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A B S T R A C T

Action learning is a promising approach for building mental health promotion (MHP) capacity. The aim of this study is to explore how action learning processes can strengthen MHP capacity within and across organizations in a community setting. We applied an embedded case study design and a realist evaluation framework to explore key combinations of mechanisms and contextual factors that generated the emergent MHP capacity outcomes of an action learning program, i.e. context-mechanism-outcome-configurations (CMO-configurations). Data consisted of 18 semi-structured face-to-face interviews, 10 telephone interviews, two group interviews, observations, and documents. Interviewees (n = 21) were participants and management employees. Our analytical provision of CMO-configurations provides insights into how contextual factors, such as participant motivation, organizational support, and existing task descriptions, in combination with certain program mechanisms, such as legitimization of specific agendas, learning-by-doing, and collaborations across organizational boundaries, explain the identified outcomes. Outcomes ranged across implementation of MHP initiatives, personal development among participants, and relational and collaborative development. Taken together, our results strengthen the notion that mechanisms of action learning hold the potential to build MHP capacity on an individual, organizational, and community level. This study, also, illustrates that realist evaluation offers a relevant methodology for investigating the underlying workings of capacity building programs.

1. Background

Developing and enabling mental health promotion (MHP) practices across sectors, professions and disciplines is essential to reduce the burden of poor mental health and mental illness (Forsman et al., 2015; IUHPE, 2021; Kalra et al., 2012; WHO, 2013). MHP is "any action taken to maximize mental health and well-being among populations and individuals that focuses on improving social, physical and economic environments that affect mental health, and enhancing the coping capacity of communities as well as individuals" (Donovan, James, Jalleh, & Sidebottom, 2006, p. 34). To strengthen MHP efforts, scholars have called for a re-orientation of practices and organizational cultures and norms. This re-orientation should support the notion that mental health and well-being is an integral part of overall health and that frontline personnel throughout society has a role in promoting the mental health and well-being of the population (Barry, 2019; Jane-Llopis & Barry, 2005; Van den Broucke (2017)). Also, provision of effective MHP efforts requires MHP capacity in organizations not only inside but also outside the health sector because the responsibility to ensure MHP efforts lies within the whole society (Barry, 2019; WHO-Europe, 2012). In agreement with this perspective, Van den Broucke has proposed that working with "capacity building shifts the focus from directly trying to influence the health of the population towards enabling systems and networks to promote health in a self-determined and sustainable manner, thus enhancing, prolonging and multiplying the health effects of actions undertaken" (Van den Broucke (2017), p. 764). Based on conceptualizations of public health capacity (van Herwerden, Palermo, & Reidlinger, 2018) and health promotion capacity (McLean, Feather, & Butler-Jones, 2004; Smith, Tang, & Nutbeam, 2006), we conceptualise MHP capacity as the ability and potential of individuals, organizations, and systems to deliberately conduct effective MHP. Accordingly, building capacity for MHP refers to the process of developing

knowledge, skills, commitment, structures, systems, and leadership to enable effective MHP practices (Smith *et al.* 2006). In accord with these recommendations and perspectives on MHP, the Danish partnership ABCs of mental health (ABCs) developed and piloted an action learning program (ALP) aiming to build MHP capacity. Action learning refers to a collaborative, action-based approach to learning where groups of people work on solving particular issues, and in that way build problem-solving capacity (Pedler & Burgoyne, 2015). Several scholars describe action learning as a working philosophy or a mindset rather than a standardized practice (Hale, 2014; Pedler & Burgoyne, 2015). The ALP under examination in this study aimed at developing and promoting practices, knowledge, skills and competences related to MHP within and across organizations through processes of trial and error, critical reflection, group discussions, and receiving specialist input (Zuber-Skerritt, 2002). The introduction of the ABC-framework, which was used for conceptualizing and working with MHP in practice, was a core component the ALP (the ABC-framework is elaborated elsewhere (e.g. Hinrichsen et al., 2020; Koushede, Nielsen, Meilstrup, & Donovan, 2015)). The ALP was piloted in a Danish community setting with participants from the local municipality, four departments of a university college, and a community volunteer center.

Action learning is recommended for capacity building in multi organizational networks for health improvement (Learmonth, 2007) and an evaluation study of the ABCs shows that participatory methods, similar to action learning, hold promising potential to facilitate the process of building MHP capacity (Hinrichsen et al., 2020). Furthermore, based on a literature review on capacity assessment in public health, van Herwerden *et al.* (2018) recommend that capacity building interventions should build on and embrace local knowledge, experiences, and resources, which are core elements in action learning (Zuber-Skerritt, 2002). However, in a recent systematic review assessing the literature on interventions targeting public health capacity, the authors highlight that evaluations available in the current literature are surprisingly sparse (DeCorby-Watson *et al.* 2018). Moreover, scholars argue that there is a need for a thorough understanding of the underlying workings of such capacity building programs (DeCorby-Watson et al., 2018; Sobeck & Agius, 2007; van Herwerden et al., 2018). Therefore, the aim of this study is to explore how processes of action learning can strengthen MHP capacity. By conducting a realist evaluation of the pilot implementation of the ALP, including all participating organizations in this study, we, particularly, seek to explore key combinations of mechanisms and contextual factors that explain the emergent outcomes. Knowledge about mechanisms for efficiently building capacity can be used to better inform the design and evaluation of MHP capacity building efforts (Astbury & Leeuw, 2010; Jolley, 2014).

2. Methods

2.1. Realist evaluation

Methodologically, we applied Pawson and Tilley's realist evaluation framework which has at its core the question of which programs work for whom, in what circumstances, and in what respects (Pawson & Tilley, 1997). We answered this question by investigating context-mechanism-outcome-configurations (CMO-configurations), which are causal explanations about how outcomes (O) in observed data are interrelated with combinations of mechanisms (M) and contextual factors (C) (Jagosh et al., 2015). This heuristic is central to realist evaluation and is often presented as C+M=O. We use the definition of context given by Pawson and Tilley (1997); features of the conditions in which programs are introduced that are relevant to the operation of the program mechanisms. These conditions may change over time and changes may be program induced (Jagosh et al., 2015). Within a realist evaluation, program mechanisms describe what it is about programs that bring about any outcome and are conceptualized as the resources (knowledge, materials, opportunities etc.) created or introduced by a

program and how subjects interpret and act upon these resources (Jagosh et al., 2015; Pawson & Tilley, 1997). According to Astbury and Leeuw (2010), mechanisms, in a realist understanding, hold three essential characteristics: (1) they are often hidden; (2) they are sensitive to context variation; and (3) they are generative, i.e. they generate outcomes. This implies that there is more to programs than what we observe, namely the interactions between context and mechanisms, which explain the observed outcomes. Outcomes comprise the intended and unintended consequences of programs resulting from the activation of program mechanisms. In this study, we particularly investigated outcomes related to MHP capacity.

2.2. Study design

Drawing on observational, individual face-to-face interview, group interview, and telephone interview data and documents, our analytical approach builds on an embedded case study design (Yin, 2014). The pilot implementation of the ALP comprises the empirical case and the participating organizations are grouped into three units of analysis (elaborated below).

The study holds similarities with an internal evaluation as several co-authors were involved in developing and implementing the ALP being investigated. This position allowed us to follow the processes related to the ALP closely, those happening at the end of the participating organizations and those at the end of the facilitators. Our poisition as "internal evaluators" is subject to several advantages and disadvantages (Bachrach & Newcomer, 2002; Conley-Tyler, 2005), which are elaborated in the discussion section.

2.3. Ethics

Institutional ethical approval was received from the University of Southern Denmark, Faculty of Health Sciences (No. 10-600; 02–08–2019). The study was conducted in compliance with The General Data Protection Regulation and the principles of the Helsinki Declaration (World Medical (2001)). Verbal and written informed consent were obtained from all participants.

2.4. Development and piloting of the action learning program

The ALP was developed and piloted in collaboration between the National Institute of Public Health, University of Southern Denmark (NIPH); the Danish Sports Association (DGI) (Danske Gymnastik-og Idrætsforeninger); and the health promotion department of the participating municipality. The latter being the host, i.e. inviting local organizations to participate and supporting the facilitation of the ALP. The NIPH (including two authors of this paper: CH and VK) and DGI were responsible for planning and facilitating the ALP. The participating organizations were: a local community volunteer center, the health promotion department of the hosting municipality[1] and four departments of a university college (nursing, social work, teacher training and social education).

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[1] The department for Culture and Leisure of the hosting municipality, and a local department of DGI (with representatives from 3 sports associations) participated at the first workshop but continued in a parallel ALP due to issues regarding the timing of the workshops. The parallel ALP and organizations participating in it, are not included in this study.

The recruitment of individual participants was handled by the management of the participating organizations/department. From each organization/department, one or two sets (i.e. working groups) of one[2] to five participants (i.e. employees, volunteers, and students) partook in the ALP. Three sets included participants from two organizations/departments and two sets included participants from a single department.

The design of the ALP was based on the action learning process described by Folker & Lauridsen, 2017, recommendations for action learning (Stewart, 2009; Zuber-Skerritt, 2002), and evaluation results from working with MHP capacity within the ABCs (Hinrichsen et al., 2020; Koushede, 2018). The ALP ran over a nine-month time-period (Sept. 2019 to June 2020) and involved four workshops with a frequency of two to three months in between. The ALP sought to improve practice and stimulate organizational and individual learning (Pedler & Burgoyne, 2015), i.e. to build MHP capacity, through facilitating participants' work on developing and implementing solutions targeted specific local issues. Each set identified and worked with one or several issues pertinent to their organization/department. Throughout the ALP, the facilitators encouraged participants to reflect on and develop their MHP practice involving the processes of reflecting, acting, observing, and interpreting the consequences of actions. The workshops applied a mix of learning activities (e.g. presentations, reflection, and group exercises), covered themes related to developing MHP efforts (e.g. determinants of mental health and program implementation), and introduced several project management and implementation tools and frameworks (e.g. the ABC-framework).

2.5. Data generation

This study drew on multiple data sources which all together were used to capture the processes of the ALP and how they related to the local context and to MHP capacity, i.e., relevant contextual factors, mechanisms, and outcomes. Data generation ran from the initiation of the ALP until six months after the last workshop of the ALP (September 2019-December 2020). Further, the data generation was informed by the first author's involvement in the ABCs and informal conversations with the local coordinator in the hosting municipality, participants, and the facilitators. The first author and a trainee conducted observations at the workshops of the ALP. Observation guides (Tjørnhøj-Thomsen & Whyte, 2008) covering the themes of participants' reactions to ALP resources and participants' approaches to developing and implementing new practices guided the observations. Project-documents produced by participants during the ALP (e.g. action plans) were collected to gain insight into the details of the MHP initiatives being developed. Insights from the observations and project-documents enabled us to trace developmental and implementation processes and informed the preparation of narrative descriptions (elaborated under data analysis) and the subsequent data generation.

All participants were invited for an interview within one month after the last workshop (June 2020). All accepted, except for two students who declined due to lack of time. The first author conducted 17 individual face-to-face interviews with participants of the ALP (employees (n = 9); volunteer (n = 1)), non-participating management employees (n = 6), and the local municipal coordinator (n = 1), and two group interviews, each with two participating students (n = 4). Individual and group interviews were semi structured and conducted face-to-face,

except three that were conducted via Skype due to COVID-19 restrictions. Based on interview guides, the interviews explored the interviewees' perspectives on the processes related to and resources introduced within the ALP and MHP capacity outcomes of the ALP, including implementation of new initiatives and practices. Inspired by the literature on health promotion capacity (McLean et al., 2004; van Herwerden et al., 2018) and implementation capacity (KL, 2015), the exploration of MHP capacity outcomes was structured around 6 themes: organizational behavior, staff, management, organizational focus, organizational resources, and external factors. All individual and group interviews were audio recorded and transcribed verbatim. Transcripts were de-identified, i.e. names of people and places were changed. Additionally, a total of 10 telephone interviews were conducted in two rounds. In each round, one representative from each set was interviewed. The telephone interviews at the first round (April 2020), two months before the last workshop, explored the impact of Covid-19 restrictions on participants' work related to the ALP. In round two (December 2020), six months after the last workshop, we used the telephone interviews to assess the outcomes of the ALP in terms of the implementation of initiatives and practices resulting from the ALP. Telephone interviews were audio recorded and used to inform narrative descriptions. Table 1 provides an overview of the total number of interviews conducted in this study.

2.6. Data analysis – context-mechanism-outcome configurations

This study presents the analysis of key CMO-configurations of the ALP. Our analysis was iterative and retroductive (referring to the identification of underlying causal mechanisms generating program outcomes (Gilmore, McAuliffe, Power, & Vallières, 2019)). The analytical procedures were inspired by Herens, Wagemakers, Vaandrager, van Ophem, and Koelen (2017) and Gilmore et al. (2019). The software NVivo 12 (QSR International) was used to assist the analysis.

Data organization and narrative descriptions. The raw data was organized according to three units of analysis allowing a context sensitive reading of the data (Mason, 2018). Each unit consisted of two organizations/departments:

- local community volunteer center and the health promotion department of the hosting municipality (unit 1)
- two departments of a university college – location a (unit 2)
- two departments of a university college – location b (unit 3)

The organizations/departments were grouped together if they collaborated on initiatives developed during the ALP. Further, drawing on the data from observations, telephone interviews, and project documents, we drafted narrative descriptions (Yin, 2014) for each unit covering the overall processes related to the ALP (not included in this paper). This enabled us to attain an overview over and link relevant processes and contextual factors within each unit.

Coding of CMO-concepts. The first author coded all interview data and the narrative descriptions in terms of *context*, *mechanism*, and

Table 1
Number of interviews.

	TI 1	I & GI	TI 2
Participants			
Employees	3	8	3
Students/volunteers	1	4	1
Management	1	1	1
Non-participants			
Management	0	6	0
Total (interviewees)	5 (n = 5)	19(n = 21)	5 (n = 5)

TI 1 =Telephone interviews round one (April 2020).
I & GI= Individual interviews and group interviews (June 2020).
TI 2 =Telephone interviews round two (December 2020).

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[2] Participating organizations were recommended to participate with sets of three to seven people. However, due to lack of resources, two sets consisted of less participants with respectively one and two participants. Also, participating organizations were encouraged to choose participants with an interest in working with MHP. Interviews with participants and management showed that most participants were asked to participate based on their interest in MHP. Further, two participants stated that they were not motivated to participate and did not see an opportunity to decline participating in the ALP.

outcome – theoretical definitions and operational descriptions are presented in Table 2. Subsequently, all coded data was further thematized (identified themes are presented in Table 3 in the results section). This involved both inductive and deductive techniques (Gilmore et al., 2019), that is, an iterative movement between data and literature on action learning and capacity building. Throughout this analytical process, themes were regularly discussed with co-authors.

CMO-configuration elicitation. The elicitation of CMO-configurations started with assessing outcome-patterns (Pawson & Tilley, 2004) for each unit, and, thus, was of a more data driven nature as opposed to testing CMO-configurations defined a priori. To do this, we compiled, examined, and summarized unit specific data coded as outcome for each unit. This resulted in the identification of six outcome types across units. Next, using single outcome types as a starting point, we applied a retroductive analyses to trace back interactions between key mechanisms and context factors that explained these outcomes (Gilmore et al., 2019). This enabled us to identify context-mechanism-dyads relevant in the generation of each specific outcome type and, thus, to answer how the identified outcomes were generated. The CMO-configurations were discussed among co-authors. It must be noted that CMO-configurations were sometimes embedded in each other or configured in a series (i.e. the outcome of one CMO-configurations being the context of another CMO-configuration). For clarity, CMO-configurations are presented separately in this study.

CMO-configuration refinement. In an analysis across units, inspired by the analytical process presented by Gilmore et al. (2019), we further refined the CMO-configurations. Within this phase, we first collated CMO-configurations from all units according to outcome types. This enabled us to compare and contrast preliminary CMO-configurations across units, hereby taking context, mechanism, and outcome variations into account in the refinement process. In the results, key CMO-configurations are presented according to outcome themes (implementation of MHP initiatives, personal development among participants, and relational and collaborative development). Mechanisms and context factors were labeled as *generic* if they related to all outcome types within one outcome theme. For example, the context factor *Support within participants' organizations* related to both outcome types within the outcome theme *Implementation of MHP initiatives*.

3. Results

In the following, organized according to the three outcome themes, we elaborate key CMO-configurations identified in this study. Interview

Table 2
Definition and operationalization of CMO-concepts.

Concept	Theoretical definition[a]	Operational description[b]
Context	Refers to features of the conditions in which programs are introduced that are relevant to the operation of the program mechanisms.	Situation, condition, or factor relevant to the operation of the ALP, that may change over time.
Mechanism	Refers to the resources created or introduced by a program and how subjects interpret and act upon these resources.	Activities, processes, and elements related to the ALP and responses (e.g. cognitive, emotional, motivational) of involved actors (participants, management, staff).
Outcome	Comprises the intended and unintended consequences of programs, resulting from the activation of program mechanisms.	Result or consequence of the ALP that is related to MHP capacity (i.e. the ability and potential of individual people, organizations, and systems to plan and conduct effective MHP).

[a] Based on Pawson and Tilley (1997) and Jagosh et al. (2015).
[b] Based on Pawson and Tilley (1997), Herens et al. (2017), and Jagosh et al. (2015).

Table 3
Themes identified in the analysis, including outcome types (O1-O6).

Context	Mechanism	Outcome

• Participant-related factors
• Organizational factors
• External factors
	• Learning activities (incl. reflection processes and learning-by-doing)
	• Legitimizing the MHP agenda and collaborative approaches
	• Allocating time and effort for ALP processes
	• Relational work (incl. face-to-face meetings and experiencing fruitful collaborations)
	• Collaborating across organizational boundaries
	• Perceiving ALP content as relevant
	• Reinforcing/creating motivation
		• Implementation of MHP initiatives
		  o Practice development (O1)
		  o Knowledge dissemination (O2)
		• Personal development (participants)
		  o Knowledge, skills, and competences (O3)
		  o Awareness (O4)
		• Relational and collaborative development
		  o Collaborations (O5)
		  o Relationships (O6)

quotations illustrate participants' views underpinning our analytical propositions about the generation of the identified outcomes. CMO-configurations are also summarized in Figs. 1–3 depicting the CMO-configurations in form of the realist evaluation heuristic C+M=O. To present a thematic overview of the findings, themes identified in our analysis are summarized in Table 3, including all outcome types (O1-O6).

3.1. CMO-configurations explaining the implementation of MHP initiatives

Implementation of MHP initiatives was identified as an outcome theme within all units, including practice development (O1) and knowledge dissemination targeting staff and/or end users (e.g. students) (O2). Practice development included, for example, a volunteer led walking group for elders and a peer-to-peer buddy system and social activities for students. Knowledge dissemination activities entailed disseminating knowledge, skills, and competences within participants' organizations. For example, workshops and presentations about MHP targeted staff and workshops about wellbeing and MHP as a part of the routine program for all first-year students. Contextual factors and mechanisms related to these outcomes are elaborated in the following sections and summarized in Fig. 1 (depicting the interrelations between context-mechanism elements and outcome types O1 and O2). Subscript numbers indicate which outcome contextual factors and mechanisms relate to.

Participants and management employees described that the participation in the ALP increased the legitimacy of MHP as an organizational agenda. We considered this a generic mechanism (GM_{1-2}) in developing and implementing MHP Initiatives. An interviewees' account of this mechanism is illustrated in the following interview quote:

> Well, if you're working with something, then things start to come to light. Therefore, it [participating in the ALP] is also a lever for our work with mental health. (Management employee, unit 1)

Also, we considered the process of participants allocating time and effort to engage in developmental and implementation processes a generic mechanism (GM_{1-2}). This was triggered through activities related to the ALP (e.g. receiving a reminder about an upcoming workshop) and, also, included participants adapting content of the ALP workshops (e.g. information materials and exercises) to their own initiatives.

For most participants the motivation to engage in the ALP activities was reinforced or created through engaging in group discussions about MHP and an appealing facilitation style applied in the ALP (GM_{1-2}). This
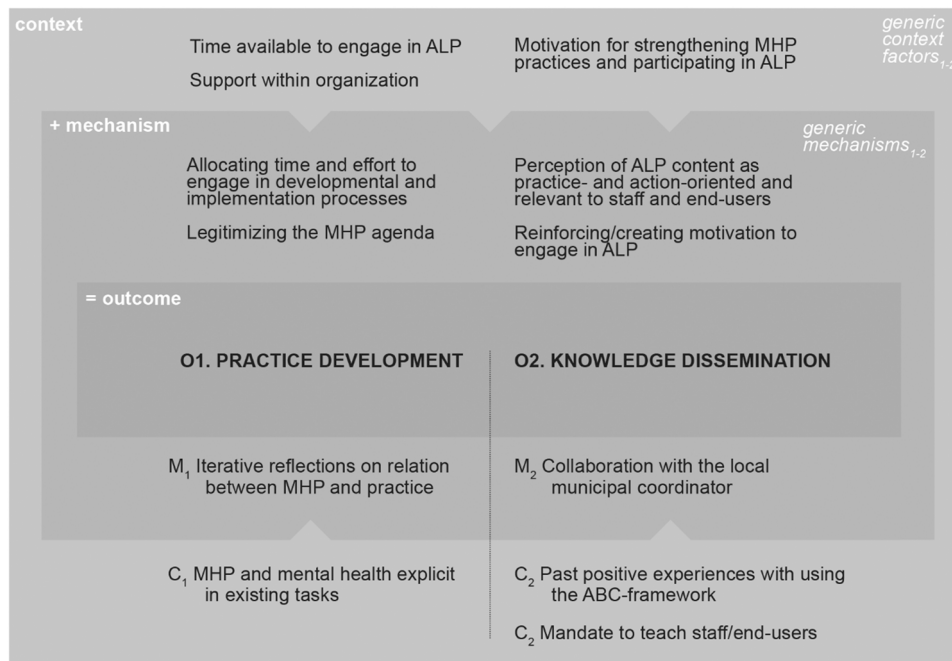
Fig. 1. Summary of context-mechanism-outcome-configurations (C+M=O) on implementation of MHP initiatives (O1 and O2).

was also identified as a generic mechanism. However, one participant deemed the facilitation style as a control measure creating a feeling of being called to account for her efforts which decreased her motivation to engage actively in the ALP. This participant clearly stated not to have been motivated to participate in the ALP at any time and, therefore, did not prioritize the allocation of time and effort to engage in the ALP.

Another generic mechanism was linked to the introduction of materials and exercises at the ALP workshops that participants regarded as relevant and offered inspiration for their own practice and knowledge dissemination activities (GM_{1-2}). A participant explained:

> Practically, we choose to apply a lot of the materials and exercises almost one-to-one in our teaching. (Participant, unit 3)

Also, several participants applied the ABC-framework as a conceptual basis in their knowledge dissemination activities, because the framework was perceived as a plain practice- and action-oriented framework relevant to staff and students. This is illustrated in the following interview quote:

> I think the ABC-framework is a good framework. Because it is simple. And to sell something new, it shouldn't be too difficult. Not even to colleagues… Even though they could easily read 20 research papers. But, after all, that takes time, you know. (Participant, unit 2)

Generic contextual factors supporting the mechanisms of implementing MHP initiatives related to participants' and managements' motivation for strengthening MHP practices and to participate in the ALP (GCF_{1-2}). Participants were likely to be less motivated to engage in the ALP activities if participation was involuntary, as illustrated in the following interview quote:

> You know, we have been assigned this task along with 45 other tasks. So, to us perhaps it has been like… yet another thing that needs to be fixed. (Participant, unit 3)

Competing agendas and restructuring of organizational tasks were identified as generic contextual factors influencing participants' available time to engage in the ALP (GCF_{1-2}). For example, the Covid-19 pandemic prompted major changes in organizational tasks and, thus, reduced participants' available time to engage in the ALP. Another

generic contextual factor supporting the implementation of MHP initiatives was support within participants' organizations (GCF_{1-2}). For example, support from employees and volunteers regarding planning and implementation processes and from management in terms of allocation of working hours earmarked for the implementation of new practices.

Practice development (O1). Besides the generic mechanisms, we identified iterative reflections on the relation between MHP and participants' and organizational practices (M_1) as a mechanism for developing practices. These reflections were initiated and facilitated within the ALP, e.g. through group discussions and program development exercises. Working groups including representatives from different groups of actors, such as students and staff or participants from different organizations or departments, gave room for multiple perspectives which in turn allowed for more nuanced discussions of issues and potential solutions. For example, participants from the university college praised the collaboration between students and staff for bringing together a diverse range of complementary knowledge and skills. Furthermore, several participants highlighted the time frame of the ALP of nine months and the continuous external facilitation of the developmental and implementation processes as essential program resources. These resources, for example, triggered and allowed for iterative reflections and, also, secured participants engagement over time without making the ALP a time-consuming project. As a participant described:

> That somebody external comes in, to make sure we keep our noses to the grindstone, actually has a really good effect… And when receiving an email from you… "Oh Yeah! [giggles] We need to do something." And that's actually fine, really. (Participant, unit 2)

A contextual factor in support of implementing practice developments related to participants' existing tasks, namely, if mental health and MHP were already explicit in their job descriptions, e.g. in the curriculum of the lecturers at the university college (C_1).

Knowledge dissemination activities targeted staff and end-users (O2). We considered the collaboration with the local municipal coordinator, initiated because of participating in the ALP, a mechanism in implementing knowledge dissemination activities (M_2). Participants described the collaboration as bringing together complementary resources and skills. Participants' prior positive experiences of using the

content of the ALP were considered a supportive contextual factor (C_2), for example, for allocating time and effort to develop knowledge dissemination activities. A restraining contextual factor was if participants did not feel they had the mandate to teach staff or end-users about MHP (C_2). This is, for example, expressed in the following excerpt from an interview with a participant regarding knowledge dissemination activities targeted staff:

> Potentially, it would have fit perfectly on a staff-level. But […] I cannot do that as an employee. Because I would go in and point out some things about my colleagues, which… "So, who are you to tell me that?" And [interviewees name] cannot do that. A manager or person working on a specific project can do that, but we cannot. I mean… We cannot put each other in such a situation, as colleagues, in my opinion. (Participant, unit 3)

3.2. CMO-configurations that matter in personal development among participants

Personal development among participants was identified as a prevalent outcome. Most participants stated to have gained knowledge, skills, and competences related to practicing MHP, project management, and co-creation processes between public sector organizations and NGOs (O3). Moreover, participants across all units reported an increased awareness about mental health promoting practices and behaviors in their daily work routines (O4). The increased awareness related to, for example, bringing a MHP mindset into practice, also, when conducting tasks not explicitly related to health:

> It's always good to be reminded about stuff, I think. Because then I'll bring it with me when teaching other classes as well. Also the ones that are not necessarily about health or health professions. (Participant, unit 3)

Contextual factors and mechanisms related to outcomes of personal development are elaborated in the following sections and summarized in Fig. 2 (depicting the interrelations between context-mechanism elements and outcome types O3 and O4). Subscript numbers on contextual factors and mechanisms indicate which outcome they relate to.

Participants allocating time and resources to engage in a mix of passive and participatory learning activities (GM_{3-4}) was identified as a generic mechanism for shaping participants awareness, knowledge, skills, and competences. Passive learning activities, were, for example, presentation of mental health promoting determinants. Participatory learning activities were, for example, group exercises and discussions related to MHP. Participants with a positive attitude towards program resources were more likely to allocate time and resources for these learning activities. Several participants described the educational materials, exercises and information provided at the ALP workshops as appealing, relevant, and adaptable to their work with MHP. For example, participants perceived the ABC-framework as relevant and useful for promoting MHP efforts and for working with MHP across organizational boundaries. We deemed ambiguous perceptions of the relevance and tangibility of the content of the ALP as a restraining factor for the mechanisms that generated personal development. The following excerpt, where a participant appreciates the underlying ideas and intentions of the ALP but finds the program trivial and inadequate, illustrates the relation between this ambiguity and the allocation of time and effort put into the ALP:

> And these are relevant thoughts, that are important to hold on to. But frankly, there's nothing new about it. And I think that's what you've been sensing about me. In cases where I just thought to myself: "Ahhh… come one. This is money down the drain (Participant, unit 3)

Individual and collective reflection processes were often embedded in or resulting from the learning activities applied in the ALP. We considered these reflection processes, for example, on MHP in relation to own practices as a generic mechanism for personal development (GM_{3-4}). The nine-month timeframe of the ALP, creation of room for reflection processes at the workshops, and facilitation skills of program facilitators for motivating and engaging participants were identified as program resources facilitating and enabling the generic mechanisms for personal development.

Generic contextual factors supporting the mechanisms of implementing MHP initiatives related to participants' and managements' motivation and available time to participate in the ALP and in co-creation processes (GCF_{3-4}).

Strengthened knowledge, skills, and competences related to MHP, project management, and/or co-creation (O3). We identified learning-by-doing as a mechanism for developing participants' knowledge, skills, and competences (M_3). The type of learning-by-doing-activity, initiated within the framework of the ALP, determined the
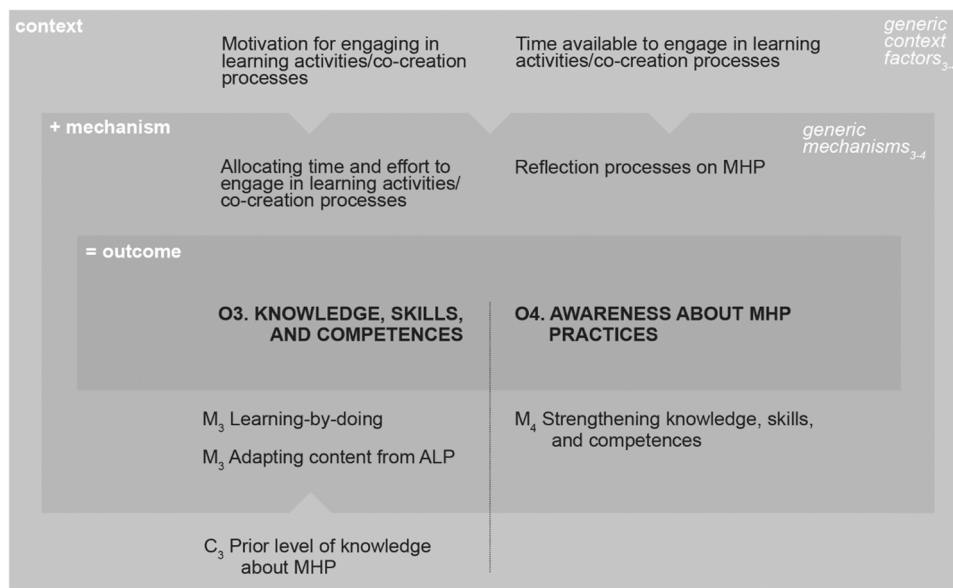

Fig. 2. Summary of context-mechanism-outcome-configurations (C+M=O) on personal development among participants (O3 and O4).

nature of the acquired knowledge, skills, and competences. For example, developing and implementing MHP initiatives strengthened skills and competences related to MHP and project management, and engaging in collaborations across public sector organization and NGOs strengthened participants' skills and competences related to co-creation. An interviewee explained:

> Well, at any rate, I think I've gained some experience related to collaborating with volunteers and [name of participating community volunteer center] […] And because the ABCs of mental health and the action learning program have created this opportunity, which has produced some interesting and good experiences of entering this space [for collaboration] together. (Participant, unit 1)

Also, we considered the process of adapting exercises and educational materials introduced during the ALP to the participants' own practice a mechanism for developing skills and competences (M_3).

Participants prior level of knowledge about MHP (C_3) was deemed a relevant contextual factor playing a pivotal role for the generation of outcome patterns reported by the individual participants. For example, participants who indicated to have only little theoretical knowledge on MHP prior to the ALP voiced to have gained knowledge about mental health promoting determinants through the ALP. Other participants reported not to have gained knowledge through the ALP, alluding to several years of experience with practicing and teaching MHP. However, they reported strengthened skills and competences, as the adaptation of educational materials, exercises, and the ABC-framework helped them to translate their existing knowledge into MHP efforts.

Increasing awareness about MHP practices within daily routines (O4). A mechanism for increasing participant's awareness about MHP practices was the strengthening of knowledge, skills, and competences for working with MHP[3] through participating in the ALP (M_4). For example, several participants praised the ABC-framework for providing them with three simple principles of orientation for practicing MHP which heightened their awareness about MHP in their daily routines. Other mechanisms and contextual factors related to the strengthened awareness are described above as generic.

3.3. CMO-configurations that matter in relational and collaborative development

The initiation of recurring collaborations across organizational boundaries, strengthening MHP capacity, was identified as an outcome of the ALP across all units (O5). These interorganizational and intraorganizational collaborations related to, for example, the above-mentioned practice developments, such as the biannual workshops for first-year students. Strengthened relationships between actors from across organizations or departments was also identified as an outcome of the ALP (O6). This, for example, manifested itself as some participants experienced greater motivation for collaborating with other organizations/departments and that "psychological boundaries" for reaching out to other organizations/departments regarding work-related issues were lowered. Contextual factors and mechanisms related to these outcomes are elaborated in the following sections and summarized in Fig. 3 (depicting the interrelations between context-mechanism elements and outcome types O5 and O6). Subscript numbers indicate which outcome contextual factors and mechanisms relate to.

Generic contextual factors in support of the mechanisms for relational and collaborative development related to the involved actors' motivation for strengthening existing relationships and collaborations (GCF_{5-6}). Several participants viewed the ALP as an opportunity to act on this motivation which was stated as a reason to participate in the ALP

to begin with. Another supportive contextual factor was a shared interest across organizations/departments in community-oriented and co-creational approaches to MHP (GCF_{5-6}). Here, expressed by a participant from the university college and a management employee from the hosting municipality:

> Of course, we are always happy here at [name of university college] when someone external is coming. Because, obviously, they can bring other things into play than we can do as lecturers. (Participant, unit 3)

> We must get out there and facilitate the civil society. […] You cannot sit and wait for a citizen to get sick. You must get out and […] prevent that another citizen becomes a case, right? (Management employee, unit 3)

This interest was particularly strong among actors from the hosting municipality. On several occasions (interviews and ALP workshops) they expressed an organizational agenda of supporting local organizations in strengthening their MHP efforts. Furthermore, convergent goals across organizational boundaries were identified as a supportive generic contextual factor (GCF_{5-6}).

Strengthened collaborations across organizational boundaries (O5). A mechanism for initiating and developing these collaborations was that the participation in the ALP increased the legitimacy of participants' engagement in collaborative practices across departments/organizations (M_5). Specifically, the ALP created room and provided tools and frameworks for collaborating on MHP efforts. An interviewee explained:

> I really think that the framework [referring to the action learning program and the ABC-framework] has provided a good foundation for a good co-creation process around: "if we want to make a difference for the citizens in this area here, what are our initiatives then?" (Participant, unit 1)

Furthermore, we considered the process of initiating collaborative practices (M_5), which was particularly evident among employees from the hosting municipality, a mechanism for strengthening collaborations. Support within participants' organization to engage in collaborative practices, e.g. through provision of resources from management or assistance from colleagues (C_5) was identified as a supportive contextual factor for initiating collaborations.

Strengthened relationships across organizational boundaries (O6). Mechanisms for strengthening relationships across organizational boundaries were: face-to-face meetings at the workshops allowing participants to get acquainted; participants' experiences of bringing together relevant and complementary resources and skills for solving organizational tasks through collaborations across organizational boundaries[4]; and experiencing fruitful collaborations that draw on resources and skills from several of the involved organizations/departments (M_6). The relation between these mechanisms and strengthening relationships is illustrated in the following interview quotes:

> I think it's always good to be able to put a face to someone in this way. Because then its way easier to call [that someone], right? […] So, it's really about this that you have met people, and that you have collaborated with people. Well, that really just makes it way easier [to reach out] if you get some sort of crazy idea or think "we really need to do something about this". (Participant, unit 1)

> It has been great to work on this initiative with [name of participant from the hosting municipality] and others where we just succeeded

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[3] Acquisition of knowledge, skills, and competences is also considered an outcome (O3) and, thus, part of a series of interrelated CMO-configurations.

[4] Collaboration across organizational boundaries was considered both a time-related outcome (O5) and a mechanism and, thus, part of a series of interrelated CMO-configurations.

Fig. 3. Summary of context-mechanism-outcome-configurations (C+M=O) on relational and collaborative development (O5 and O6).

in implementing that sort of small activity within a really short timeframe and actually without making a big effort. And, I think, that has the potential to contribute to our collaboration [with the municipality] becoming even better. Because this sort of proofs that it doesn't have to be lengthy and complicated. Sometimes, you give up beforehand because these things need to go through so many layers. (Participant, unit 1)

Contextual factors supportive of these mechanisms are described above as generic contextual factors.

4. Discussion

Through an investigation of CMO-configurations, we explored the workings of action learning processes for building MHP capacity. The identified outcome themes range across implementation of MHP initiatives, personal development among participants, and relational and collaborative development across organizational boundaries. Our analytical provision of CMO-configurations adds to the literature with nuanced descriptions of the underlying workings of an action learning program. The account of CMO-configurations provides insights into how contextual factors (e.g. participant motivation and knowledge, organizational support, and existing task descriptions) in combination with certain mechanisms of the ALP (e.g. legitimizing MHP as an organizational agenda, learning-by-doing, and collaborations across organizational boundaries) explained the identified outcomes. Overall, our results regarding under which circumstances and for whom the ALP generated desirable outcomes are in line with the recommendations for and descriptions of pitfalls within action learning given in the literature (Folker & Lauridsen, 2017; Leonard & Marquardt, 2010; Zuber-Skerritt, 2002). Given the multitude of expert recommendations on the need to strengthen MHP capacity and for re-orienting practice towards integrating MHP practices (Barry, 2019; Forsman et al., 2015; IUHPE, 2021; Kalra et al., 2012), we find it worth noting that most participating organizations implemented knowledge dissemination activities targeting staff and end-users. These activities may support this movement called for by experts by promoting MHP knowledge, skills, and competences in their organizations.

In line with the recommendations for action learning (Zuber-Skerritt, 2002), our results suggest that providing (specialist) input, such as knowledge and tools, combined with group discussions and reflection processes guided by the ALP facilitators were central program resources

for generating several of the observed outcomes. This finding is consistent with other studies on action learning (Folker & Lauridsen, 2017; Machin & Pearson, 2014). However, other mechanisms with less focus on external input may also be relevant to consider when planning, executing, and evaluating capacity building efforts. In this regard, some of the CMO-configurations presented lend support to the notion that action learning works through mobilizing and increasing the utilization of local resources (Hale, 2014; Zuber-Skerritt, 2002). These findings on the workings of the ALP are in line with the outline of action learning given by Reginald Revans, who is considered a pioneer of action learning (Pedler & Burgoyne, 2015). According to Revans, facilitators *do not* provide specialist input or teach participants. His approach to action learning gives a more prominent role to local (tacit) knowledge as opposed to specialist knowledge provided by facilitators and, thus, may draw on mechanisms allowing for relatively more room for peer-to-peer development. Furthermore, our findings show how participants' prior knowledge on MHP is an important factor regarding whether participants report to have gained knowledge or received help to translate existing knowledge into MHP competences. Overall, our findings indicate that developing MHP practices, and hereby increasing MHP capacity, benefits from facilitating translation of local knowledge and skills into concrete competences and practices – whether or not the facilitation strategy includes expert input.

Working with the three embedded units separately allowed for a context-sensitive analysis (Mason, 2018; Yin, 2014) which was an advantage when answering the questions *how, for whom,* and *in what circumstances* the ALP worked (Pawson & Tilley, 2004). This implies that the transferability of our findings to other contexts requires careful consideration and testing (Astbury & Leeuw, 2010). In this regard, our presentation of context factors related to program mechanisms offers an explicit warrant for under what circumstances and for whom the identified mechanisms may be considered feasible for strengthening MHP capacity.

Our position as "internal evaluators" entails several advantages and disadvantages (Bachrach & Newcomer, 2002; Conley-Tyler, 2005). For example, we cannot rule out that our position could have led to interviewees holding back criticism or overreporting outcomes. Also, our immersion in the project and the subsequent "lack of distance" may have resulted in blind spots in our reading of data. However, the position of "internal evaluators", on the other hand, allowed us to gain insights into reactions and interactions of the involved actors that were not captured in the data. Furthermore, our involvement in developing the ALP and

prior experience with planning and evaluating capacity building activities that include the ABC-framework and participatory methods (Hinrichsen et al., 2020; Koushede, Nielsen, Meilstrup, & Donovan, 2015) have provided us with valuable knowledge about the workings of programs like the ALP. We argue that these insights and prior experiences were considerable capacities for our analytical processes heightening the probability that we were able to tease out the most relevant CMO elements.

Put into a realist evaluation jargon, this study, in relation to prior evaluations of similar programs and efforts, can be seen as one of several turns of the *scientific wheel of realist evaluation* where programs are continuously developed, tested, and refined (Pawson & Tilley, 1997). Our study, presenting an analysis of CMO-configuration, contributes to this circular evaluation and research process with detailed knowledge on the interplay between capacity building mechanisms found within actions learning and contextual factors. In line with realist evaluation being theory driven (Jagosh et al., 2015), this knowledge can inform program development and should be tested in future evaluation and research (Jolley, 2014). Further research assessing the capacity building outcomes in the wider organization, e.g. resulting from participant driven knowledge dissemination, using quantitative outcome measures is warranted. This would allow for further exploring capacity building mechanisms of action learning that are not evident in this study (due to the limited scope of the outcome assessment of this study). Another remaining question is what the effect of building MHP capacity is, e.g., how the participant initiated MHP efforts impact the mental health of affected individuals. Attending to these questions requires further research, optimally, including longitudinal outcome data.

5. Lessons learned

Astbury and Leeuw (2010) suggest that evaluating social programs on the level of mechanisms (opposed to program components as such) widens the potential transferability of evaluation results. In line with this perspective, we believe that the detailed account of the workings of action learning provided in this study may be used to inform programs and implementation strategies targeting MHP capacity. When considering mechanisms for capacity building, it might be useful to take into consideration the discussion of whether mechanisms can be activated/not activated or can be activated to a greater or lesser extent (Ravn, 2019). For example, if the extent or duration of reflection processes affect the generated outcome. Furthermore, our evaluation results on the mechanism level might open up for the possibility to distinguish between "basic mechanisms" of action learning (e.g. learning-by-doing and reflection processes) and mechanisms related to specific resources introduced as part of the ALP evaluated in this study (e.g. the adaption of the ABC-framework). This would suggest that our presentation of CMO-configurations building on these basic mechanisms can be used to inform the design of capacity building and action learning efforts more broadly.

We found that realist evaluation offered a relevant and fruitful approach to evaluation by stimulating a comprehensive analysis of the workings of the ALP (leading to several valuable learnings that go beyond what is reported in this paper). However, it is our experience that engaging in a realist evaluation can be time-consuming and requires a thorough understanding of the philosophical and theoretical underpinnings. We received a great deal of advice and consultancy (e.g. regarding literature recommendations and concrete analytical challenges) in an online free-to-join network for researchers interested in realist evaluation.[5] Altogether, we consider realist evaluation a rewarding and helpful approach for gaining an in-depth understanding of social programs. Moreover, presuming time pressure is not an issue, we encourage evaluators to consider the potential of applying realist evaluation methodology in their work.

6. Conclusion

The purpose of this study was to learn about the underlying workings of action learning processes for building MHP capacity. This was done by exploring how combinations of mechanisms and contextual factors explained the observed outcomes of an ALP targeting MHP capacity. Presenting a detailed account of CMO-configurations, the findings of this study provide insights into the underlying workings and potential outcomes of action learning. For example, our results suggest that action learning works through not only expert input but also mobilizing and increasing the utilization of local resources that contribute to maintain and promote mental health. Taken together, our results strengthen the notion that the underlying mechanisms of action learning hold the potential to guide participants in addressing specific local issues and to build problem solving capacity, here MHP capacity, on an individual, organizational, and community level (Pedler & Burgoyne, 2015; Pounder, 2009). The insights provided in this study may be valuable for developing program theories and implementation strategies for programs targeting MHP capacity and/or applying action learning methods. This study, also, illustrates how realist evaluation offers a relevant methodology for investigating the underlying workings of capacity building programs.

CRediT authorship contribution statement

Carsten Hinrichsen: Conceptualization, Methodology, Formal analysis, Investigation, Writing − original draft, Visualization. **Malene Kubstrup Nelausen**: Writing − review & editing, Formal analysis. **Line Nielsen**: Writing − review & editing. **Ziggi Ivan Santini**: Writing − review & editing. **Charlotte Meilstrup**: Writing − review & editing. **Morten Hulvej Rod**: Supervision, Writing − review & editing, Methodology. **Vibeke Koushede**: Supervision, Writing − review & editing, Funding acquisition, Project administration, Methodology. **Sigurd Lauridsen**: Supervision, Writing − review & editing, Methodology.

Declaration of Competing Interest

We declare no conflicts of interest.

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[5] https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0 =RAMESES

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