Advanced Population Mental Health Promotion and Prevention Course

14 – 18 June 2027
Cairo

AGILE LEADERS
Training Center

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Ref: 1517_212012 **Date:** 14 – 18 June 2027 **Location:** Cairo **Fees:** 4100 Euro

Overview

Advanced Population Mental Health Promotion and Prevention Course is a one-week course for public health, community, education, workplace, healthcare, and policy professionals, who leave with a Population Mental Health Promotion and Prevention Plan. The course connects determinants, risk and protective factors, prevention tiers, needs assessment, co-design, settings-based action, implementation, partnership governance, indicators, evaluation, and sustainability. Agile Leaders Training Center presents mental health promotion and prevention as coordinated population action across sectors and settings.

Who Should Attend

- Functions responsible for population mental health strategy
- Teams responsible for community and settings-based prevention
- Personnel responsible for public health needs assessment
- Services responsible for partnership and initiative delivery
- Functions responsible for evaluation and sustainability

The course assumes participants plan or oversee population initiatives and leaves out clinical diagnosis, individual counselling, treatment selection, and crisis-response certification.

Departments and Industries

The course supports departments and organizations that influence mental health determinants, protective factors, access, and prevention outcomes.

- Public health and healthcare systems
- Education and learning organizations
- Workplace health and human resources functions
- Community, voluntary, and social services
- Housing, welfare, and local service partnerships

Learning Objectives

By the end of this course, participants will be able to:

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- Analyze mental health determinants and protective factors
- Apply population and prevention-tier frameworks
- Build data-informed needs and asset assessments
- Prioritize co-designed settings-based interventions
- Use implementation, partnership, and governance tools
- Evaluate indicators, outcomes, equity, and sustainability

Course Agenda

Day 1: Population Mental Health Foundations

- Mental Health Determinants Systems Map
- Risk and Protective Factor Matrix
- Population Group and Equity Lens
- Universal, Selective, and Indicated Prevention Grid
- Promotion and Prevention Scope Charter

Day 2: Needs and Priority Setting

- Population Needs and Asset Assessment
- Data Source and Evidence Quality Checklist
- Community Voice and Co-Design Plan
- Problem and Protective-Factor Prioritization Matrix
- Prevention Readiness and Capacity Profile

Day 3: Intervention and Partnership Design

- Settings-Based Intervention Design Canvas
- Evidence and Context Fit Appraisal
- Cross-Sector Partner Contribution Map
- Ethical Mental Health Communication Guide
- Stigma Reduction Action Design

Day 4: Implementation and Evaluation

- Implementation Roadmap and Responsibility Matrix
- Reach, Adoption, and Fidelity Monitoring Plan
- Promotion and Prevention Indicator Framework
- Process, Outcome, and Equity Evaluation Matrix
- Sustainability and Scale Decision Tool

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Day 5: Prevention Planning Practice

- Suggested Exercise: Determinants and Protective-Factor Analysis
- Suggested Exercise: Needs and Asset Prioritization
- Suggested Exercise: Settings-Based Intervention Co-Design
- Suggested Exercise: Indicator and Evaluation Review
- Capstone Exercise: Population Mental Health Promotion and Prevention Plan

Practical Exercises

The course uses suggested activities based on fictional health, education, workplace, housing, and community settings.

- Suggested activity: map determinants and protective factors across population groups and service environments.
- Suggested activity: combine quantitative evidence, community experience, assets, and capacity into prevention priorities.
- Suggested activity: co-design a settings-based intervention with roles for cross-sector partners.
- Suggested activity: build indicators that track implementation, outcomes, equity, and sustainability.

FAQs

Who suits population mental health promotion and prevention training, and what does it assume?

Professionals responsible for public health, community, workplace, education, healthcare, or policy initiatives suit the training; it assumes experience with planning or partnerships and excludes clinical treatment decisions.

How does population mental health promotion and prevention differ from mental health awareness training?

Population mental health promotion and prevention addresses determinants, protective factors, intervention design, implementation, partnerships, and evaluation, while awareness training mainly improves recognition and general understanding.

What are risk and protective factors in mental health promotion and prevention?

Risk and protective factors are individual, relationship, community, environmental, and structural conditions that can increase vulnerability or strengthen wellbeing, resilience, connection, safety, opportunity, and access to support.

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How should settings-based mental health prevention initiatives be selected?

Settings-based initiatives should follow needs and asset evidence, community priorities, equity considerations, intervention evidence, context fit, delivery capacity, partnership roles, ethical communication, and a feasible evaluation plan.

How are mental health promotion and prevention outcomes evaluated?

Outcomes are evaluated through defined indicators for reach, adoption, fidelity, experience, protective factors, intended changes, equity, unintended effects, and sustainability, supported by an agreed baseline and review schedule.

Conclusion

Participants leave with a Population Mental Health Promotion and Prevention Plan containing determinants, assessment, priority, co-design, partnership, implementation, indicator, evaluation, and sustainability tools. The plan connects evidence with coordinated action across settings. It helps organizations select, govern, monitor, and improve prevention initiatives while accounting for equity and community relevance.