

Appendix A: Review methods

Introduction

The preparation and publication of research and development reviews is commonly undertaken to develop knowledge and improve practice. Systematic reviews are reviews that are conducted with particular approaches that seek to minimise bias and error in the synthesis of a body of literature to draw conclusions and make recommendations. They are characterised by methods of systematic appraisal and summary according to an explicit and reproducible method, and may have narrow or broad criteria for the inclusion of interventions. Study designs may be based on decisions that quasi-experimental studies are the minimum acceptable standard of evidence but, as discussed in this section, such studies may not be available in the field of health promotion or may not be ethically or technically feasible.

The reviews of evidence here are informed by systematic review methods, but our aim has been to collate relevant studies that have used a broad range of methods, so as to develop a practitioner friendly resource. For this reason, we have made a considerable effort to track down published and unpublished studies. The resource is intended to be accessible in style, to make research available to practitioners, service users and policy makers.

Reviews of any form of health promotion evidence are complex. The search terms used in search engines are not necessarily compatible with health promotion language. This problem is illustrated by Taub's (2001) attempt to conduct a systematic review of health education literature, which was thwarted by the breadth of the topic and search limitations, and because health promotion is a poorly indexed concept. Reviews of mental health promotion interventions are thus also likely to be problematic, necessitating resourceful search strategies to overcome the limitations of search indexes.

In response to these limitations, we employed a range of strategies, including:

- focusing initially on three specific areas of mental health promotion: social isolation, freedom from discrimination and violence, and access to economic resources
- identifying systematic reviews of particular significance to the mental health promotion workforce
- using an international expert committee to inform the review
- actively exploring fields of relevance to mental health promotion as the evidence based emerged.

The following section outlines the method used to search for mental health promotion interventions. Some material included in this section is relatively technical but necessary to explain the approaches used to develop the resource and to describe some of the difficulties encountered.

Selecting reviews for this resource

Study selection

Initially, the search focused on systematic reviews of evidence. Where possible, searches were limited to 'reviews'. While this approach may include narrative reviews, it is an effective search strategy. We also used a systematic review filter (see 'Search strategy') where relevant and where databases would allow this function.

We included reviews if they:

- contained primary research or were reviews of primary research
- were published after 1998
- focused on one or more of the review foci (social isolation, freedom from discrimination and violence, and access to economic resources).

We excluded reviews if they:

- included poorly evaluated evidence
- focused on treatment rather than prevention.

We aimed to include the best available evidence. That is, we searched for systematic reviews that summarised good quality interventions. While randomised controlled trials are the most rigorously evaluated interventions, they are not always the most appropriate study design for health promotion. In some cases, it may be unethical to randomise a study; in other cases, the cost of a randomised controlled study may be prohibitive. Observational studies have thus been more commonly conducted to address mental health promotion. It is important to note that some systematic reviews do not include these types of intervention. We were committed, therefore, to a multi-strategic searching process that would identify the best available, most appropriate evidence.

Internal study selection process

A range of research groups have developed approaches to assess the quality of qualitative systematic reviews. Elements of the work conducted by the Centers for Disease Control and Prevention, Rychetnik and Frommer (the National Public Health Partnership) and Guyatt (the National Heart Foundation) were used to assess the quality of reviews included in this resource. This process was based on the criteria developed by the Deakin University team who worked on a review of cardiovascular disease and diabetes for the Department of Human Services (Garrard et al. 2004). The following three selection procedures were applied:

1. Selection criteria were applied by two reviewers to reviews identified in the final search.
2. Any discrepancies were discussed. Both criteria for inclusion/exclusion and quality were considered.
3. Additional studies and reviews identified through grey literature or expert committee were then considered as described above.

Expert review panel

A panel of experts was appointed to provide advice, identify published and unpublished literature and review a full draft of the resource. Each expert was consulted individually in late 2003 and asked to provide feedback on the following questions:

- What body of evidence are you most familiar with?
- Have you been involved in any systematic reviews?
- What systematic reviews are you familiar with?
- What grey literature sources are you familiar with?
- What promising strategies not yet evaluated are you aware of?
- Are you aware of any other innovative, successful interventions?

Once we developed a final draft of the resource, we sent it to the experts and representatives from VicHealth and the Department of Human Services to consider the evidence included and highlight gaps, based on their professional expertise.

Data sources

A critique of methods of systematic reviewing health education literature identified Medline, PsychInfo and EMBASE as the most appropriate data sources. These sources' level of indexing is more sophisticated than that of others, so more likely to identify the appropriate literature (Taub 2001). We searched using Medline and PsychInfo (because Deakin University has access to these databases) but also:

- the Cochrane Library (including the Database of Abstracts of Reviews of Effectiveness)
- CINAHL
- APAIS-Health
- AMI on Nursing and Allied Health.

Interestingly, few of the included reviews were identified through the electronic databases. The Internet (and grey literature sources) were thus an invaluable tool. We relied heavily on Google, a well respected Internet search engine (www.google.com). We also accessed websites and databases to identify unpublished literature. These sources included:

- the Centers for Disease Control and Prevention – www.thecommunityguide.org
- the City of Hamilton’s Effective Public Health Practice Project – www.city.hamilton.on.ca
- the Karolinska Institute – www.phs.ki.se/hprin/evidence
- VicHealth – www.vichealth.vic.gov.au
- the Australian Department of Health and Ageing – www.health.gov.au
- the Victorian Department of Human Services – www.dhs.vic.gov.au
- the Campbell Collaboration – www.campbellcollaboration.org/

Search strategy

We conducted a separate search for each determinant of mental health, then added these terms to the health promotion/prevention terms and the study descriptor terms. This search strategy was an iterative process: several term categories were added as the review process developed. This approach was necessary due to the limitations of the electronic databases and indexing.

The terms listed in the following table are a combination of MeSH terms and text words used in the range of databases. Both truncation and boolean operators were applied where relevant.

Category	Search terms
<i>Social connectedness/social isolation</i>	Social inclusion
	Social isolation
	Social justice
	Social alienation
	Social environment
	Social involvement
	Social perception
	Social identification
	Social adjustment
	Social cohesion
	Social capital
	Social distance
	Civic engagement
	Self determination
	Personal autonomy
	Self-concept (includes self-efficacy)
	Hopelessness
	Self-esteem
	Self-control
Inequalities	
Socioeconomic factors	

<i>Discrimination and violence</i>	Violence (domestic violence, collective violence)
	Torture
	Trauma (and traumatic)
	Abuse
	Discrimination
	Prejudice
	Gender bias (bias, gender)
	Racism
	Sex bias
	Sexism
	Social discrimination
	Sex discrimination
	<i>Economic participation</i>
Workplace	
Employment/unemployment	
Career mobility	
Occupation	
Education	
Educational status	
Housing	
Economic	
Economic participation	
Income	

Following this initial search, it became clear that we needed to address other issues, including suicide prevention and literacy (both mental health and educational literacy). As a result, the following additional search terms were included.

Category	Search terms
Mental health literacy	Mental health literacy
Literacy (educational)	Literacy Adult education Adult literacy
Suicide prevention	Suicide Prevention

Additional search terms were used to identify reviews of effective mental health promotion interventions. They included 'effective(ness)', 'successful', 'mental health promotion', 'intervention(s)', 'implementation' and 'evaluation'. These were then entered into Internet search engines.

Data extraction

Tables were designed to extract the most relevant data. They were used to identify key emerging themes and to highlight study foci. Key headings included 'Study', 'Interventions', 'Outcome effects', 'Comments' (related to quality/methodology, generalisability) and 'Author recommendations'.

Limitations

As outlined, searching for evidence of intervention effectiveness is less well understood in health promotion than in areas of clinical medicine. As a result, electronic databases are not yet designed to search for this literature in an effective manner. The primary issue is that subject headings for the social sciences are limited. While a subject heading for 'mental health' is present in Medline, all subheadings relate to clinical psychology and psychiatry. As such, this is a large subject heading and may not assist in narrowing a search. At the time of writing even 'health promotion' has only one subheading: 'healthy people programs'. That is, the subject headings do little to adequately describe the complexity of subjects in which we were most interested. From an indexing point of view, the breadth and depth of the social sciences make it difficult to categorise material into index areas. Further, some databases do not provide an indexing facility, so a reliance on text words is necessary. This process is time consuming and much more difficult to ensure a comprehensive review of the literature is conducted. There is thus potential for systematic reviews to have been missed. Given the breadth and depth of the search, however, and the involvement of mental health promotion experts, we assume that the key reviews and promising interventions have been identified.

This resource discusses important limitations related to the interventions described. Further details about the limitations of individual studies should be sought from the original source.