

Mental Health Improvement: Evidence and Practice

Guide 4: Making an impact
evaluation guides

Mental Health Improvement: Evidence and Practice Evaluation Guides

Guide 4: Making an impact

March 2005

Acknowledgements

The Mental Health Improvement: Evidence and Practice Evaluation Guides series was commissioned by Health Scotland, with funding from the National Programme for Improving Mental Health and Well-being. This work was developed by Lynne Friedli, Allyson McCollam, Margaret Maxwell and Amy Woodhouse of the Scottish Development Centre for Mental Health.

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Health Scotland would like to thank all those who participated in the consultation process during the development of the Guides:

- Aberdeen Healthy Living Network
- Argyll and Bute LHCC
- CHEX
- Choose Life National Implementation Support Team
- Clydebank LHCC
- Communities Scotland
- Dundee Healthy Living Initiative
- Glasgow Caledonian University
- Grampian Employment Trust
- Health Promotion Fife
- Health Promotion Greater Glasgow
- Health Promotion Tayside
- Inverclyde Choose Life
- Mental Health Foundation
- Moving into Health, West Lothian
- National Resource Centre for Ethnic Minority Health
- NIMHE
- NIMHE West Midlands
- NHS Health Scotland
- Research Unit in Health, Behaviour and Change, University of Edinburgh
- Scottish Executive Effective Interventions Unit
- Scottish Executive Mental Health Research Team
- Throughcare Support Team, North Lanarkshire
- University of Aberdeen

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1.1 What is the purpose of this guide?

This is the fourth in a series of **Evaluation Guides**, which aim to encourage, support and improve standards in the evaluation of mental health improvement initiatives.

The guides are intended to help colleagues design evaluations that build on what is known about what works to improve mental health and that take account of the challenges of assessing the effectiveness of mental health improvement interventions.

The first four guides in the series are:

- *Guide 1: Evidence-based practice.* How can we use what we currently know to inform the design and delivery of interventions. This guide explores current debates about evidence of effectiveness and why they matter for mental health improvement. It also considers how the evidence base on mental health improvement can be used to inform the design of interventions and their evaluation.
- *Guide 2: Measuring success.* How can we develop indicators to gauge progress and assess the effectiveness of mental health improvement interventions. This guide covers the use of consultation to develop robust, valid and reliable indicators, examines the difference between mental illness indicators and mental health indicators and provides a useful source of indicators.
- *Guide 3: Getting results.* How can we plan and implement an evaluation. This guide gives an overview of the stages involved in planning and implementing an evaluation, and outlines the key issues for consideration. It also indicates sources of further, more detailed information on evaluation.
- *Guide 4: Making an impact.* How do we analyse and interpret the results from an evaluation and communicate the findings to key audiences. This guide discusses how to use the data gathered. It explores how evaluation can be used to inform practice and how the publication of results can add to the evidence base for mental health improvement.

Each guide contains a glossary.¹

¹ Terms in bold also appear in the glossary

The guides have been compiled as part of NHS Health Scotland's work to support evidence and practice in mental health improvement (<http://www.hebs.com/researchcentre/specialist/mhevidprog.cfm>) on behalf of the National Programme for Improving Mental Health and Well-being (www.wellontheweb.net) and complement other resources commissioned by Health Scotland and the Scottish Executive:

- *Mental health, mental well-being and mental health improvement: what do they mean? A practical guide to terms and definitions* (Scottish Executive, 2004, www.wellontheweb.net)
- *Mental Health Improvement: Evidence and Practice case studies* (NHS Health Scotland, 2004). A selection of case studies of current mental health improvement practice in Scotland. This resource provides 22 case examples from a range of sectors and settings of work that is evidence-based, follows good practice guidelines and gives indications of effectiveness. The evaluation guides cross-refer to these case study examples, where appropriate, for illustrative purposes.
<http://www.hebs.com/researchcentre/pdf/FinalReport200304RE041.pdf>
- *Mental Health and Well-being Indicators Project* (<http://www.phis.org.uk/info/mental.asp?p=bg>). In support of the National Programme for Improving Mental Health and Well-being, NHS Health Scotland is currently developing a set of public mental health indicators for Scotland. The indicators will provide a way of monitoring the state of mental health and well-being in Scotland at a national level. Although the indicators will be designed for use at a national level, some of them may be collected and applicable at a local level and will be helpful for those working locally in mental health improvement.

The guides are designed to strengthen evidence-based practice in mental health improvement and to support evidence from practice.

Strengthening evidence-based practice involves:

- increasing knowledge and awareness of the existing evidence base among practitioners and managers, i.e. what we know about what works in mental health improvement. A summary of some of the literature on evidence of effectiveness is available in *Mental Health Improvement: What Works?* (Scottish Executive, 2003, www.hebs.com/topics/mentalhealth)
- involving practitioners in producing guidance on evidence of effectiveness in the context of local needs and priorities, to ensure local relevance
- disseminating guidance on evidence in ways that are accessible and relevant to practitioners and that acknowledge barriers to implementing evidence-based practice
- building capacity, confidence, knowledge and expertise in working with the evidence base to ensure that the planning and delivery of interventions are informed by an understanding of what works.



Supporting evidence from practice involves:

- enabling practitioners to evaluate interventions in order to inform their own practice and to guide local service development
- supporting the publication of local evaluations in peer-reviewed journals to add to our collective understanding of effective mental health improvement interventions and strengthen the evidence base
- finding ways to bring together practitioner know-how and expertise drawn from their experience of ‘what works’ with findings from the research literature.

1.2 Who are the guides for?

The guides are intended as a resource for colleagues across all sectors and settings. It is anticipated that they will be relevant to those working in a wide range of disciplines and services, both those with an explicit remit for mental health improvement and those for whom mental health improvement is an integral but implicit aspect of their work. The guides relate to areas of activity that are central to the responsibilities and interests of Community Planning Partnerships, Community Health Partnerships and multi-agency service planning groups for children and young people and for adults of all ages.

They have been developed in response to a clearly identified need among practitioners and service managers and programme managers for information and guidance on the evaluation of mental health improvement interventions. The guides therefore bring together information on evaluation theory and practice and a discussion of current debates and challenges in the field of mental health improvement, as well as pointers for practical application in designing and evaluating interventions. The series is not intended to be an evaluation manual – more detailed advice on evaluation for those who require it can be obtained from the resources listed in Appendix B in *Guide 3: Getting results*.

1.3 What does this guide cover?

This guide looks at what you do with the data collected in an evaluation, starting from the point of analysis and interpretation of results through the crucial stages of reporting and disseminating. The material presented is intended to be of use to policy makers and practitioners as well as to those involved in delivering mental health improvement interventions and evaluating them. Using the results of evaluation to inform policy and practice development is critical in strengthening the two-way link between evidence and practice, as indicated in *Guide 1: Evidence-based practice*.

The Evaluation Process



Analysis and interpretation of results

Pulling together the data you have collected, analysing it and producing a report of your results can be challenging for those with little or no previous experience of this stage of an evaluation. Different skills and methods are needed to analyse and interpret quantitative and qualitative data. It is important to consider whether the necessary skills and time are available internally to conduct the analyses appropriately. It may be worth contacting an academic research department or other bodies that undertake and support research to get advice.

Data analysis can be on-going throughout the evaluation and does not have to, and indeed should not, be left until the end of the evaluation period.

2.1 Quantitative data analysis

Early advice from a statistician is invaluable in planning the analysis of **quantitative data**. It is beyond the scope of this guide to offer detailed guidance on this aspect of evaluation. However, many of the standard assessment tools come with a manual, detailing for example the precise format for the layout of a questionnaire and also instructions for coding and analysing the data. Boynton (2004) provides a useful hands-on guide to the analysis of questionnaire data.

Computerised packages for data handling and analysis include the Statistical Package for the Social Sciences (SPSS) and EPI INFO, which is a public domain software package designed for the global community of public health practitioners and researchers.

Although Epi Info™ is a CDC trademark, the programmes, documentation, and teaching materials are in the public domain and may be freely copied, distributed, and translated (<http://www.cdc.gov/epiinfo/about.htm>)

There are different ways of examining and presenting quantitative data, from simple descriptive statistics (such as frequencies, percentages, rates per population, reporting trends over time) to more complex statistics that examine the relationships between different variables.

For further help and guidance see Altman *et al* (2000); Graham (1999); Wright (1997).

2.2 Qualitative data analysis

Qualitative data analysis involves identifying themes and establishing conceptual links between themes. This can entail exploring *what*, *how* and *why* in order to generate understanding and explanation.

There are different approaches to handling qualitative data: see Silverman (1993); Denzin and Lincoln (1994); Mason (1996). Whatever approach is taken, it important to be systematic and rigorous.

The key stages in analysing qualitative data are:

- bringing together the data collected from different sources
- undertaking a close reading of the data to identify themes and issues and categories of responses. Use key words or phrases to search through the data
- making cross-references and connections
- looking for unexpected patterns of responses
- exploring the themes and issues in relation to the activities and interventions of the project
- looking for results: what do the responses tell you about the original evaluation questions? What else do the responses suggest?

A good starting point can be to collate data under the headings used in the interviews or group discussions to identify what different individuals or sets of people had to say about the same question. Further analysis can indicate that there are sub-themes within these initial headings that require closer attention.

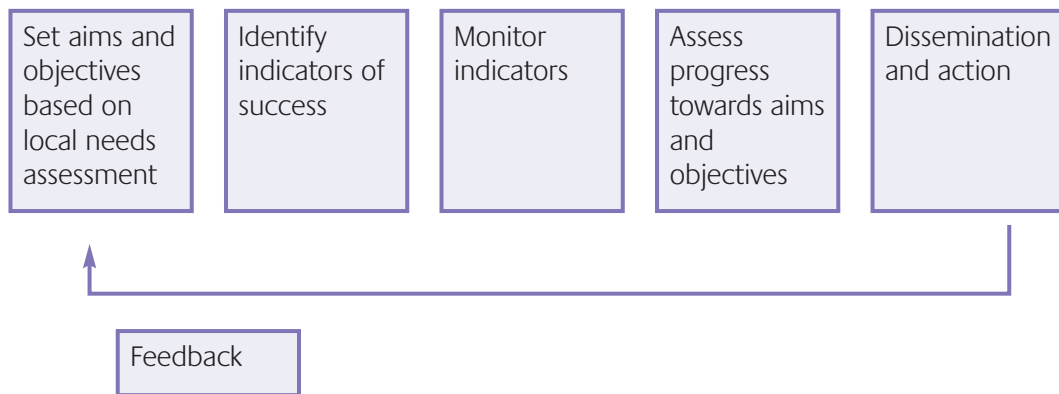
In small-scale studies qualitative material can be analysed using a range of methods that allow cross-referencing, for example reference cards, or ACCESS or other databases that set out responses systematically and allow you to read across headings and categories.

There are also computerised packages for handling qualitative data, such as NUD.IST or NVIVO, which allow systematic coding of data and data retrieval.

Reporting and dissemination

3.1 Making an impact

Guide 3: Getting results emphasises that evaluation works best when part of a cycle:



Evaluation process in *Making it Happen – A guide to delivering mental health promotion*, Department of Health, 2001.

Reporting and dissemination should be seen as one of the critically important stages of an evaluation. After all, the resources in money, time and effort that have gone into the evaluation will have been for nothing if the evaluation is not adequately reported so that use can be made of what has been found. To ensure the evaluation is able to have an impact requires that thought be given to this stage from the earliest points of planning the evaluation (see *Guide 3: Getting results*). This means thinking strategically not only about the relevance of the evaluation to the project's development now and in the longer term, but also considering any issues the evaluation raises about factors in the wider environment that influence the project's effectiveness.

Case study 4 (see *Mental Health Improvement: Evidence and Practice case studies* NHS Health Scotland, 2004) describes how a local community-based project to promote the inclusion of children used a 6-monthly cycle of planning and review to consider its indicators and objectives. Evaluation using a variety of methods was an integral and on-going aspect of the project's work that underpinned its ethos of community participation.



3.2 Who needs to know?

There are two main sets of audiences for an evaluation:

- **Internal/local:** to those who have a connection with the project or intervention. Ensuring that the results of an evaluation reach this internal/local audience helps promote a learning process for the service, organisation or partnership involved in the initiative, including funders. Feeding back the results of the evaluation to those who contributed or took part is an ethical requirement. Having drawn on the knowledge, understanding and experiences of those involved with the project, it is right that the groups who contributed have a chance to hear and comment on the results. Those responsible for the evaluation also have an ethical responsibility to ensure the results are made available to those who can use them.
- **External:** to a wider range of stakeholder groups and organisations at a local and national level who stand to gain from learning about the results. This extends from practitioners to programme planners, funders and policy makers.

3.3 Internal/local dissemination

Reporting and disseminating results provide opportunity for reflection and learning and for the continuing development of effective mental health improvement practice and interventions.

It is important to present the findings to all those involved (or representatives of those involved) and to receive their feedback on this. There will be many questions that follow on from the findings of the evaluation about how the findings relate to the work of the project. Ask key groups including those who use the service or project how they would like to receive feedback.

The findings may suggest that substantial changes or developments are required to the intervention and/or to the wider environment needed to support effective practice. In considering local dissemination, ask yourself who needs to know about this evaluation and how they can be reached. Go through local structures and planning processes to ensure that key decision makers are made aware of your findings.

Writing an accessible evaluation report is an integral part of the evaluation process. It is helpful to cover the following key areas:

- background information on context and on the project/initiative
- aims of the evaluation
- methods used
- findings, with summaries at regular intervals in the report
- conclusions
- recommendations or pointers for action (see below for discussion of end of evaluation workshop).

EXAMPLE Not just another evaluation report

Sorted Not Screwed Up works to promote the mental health and well-being of young people in Aberdeen, through direct support and by seeking to address inequalities in health and well-being.

At the end of its first three years of operation, it undertook a review, closely involving young people in the process. The report produced contains a range of vivid material that describes what has been done and the impact achieved, including poems, pictures, diagrams, cartoons, personal stories and analysis (Kennedy, 2004)

The traditional format of a project evaluation report may not be accessible for all. Alternatives include: oral presentations, short summaries or articles in newsletters, workshop discussions, graphic presentations using pictures, videos.

EXAMPLE Using findings to review an intervention

Findings can be examined in relation to the original goals, aims and objectives of the project:

- were they achievable?
- should they be amended or refined?
- has the evaluation helped to focus the intervention at all?

Findings can also be used to examine a range of questions, such as:

- were resources used effectively?
- were some activities more popular than others?
- was the level of resources adequate?
- is the level of change as measured by the outcomes acceptable or could this be improved?
- were there differences in impact (benefits) for different groups?
- were there any unexpected impacts or outcomes and how can these be reduced, eliminated or even promoted?
- what were the factors that helped achieve the outcomes attained and what were the factors that hindered?

Questions such as these are often best discussed in a workshop involving representatives of all the **stakeholders** involved. This type of meeting can encourage the identification of an agreed action plan to work on the findings. It can also promote further dissemination as each stakeholder takes the findings back to their respective organisations or peer networks.

Experience suggests that a project or service is more likely to make use of the findings where there has been some forethought given to what the evaluation can bring to policy and service practice development. It can help to have a nominated group or individual to take a lead in sharing the results and identifying their implications for policy and practice.

Case study 18 (see Mental Health Improvement: Evidence and Practice case studies NHS Health Scotland, 2004) indicates how the work of one project, supporting children who experience bereavement, was able to influence how other local services respond to bereavement. Evaluation can be a powerful tool to share information about what works.

Case study 21 (see Mental Health Improvement: Evidence and Practice case studies NHS Health Scotland, 2004) shows how a project that supports children and young people who have a parent with a mental health problem has used the evaluation to raise awareness of the needs of this group. The project has been able to influence local practice so that adult clients are now routinely asked about children in assessments.

Points for reflection:

- Who has a right to hear about the findings because of their involvement with the project and their contribution to the evaluation?
- How best can this audience be reached to engage them in discussion about the implications of the evaluation?
- Which decision makers and planners do you want to influence to ensure that the broader issues identified are acknowledged? What structures are available locally that you can use to reach key groups?

3.4 Presenting findings for external audiences

The findings of many project evaluations of mental health improvement interventions get no further than the final report. There are however compelling reasons to encourage the wider publication and dissemination, in order to build the evidence base for mental health improvement and to inform practice. *Guide 1: Evidence-based practice* highlights the limitations of randomised controlled trials and systematic reviews in gauging the effectiveness of mental health improvement interventions and the value of other methods of examining effectiveness. *Guide 2: Measuring success* argues for the use of a wide range of indicators to measure outcomes, to reflect the interest of different stakeholders. Making the findings of project evaluations available to wider external audiences can help achieve these goals.

This means presenting findings in ways that are useable and accessible to different audiences. A 200 page document will not be read by many, but a 2–3 page executive summary will increase the likelihood that the main findings are more widely acknowledged. Below are some further examples of different media that can be used to disseminate findings to different audiences:

- Video, website or CD-ROM materials: these provide a more visual format that might be useful to service users and practitioners.
- Pointers for policy and practice: summarising the implications of the evaluation for policy and practice can be a good way to get the attention of those who plan or deliver services.
- Case studies or digests of ‘what worked’: these can be based around specifying the context, inputs, processes, outputs, impacts and outcomes, to allow others to see what resources went in, who the client groups were, what facilities were available within the programme and what the impact and outcomes were in this particular setting.
- Anonymised personal stories: these can demonstrate the impact on individuals and what worked or did not work. It would be important to sample both positive and negative experiences.

- Publishing: there are a variety of possible outlets to publish findings. This can be done in
 - formal peer-reviewed journals (e.g. *Journal of Mental Health Promotion*, *British Medical Journal*)
 - professional/trade magazines (e.g. *Community Care*, *Health Services Journal*, *Third Force News*, *Mental Health Today*, *Mental Health Practice*, *Well?*)
 - more informal newsletters and discussion forums for those involved in similar types of work or for the general public (e.g. *The Big Issue*)
 - the press or broadcast media: you need to be able to present your findings in ways that will attract popular interest. It helps if you can use personal stories to do this, with the consent of those involved.
- You may be able to get a link to the report of your evaluation findings on to the websites of other key organisation.



*Case study 13 (see *Mental Health Improvement: Evidence and Practice case studies NHS Health Scotland, 2004*) promotes physical activity to boost the self-esteem and confidence of looked after young people. It was featured in the National Programme for Improving Mental Health and Well Being's *Well? Magazine*. Evaluation provides useful information to raise the profile of a project, to illustrate its impact and to indicate what it is able to contribute to local and national policy objectives.*

Giving presentations at conferences and seminars provides another means of disseminating findings to diverse stakeholders and a chance to explore the implications of what you have found with a wider group. Watch for calls for papers or abstracts in the professional press. Remember when you are giving a presentation to a conference that non-researchers are generally less interested in or knowledgeable about research methods and tend to be more interested in what you found out. Your job is to present the findings clearly and to ensure that the description of the methods you use enables your audience to interpret the results in a balanced way. Check details with the conference organisers in advance so that you know the likely make-up of your audience and stick to the allocated time. It can be useful to conclude with some observations or conclusions that will lead into questions and discussion.

Points for reflection:

- Select the channels of dissemination that allow you to reach the groups you want to target.
- Are there key groups of practitioners who would be interested in learning about the findings, to inform practice? What avenues are available to reach them?
- Think about how you might use your findings to encourage dialogue and discussion among practitioners, locally and more widely, using some of the ideas suggested above.

Ideas for dissemination to different audiences

Audience	Purpose	Ways used
People who use project Staff	<ul style="list-style-type: none"> - To feed back - To use findings to inform and change practice 	<ul style="list-style-type: none"> - Participatory events, e.g. oral presentation and workshops - Art/posters/photos/graphic records - Circulation of summary or full report - Discussion and debate of findings
Commissioners Funders	<ul style="list-style-type: none"> - To show the project is working - To strengthen the case for renewed funding - To use in planning mental health improvement programmes 	<ul style="list-style-type: none"> - Full report - Discussions with key staff - Seminars - Articles for in-house journals, newsletters
Referrers Partnership staff	<ul style="list-style-type: none"> - To advertise service/project - To share good practice 	<ul style="list-style-type: none"> - Summary of report - Meetings with relevant staff groups
Local projects and services	<ul style="list-style-type: none"> - To apply findings to mental health improvement practice - To assist planning - To share good practice in mental health improvement 	<ul style="list-style-type: none"> - Summary of report - Presentations to local fora - Participatory events, e.g. workshops - Article in local newsletters
Others, including: Community Health Partnerships Community Planning Partnerships Children's services planning groups Practitioner networks Planners and policy makers General public	<ul style="list-style-type: none"> - To raise awareness of wider partnership and organisational issues in achieving mental health improvement goals - To raise profile of project and area of work - Add to national evidence base - To use in planning and policy making for mental health improvement 	<ul style="list-style-type: none"> - Presentations to planning group meetings and network events - Conferences and seminars - Articles in in-house newsletters - Published articles in journals - Radio slot - Poster displays – exhibitions, libraries, etc. - Articles, e.g. <i>Well?</i>

Adapted from McCollam and White (1999)

Writing an article

4.1 Planning your article

If you are intending to produce a paper for publication, ensure that you are clear about the aims of the article. These would normally focus around one of the questions (or hypotheses) you investigated in your evaluation, or one particular aspect of the findings from the evaluation, which you wish to explore. Consider what information you need to present from your study to address this question or explore this aspect and select from the material you collected accordingly.

EXAMPLE Planning an article

The basic structure of a paper for publication tends to include:

- an introduction: setting out the question your evaluation examined, in the context of previous research or theories in the field, the rationale of why you conducted the study and why it was necessary
- methods section: how you went about investigating the question, what was the study setting, the type of data collected and how this was done, how a sample was identified and approached, the size of the sample, your approach to data analysis
- results: what was the response rate in your sample, what were the characteristics of respondents, what did you find? The results presented should be selective, to relate to the question investigated, rather than covering everything that was collected
- discussion: summarise the main finding of the research, what do you think the results mean, and how do they relate to previous research or theories in the field? Discuss the key practice and/or policy implications of the findings, comment on the strengths and limitations of the study, point out any areas that would merit further investigation in view of the results from this work.

4.2 How to get published

Think about who you are writing the paper for (who will read it?) and also where you intend to submit the paper or article, before you begin to write. This may determine the focus as well as the tone of the paper (whether it is a formal peer-reviewed academic paper or a description of a local service development for a professional magazine). It is important to familiarise yourself with the journals that you may want to consider – what sort of papers do they publish, does it have a national or international focus?

Choose a journal and write for that journal. Most professional peer-reviewed journals also have guidelines and instructions for authors which you should adhere to from the outset as this will save time and effort in the long run. Some journal editors are able to talk with you about your prospective submission and this can help ensure you understand how to meet the journal's requirements.

Ethical considerations. In order to publish in academic journals it is advisable to have obtained ethical approval for the evaluation, which will include informed consent from research subjects. The paper you write should not extend the boundaries of this consent. For example, someone may have consented to take part in the evaluation and to complete documentation, but may not have consented to being featured as a case study in a paper that describes their social and family circumstances and their health problems.

Produce an abstract. This is a summary of the whole article (normally around 250–350 words) and should generally follow the same structure as the paper (i.e. introduction/background, methods, results, conclusions). This may be all that is read (approx. 50% of papers will be rejected without being put out to review) and so it should be well written and ‘tell the whole story’.

Consider carefully the title of the article. The title should be able to attract colleagues with a similar interest – therefore it should not be obscure (or too clever). If the evaluation involved a randomised controlled trial, then this should be made explicit in the title.

4.3 Why papers are rejected

Examining the reasons why many papers get rejected gives pointers about how to overcome common pitfalls and increase the likelihood of getting published. The following list has been compiled from tips from editors of a range of publications.

EXAMPLE Why articles get rejected

General reasons

The issue is not important; not original; not appropriate for journal.

The material is old and/or irrelevant.

There are too many practical difficulties with the evaluation which make the results doubtful.

There is a conflict of interest from authors who stand to gain from publication.

Ethical issues have not been adequately addressed.

Scientific reasons

The hypothesis or question being investigated is unclear.

Poor or weak study design.

Sample is biased or too small.

Statistics are inappropriate or misapplied (get a statistician to check over your work).

Conclusions are unjustified or too many generalisations are made from the study population.

References are outdated/insufficient.

Presentation/style

Poorly organised, badly written, careless errors.

Poorly presented or difficult to follow tables (ensure the title of the table describes what it contains and the population being covered, e.g. 'Demographics and characteristics of male and female respondents aged over 65 living in supported accommodation').

Too many tables, unnecessary data or needless figures in tables.

Outdated or improperly cited references (follow style specified in the instructions for authors for the appropriate journal).

It is important to get feedback from others before submitting to a journal. Co-authors should help with this or other colleagues. Ask them to comment on the 'readability' and coherence of your draft article. Check if they have any questions in relation to the methods – if so, others may raise the same issues.

Once comments have been received you should return to the paper for further revision, checking for accuracy (spelling, figures in tables, text styles), brevity (lose excess phrases or words, check word count and do not exceed the limit for the journal), clarity (basic grammar) and style (choice of words, avoiding the repeated use of the same word or phrase).

Your submitted paper may be: rejected without review; rejected with reviewers' comments available; recommended to be revised and re-submitted; or recommended for publication.

If you are recommended to make revisions, then do so promptly and demonstrate how/where you have responded to comments. Reviewers' comments do not all have to be addressed as long as you can provide justification for this in your response. If you have been rejected and received reviewers' comments you should seriously consider taking these comments on board. This will be helpful if you submit your paper to another journal, in which case you should forward the reviewers' comments and indicate how you have addressed them.

If your paper has been rejected then you should consider other journals and other avenues. Many papers are rejected first time. You may need to evaluate your original submission in view of the common reasons for rejection listed above. You may want to circulate it to other colleagues for advice or consider whether it could be turned into a short paper or a research letter. Developing alternative strategies for getting the research into the professional or public domain will certainly be more successful than accepting failure at the first attempt.

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<http://abacus.bates.edu/~ganderso/biology/resources/writing/HTWtoc.html>

Appendix A Glossary

Qualitative data Data that describe subjective views and experiences.

Quantitative data Data that describe objectively measurable patterns and trends.

Stakeholder Any person or group who has an interest in the project being evaluated or in the results of the evaluation including funders, strategic planners of services, project staff, service users or clients of the service and other organisations/people for whom the programme is likely to have an impact. The evaluators are also stakeholders in the evaluation.

