/RC63/11. Copenhagen: World Health Organization Regional Office for Europe, 2013.
- [3] Tamminen N, Solin P, Barry MM, et al. A systematic concept analysis of mental health promotion. *Int J Ment Health Promot* 2016; 18: 177–198.
- [4] Barry MM and Jenkins R. *Implementing Mental Health Promotion*. Edinburgh: Churchill Livingstone Elsevier, 2007.
- [5] Barry MM. Building capacity for effective implementation of mental health promotion. *AeJAMH* 2007; 6: 1–9.
- [6] Plan for Mental Health and Substance Abuse Work. Proposals of the Mieli 2009 working group to develop mental health and substance abuse work until 2015. Reports of the Ministry of Social Affairs and Health. Report no. 5, Helsinki, Finland, 2010.
- [7] Barry MM, Battel-Kirk B and Dempsey MA. The CompHP Core Competencies Framework for Health Promotion in Europe. *HE&B* 2012; 39: 648–662.
- [8] Birt C and Foldspang A. *European Core Competences for Public Health Professionals (ECCPHP)*. ASPHER's European Public Health Core Competences Programme. ASPHER Publication No. 5. Brussels: ASPHER, 2011.
- [9] Greacen T, Jouet E, Ryan P, et al. Developing European guidelines for training care professionals in mental health promotion. *BMC Publ Health* 2012; 12: 1114.
- [10] Oxford Dictionaries. Retrieved from <https://en.oxford-dictionaries.com/definition/competence>, (2017, accessed 4 January 2017).
- [11] Shilton T, Howatt P, James R, et al. Health promotion development and health promotion workforce competency in Australia. *Health Promot J Austr* 2001; 12: 117–123.
- [12] Boyatzis RE. Competencies in the 21<sup>st</sup> century. *J Managem Develop* 2008; 27: 5–12.
- [13] Krippendorff K. *Content analysis. An introduction to its methodology*. 2nd ed. Beverly Hills: Sage, 2003.
- [14] Graneheim UH and Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurs Educ Today* 2004; 24: 105–112.
- [15] Malterud K. Systematic text condensation: a strategy for qualitative analysis. *Scand J Public Health* 2012; 40: 795–805.
- [16] Mittelmark MB. Five strategies for workforce development for mental health promotion. *Promot Educ* 2003; 10: 20–22.
- [17] EU Joint Action on Mental Health and Wellbeing. *European Framework for Action on Mental Health and Wellbeing*. 2016.
- [18] Sydänmaanlakka P. *An Intelligent Organization*. Oxford: Capstone, 2002.
- [19] Mays N and Pope C. Quality in qualitative health research. In: Pope C and Mays N (eds) *Qualitative research in health care*. 3rd ed. Oxford: Blackwell Publishing Ltd, 2006, pp. 82–101.
- [20] Bengtsson M. How to plan and perform a qualitative study using content analysis. *NursingPlus Open* 2016; 2: 8–14.