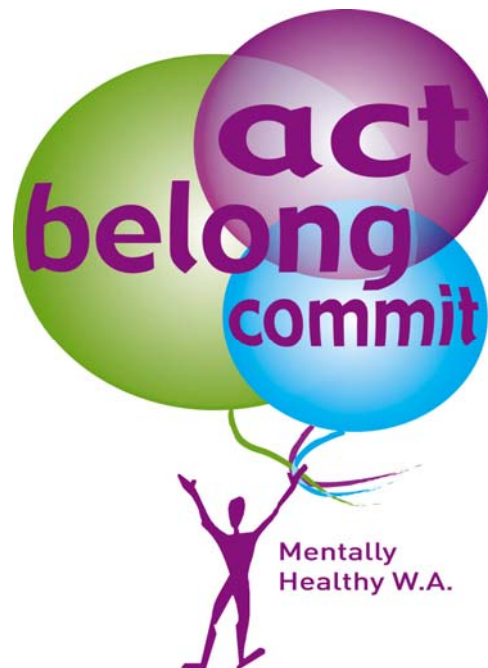


Process and Impact Evaluation of the *Act-Belong-Commit*
Mentally Healthy WA Pilot Campaign

By

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CBRCC Report 080210



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Citation: The following should be used when referencing this work:

Jalleh, G., Donovan, R.J. & James, R. Process and Impact Evaluation of the *Act-Belong-Commit* Mentally Healthy WA Pilot Campaign. Centre for Behavioural Research in Cancer Control, Division of Health Sciences, Curtin University, Perth, 2008.

Acknowledgements: The *Act-Belong-Commit* Mentally Healthy WA Pilot Campaign was funded largely by Healthway, along with substantial support from WA Country Health Services, Lotterywest, The Office of Mental Health and Pilbara Iron Ltd.

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(ii)

My self imposed isolation in Northam worked fine while I was busy settling in and decorating and gardening, then depression set in. An ad in the local paper changed all that. The colourful 'Act, Belong, Commit' message was music to the ears of someone who thrives on community involvement. I overcame my flagging confidence and made the call.

After a coffee with Amberlee Laws at a local café, I didn't have time any more for my self-imposed isolation. Amberlee mentioned the magic words 'sustainable living' and before I knew it, I found myself handling the publicity for the W.A. Festival of Health, Healing and Harmony, in Toodyay. I feel welcomed and appreciated there, which everyone strives to feel in society. In addition to my involvement with this group, I attended a community forum, and was introduced to someone who runs a local writing group. I attended a meeting shortly after, and found motivation and stimulation for my first love, writing. On top of all that, an indigenous lady I met at the Toodyay group, wants me to assist her with writing her life story.

From a single phone call, many new doors have opened. I encourage anyone who is feeling isolated and lacking in confidence, to take the plunge and make that initial call.

Caroline Barr, Northam

1. INTRODUCTION

1.1 The *Act-Belong-Commit* Pilot Campaign

In October-November 2005, the Mentally Healthy WA *Act-Belong-Commit* Campaign was launched in six communities in regional Western Australia: one farming (Northam); two mining (Kalgoorlie and Karratha); and three coastal communities (Albany, Esperance and Geraldton). This two-year community-based health promotion campaign was a pilot program that aimed to improve the community's understanding of positive mental health. The campaign encouraged individuals to engage in activities that would enhance their mental health and simultaneously encouraged community organisations offering such activities to promote their activities under a mental health benefit banner.

The 'Act-Belong-Commit' ('A-B-C') message provides a simple mnemonic which represents three major domains of factors that both the literature and people in general consider contribute to good mental health (Donovan et al., 2003; Shah & Marks, 2004; Ross & Blackwell, 2004; Rychetnik & Todd, 2004).

- **'Act'** means that individuals should strive to keep themselves physically, socially and cognitively active. Being active is a fundamental requirement for mental health. At the basic physical and cognitive levels, individuals can act alone: take a walk; read a book; do a crossword puzzle; garden; take a correspondence course; visit a museum; and so on. At a basic social level, individuals can interact with salespeople while shopping, talk to their neighbours and maintain contact with family and friends.
- **'Belong'** refers to being a member of a group or organisation (whether face-to-face or not), such that an individual's connectedness with the community and sense of identity are strengthened. Groups can be formal or informal. Many activities can be done alone or as a member of a group (read a book versus join a book club, go for a walk alone or join a walking group, play solitaire or play bridge). In some cases there are synergistic effects: belonging to a book club not only adds a connectedness dimension, but is also likely to expand the cognitive activity involved; joining a walking group is likely to expand the physical activity along with the social connections.

- **‘Commit’** refers to the extent to which an individual becomes involved with (or commits to) some activity or organisation. Commitment provides a sense of purpose and meaning in people’s lives. Commitment can be to a cause or organisation that benefits the group or wider community, or can be to the achievement of some personal goal. For example, one can be a spectator member of the local theatre group or sports club, or one can be an active participant, or one can volunteer to be treasurer or go on a recruiting drive or in some other way commit oneself deeper to the organisation. One can join a walking group that has fairly modest physical activity goals, or one can join an orienteering group that is more physically and cognitively challenging. Similarly, rather than reading and discussing ‘pulp fiction’ in a book club, one might introduce more challenging literature.

The research underpinning the Campaign and the development of the Campaign are described in Donovan et al. (2003) and Donovan et al. (2006) respectively.

1.2 Campaign Target Groups

The primary target groups in the pilot towns were:

- Adults in general (18 years and over);
- Officeholders in organisations that directly provide or facilitate activities that could enhance people’s mental health; and
- Journalists for the local media.

For adults in general, the primary objectives were to increase the salience of mental health, to encourage them to think proactively about their mental health, and to encourage them to engage in activities that would enhance their mental health. For community organisation officeholders, the primary objectives were to encourage them to form partnerships with the *Act-Belong-Commit* Campaign (and other community organisations) and hence promote their activities on the additional benefit that participation in their activities is beneficial to mental health. For journalists, the primary objectives were to establish working relationships to facilitate the use of press releases and coverage of local events held under the *Act-Belong-Commit* banner.

1.3 Campaign Strategies

One full-time or two 0.5FTE project officers were appointed in each pilot town. WACHS – Western Australia Country Health Service, the division of the Western Australian Health Department responsible for health services outside the metropolitan area, agreed to assign one of their health promotion staff in each town to implement the campaign for 0.5 of their time. The campaign funded an additional 0.5 person. At that time, there was no community wide mental health promotion program in the Health Department in the country or Metropolitan areas. WACHS's commitment was only for the pilot intervention.

The primary goals of the project officers were to establish working partnerships with appropriate organisations and to try and achieve at least one co-branded event per month in each town. A marketing approach was adopted in that potential partner organisations were offered resources and services of benefit to them in *exchange* for their promoting the *Act-Belong-Commit* message (see Donovan, James & Jalleh, 2007). Organisations were offered organisational assistance for event planning, assistance in applying for funding from relevant funding bodies, merchandise and promotional opportunities for their organisation via their association with the *Act-Belong-Commit* Campaign branding.

For the first 12 months of the *Act-Belong-Commit* Campaign, the main promotional strategy consisted of paid advertising and unpaid publicity in local newspapers. A set of four launch press advertisements was developed and placed in local newspapers. Later three more lengthy ads dealing with specific issues were developed. All of the press ads included the website and a local telephone number. The media spend for these advertisements was \$105,000 per annum. Production costs were approximately \$5,000. Television was not used in year 1 as the first year was primarily to establish partnerships and because of the substantially greater cost of television advertising. After sufficient partnerships were established, in year 2 a 30-second television advertisement was developed and began airing on GWN in February 2007. The production cost was \$55,000 and the media spend was \$67,000.

The communication objectives of these press and television advertisements were to increase the salience of mental health promotion in general. More specifically, the aims were to increase people's awareness of what they can and should do to maintain their own mental

health, and to increase intentions to be more proactive about their mental health. They were designed to sensitise people to local organisations' promotion of their activities, and, in conjunction with these promotions, to get people to participate in specific events or become more active in organisations of which they were already members.

The advertisements deliberately avoided technical jargon and the notion that mental health concepts were complex. All of the ads can be viewed on the website: www.actbelongcommit.org.au. The advertisements were supplemented by publicity and press releases for events in the towns (examples available on the website). Radio interviews provided further opportunities to reach the community.

A number of promotional materials with the *Act-Belong-Commit* message (e.g., posters, frisbees, T-shirts, drink bottles, stickers, hats, bookmarks, fridge magnets and stress balls) were distributed in the towns. Further details on the Campaign implementation in each pilot town can be found in the individual case studies on the website (<http://www.actbelongcommit.org.au/-Case-Studies-Reports-.html>).

“The name—Act-Belong-Commit—Mentally Healthy WA is a fantastic mantra, ethos, slogan; and the Act-Belong-Commit logo is brilliant—it is colourful uplifting vibrant, and we splash it around with gay abandon. I'm sure you have seen the newsletters produced by Colby and Philippa, which illustrate some of the places/adverts where we have co-branded our numerous public activities.”

Glen Slee, Soroptimist International, Karratha.

2. EVALUATION OF THE CAMPAIGN

As a pilot project, one of the major aims was simply to observe and learn from the implementation process, so that learnings could be transferred to future and larger-scale campaigns. Another aim of the pilot was to assess community reaction in general, and particularly how community organisations responded to and collaborated with the campaign. In terms of sustainability, we were particularly interested in to what extent the campaign

would be absorbed or internalised by collaborating organisations. The case studies referred to above contain much of the above learnings. We also conducted several more formal indicators of achievement. The various evaluation components were as follows.

1. **Impact on partners (organisation survey):** The main organisations that collaborated with the Campaign in running events or activities were surveyed. The aim was to assess their attitudes towards the collaboration and the impact of such collaborations on their organisation.
2. **Process evaluation:** The number of partnerships established by the project officers was recorded. The value of unpaid exposure for the Campaign was measured in the six intervention towns in the first 12 months of the campaign.
3. **General population impact evaluation:** Computer-assisted telephone interviewing (CATI) surveys were conducted on residents in the pilot towns to assess awareness of the Campaign and the self-reported impact of the Campaign on individuals' beliefs and behaviours after one year and after two years.
4. **Case studies:** Five of the six original pilot towns provided a narrative of the development and implementation of the campaign in those towns. The case studies reflect the unique set of circumstances in each of the towns. The case studies are not reported here. They can be found in full at www.actbelongcommit.org.au ('Implementing the *Act-Belong-Commit* Pilot Campaign: Lessons from the Participating Towns').
5. **System Change:** The attitude of WACHS to incorporating the Campaign into the job descriptions of staff on an ongoing basis was to be assessed at the end of the two years. Expressions of interest from other organisations outside the pilot towns was also recorded.

3. PARTNER SURVEYS

Mail surveys of officeholders in organisations that actively collaborated with the Campaign were conducted in September 2006 and January 2008. The aim was to assess the impact of such collaborations on their organisation and their attitudes towards the collaboration.

3.1 Method

3.1.1 Participants and procedure

Organisations that collaborated with the Campaign in any way were mailed a package containing the questionnaire, a covering letter and a Curtin University-addressed reply-paid envelope. The covering letter was addressed to the contact person in the organisation and invited that person to participate in a survey of their attitudes and opinions on involvement with the Campaign.

The questionnaires were distributed in the first week of September 2006 and the first week of January 2008. A reminder letter was sent approximately one week after the initial mail-outs.

3.1.2 The questionnaire

The questionnaire first asked the extent to which the organisation had collaborated with the Campaign in running any events or activities (i.e., full partnership; minor collaboration; etc). The organisation was then asked to indicate the impact—if any—of the collaboration on the capacity of the organisation in terms of producing media releases and articles, promoting events or activities, increasing staff level of expertise, increasing public awareness of their organisation, and applying for funding and grants. Respondents then were presented with a number of statements in terms of their impressions of the Campaign and working with the Campaign project officers. Finally, respondents were asked whether or not they would be willing to collaborate in running events or activities in the future. The questionnaire also collected data on the organisation in terms of its size (i.e., number of staff employed), type (e.g., commercial, government) and primary target groups.

3.1.3 Sample characteristics

In 2006, 39 of the 52 organisations sent a questionnaire completed the survey (76% response rate). In 2008, 25 of the 35 organisations sent a questionnaire, completed the survey (71% response rate).

Table 1 shows the type of organisations surveyed. In each year the sample contained approximately equal proportions of government and non government organisations. Table 2 shows the primary constituents or target groups of the organisations. In both surveys, the majority of organisations target the general population (2006: 59%; 2008: 72%). However substantial proportions of organisations have specific target groups. The proportions of organisations that target people with mental health problems were 28% in 2006 and 24% in 2008.

Table 1: Type of organisation

| | 2006 | | 2008 | |
|-------------------------------------|-----------|------------|-----------|------------|
| | N | % | N | % |
| Country Health Service | 6 | 15 | 4 | 16 |
| Other government organisations | 15 | 38 | 8 | 32 |
| Non-profit community organisations | 10 | 26 | 9 | 36 |
| Non-government health organisations | 7 | 18 | 4 | 16 |
| Commercial organisations | 1 | 3 | 0 | 0 |
| Total | 39 | 100 | 25 | 100 |

Table 2: Organisations' primary target groups

| | 2006 | | 2008 | |
|--------------------------------------|------|----|------|----|
| | N | % | N | % |
| General population | 23 | 59 | 18 | 72 |
| Children 0-12 years | 12 | 31 | 5 | 20 |
| Young people 13-17 years | 16 | 41 | 4 | 16 |
| Adults 18-54 years | 17 | 44 | 5 | 20 |
| Seniors 55 years and over | 19 | 49 | 6 | 24 |
| Aboriginal or Torres Islander people | 15 | 38 | 4 | 16 |
| Socially disadvantaged groups | 13 | 33 | 4 | 16 |
| People with disabilities | 14 | 36 | 4 | 16 |
| People with mental health problems | 11 | 28 | 6 | 24 |
| Total | * | * | * | * |

* Total exceeds 100% as multiple responses were permitted.

3.2 Results

3.2.1 Collaboration with the Campaign in running activities and events

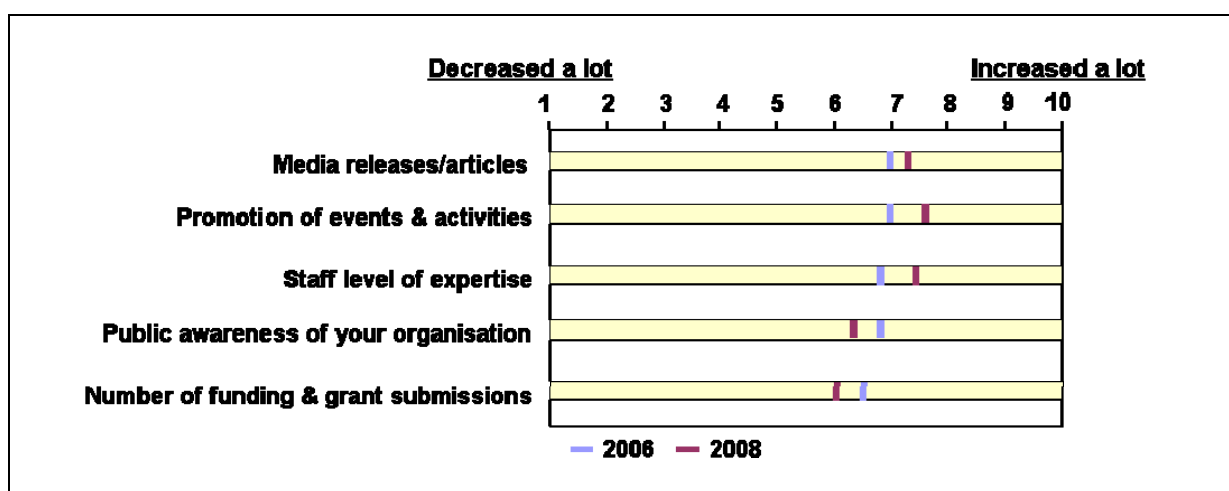
Respondents were asked to what extent their organisation actively collaborated with the Campaign in running any events or activities, to list these events or activities, and, for each one, to rate the relative workload of their organisation compared with the Campaign. In both surveys, a high proportion of organisations had actively collaborated with the *Act-Belong-Commit* Campaign in running events or activities: 2006: 92% (n = 36); 2008: 84% (n = 21).

3.2.2 Impact of the collaboration on the organisation

Respondents were presented with the items in Figure 1 and asked: “*What have been the effects on your organisation in the following areas as a result of collaborating with the Act-Belong-Commit Campaign?*” (10-point bi polar scale: 1: ‘Decreased a lot’; 10: ‘Increased a lot’).

In both surveys, among those organisations for which these items were applicable, mean ratings were quite positive (2006: 6.5-7.0; 2008: 6.0-7.5 for each item). Overall, Figure 1 shows that the organisations reported that their activity, capacity and publicity were increased as a result of collaboration with the Campaign.

Figure 1: Impact on their organisation of collaborating with the Campaign



“The ABC program and its work with us have provided us with practical experience and guidance that will be of value to the organisation for many years. It has also improved our profile and exposure within our community and highlighted to everyone here the connection between mental health, involvement within the community and how pet ownership can aid mental well being by encouraging companionship, exercise and getting out and about daily.”

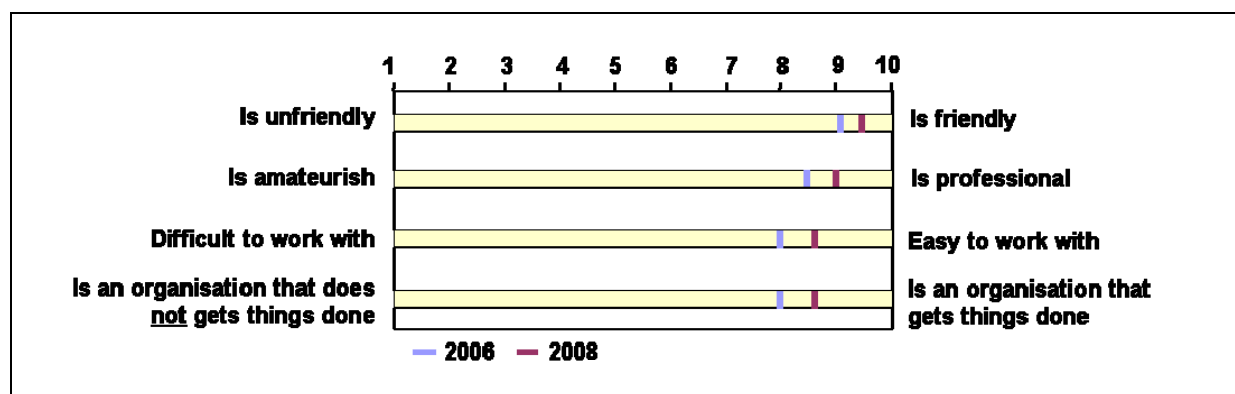
Jess Bass, SAFE Dogs Breakfast Coordinator, Karratha.

3.2.3 Perceptions of interactions with the Campaign

Respondents were presented with the bipolar statements in Figure 2 with respect to their impressions of their interactions with the Campaign, and asked to rate each one on a 10-point scale, with higher numbers representing more favourable responses. These impressions clearly depended on their interpersonal interactions with the local project officer(s), as interactions with the Perth hub were minimal for the pilot town organisations.

Figure 2 shows that the mean ratings of the Campaign were very positive on each of these attributes in both surveys (Mean at least 8 for each item), with somewhat more favourable ratings on all measures in 2008 compared with 2006.

Figure 2: Perceptions of interactions with the Campaign



Respondents were also asked to provide an overall rating on a 10-point scale, of how *beneficial* they considered their collaboration with the Campaign to have been. They also were asked: “*In the future, would you be willing to collaborate with the Act-Belong-Commit Campaign in running events or activities?*”

- The overall mean beneficial rating increased from 7.9 in 2006 to 8.8 in 2008.
- With the exception of one respondent in 2008 who didn't respond, all organisations stated they would be willing to collaborate with the Campaign in the future.

3.3 Comment

The data suggest that collaborating with the Campaign has had a positive impact on these organisations with the partnerships marked by mutually beneficial exchanges. There is a strong positive perception of the *Act-Belong-Commit* project officers and a willingness to collaborate with the Campaign in running events and activities in the future.

4. PROCESS EVALUATION

The primary objectives of the project officers for the first 12 months of the Campaign were to establish working partnerships with appropriate organisations and to try and achieve at least one co-branded event per month in each town. In the second 12 months the project officers maintained the partnerships (as well as accommodating any new partners) and continued to raise awareness of the *Act-Belong-Commit* health message. Each intervention town collated detailed data on the amount of media exposure achieved, the number of partnerships established and the number of co-branded events and activities under the *Act-Belong-Commit* banner in the first 12 months from October 2005 to September 2006. Less detailed data were recorded in the second twelve months from October 2006 to September 2007. The data presented here focus mainly on the first 12 months data.

4.1 Method

In the first 12 months, unpaid media exposure was measured by the number and cm² coverage of unpaid press articles and the number of radio appearances. Project officers scanned their local newspapers for any articles covering the *Act-Belong-Commit* Campaign. [The unpaid press articles can be viewed on the website: www.actbelongcommit.org.au]. The monetary value of the unpaid media was estimated by calculating the cm² space and determining the value of that equivalent space for paid press advertisements. Project officers also recorded the

number of radio interviews and talk-back spots, presentations and articles they had placed in other organisations' newsletters.

Partnerships and collaborations were measured by the number of ongoing partnerships established with community organisations and the number and monetary value of sponsorships obtained for partner organisations. This data is shown in Table 3.

4.2 Results

4.2.1 Media exposure

Newspapers: There were 124 press articles relating to the *Act-Belong-Commit* Campaign in the local newspapers (ranged between 9 and 44 articles in each town). The total space of these press articles was approximately 27,528 cm². Based on the cost of the paid media, the monetary value of this exposure in terms of coverage area (cm²) equates to approximately \$38,000.

Table 3: Unpaid media exposure and partnerships achieved by the *Act-Belong-Commit* Campaign in the first 12 months (October 2005 to September 2006)

| | Albany N | Esperance N | Geraldton N | Kalgoorlie N | Karratha N | Northam N | TOTAL N |
|---|-------------|----------------|----------------|-------------------|---------------|--------------|---------------------------|
| Unpaid media exposure: | | | | | | | |
| Press articles (cm ²) | 44 (8,220) | 23 (6,718) | 13 (3,065) | 9 (2,712) | 12 (3,024) | 23 (3,790) | 124 (27,528) |
| Radio interviews | 17 | 2 | 11 | 6 | 9 | 1 | 46 |
| Radio talk-back shows | 0 | 0 | 0 | 8 (6min spots) | 0 | 0 | 8 (6min spots) |
| Partnerships and collaborations: | | | | | | | |
| Major partnerships | 12 | 11 | 11 | 11 | 6 | 8 | 59 |
| Co-branded events | 27 | 31 | 14 | 11 | 15 | 17 | 115 |

Radio: The Campaign obtained a total of 46 radio interviews. In one town (Kalgoorlie), a radio station talk-back show hosted eight 6-minute spots to discuss and promote the Campaign events and activities.

4.2.2 Partnerships and collaborations with community organisations

In total, 59 key partnerships were established with community organisations across the six towns. These included government organisations (e.g., Department of Sport and Recreation, Divisions of General Practice, Disabilities Service Commission, Department of Environment and Conservation), non-government health organisations (e.g., St John's Ambulance, Men's Health Resource Centres), and non-profit organisations and volunteer groups (e.g., churches, Walking School Bus, Saving Animals from Euthanasia).

These organisations collaborated with the *Act-Belong-Commit* Campaign in running 115 co-branded events and activities. Some of these events are annual whereas others are more frequent or ad hoc. Some project officers held on-going projects in addition to one-off events. One community (Esperance) reported a total of twelve on-going projects throughout the pilot period. Many of these events were sustained after the pilot period (e.g., the Northam Over 60's group continued to be involved in community events and activities and promote the *Act-Belong-Commit* message after the pilot had terminated).

4.2.3 Partnerships and funding

Assisting local organisations apply for funding from relevant grant bodies is part of the Campaign's sustainability objective. In total, 40 Healthway *Act-Belong-Commit* sponsorships were awarded to community groups and organisations during the pilot phase equating to \$420,060 in sponsorship monies to community groups and \$70,350 in sponsorship support. This enabled the Project Officers to act as agents for Healthway in the local communities, thereby extending Healthway's impact in promoting health in Western Australia (for information about Healthway, see www.healthway.wa.gov.au).

Another example of assisting funding and seeking sustainability was the establishment of an Indigenous girls basketball team in the local competition in Kalgoorlie. In collaboration with other town partners, the MHWA project officer helped find a coach for the team, solicit

funding from a local company for team uniforms and organise the team's entry to the competition.

Additional information on the partnership and collaboration with community organisations can be viewed by reading the case studies on the web site ('Implementing the *Act-Belong-Commit* Pilot Campaign: Lessons from the Participating Towns').

4.3 Comment

The implementation of the *Act-Belong-Commit* Campaign varied in each town due mainly to differences in characteristics between towns. For example, Northam is a farming town with a much older population than the other towns, while Karratha is a fast growing mining town with a high proportion of males and a high turnover within the population. Differences were also due to staffing. In some towns the project officers had lived in the towns for many years, or had long experience in community health promotion, while in others the project officers were relatively new graduates.

The *Act-Belong-Commit* pilot Campaign highlighted the importance of establishing strong partnerships and relationships with organisations and groups. Community organisations offering activities consistent with the 'A-B-C' message were encouraged to promote their activities under a mental health benefit message. In return, these partners were offered merchandise resources, paid advertising support, inclusion in press releases, promotional expertise and expertise in applying for funding from grant bodies. A very positive outcome of the *Act-Belong-Commit* Campaign was securing substantial Healthway funds to sponsor community events and activities and to promote the 'A-B-C' message. Project officers reported that the capacity to offer organisations tangible benefits was a major factor in engaging and maintaining the relationships.

The capacity to purchase paid advertising in the local community newspapers facilitated good working relationships with media people in the intervention towns. This resulted in good use of Campaign press releases and coverage of local events held under the *Act-Belong-Commit* banner. Other mutually beneficial newspaper features were negotiated in some towns. For example, one town's newspaper featured a 'club-of-the-month', describing the club's

activities and contact details in the context of the *Act-Belong-Commit* logo and message. Another local newspaper instituted features on local individuals and how they 'lived' the *Act-Belong-Commit* message.

5. IMPACT EVALUATION

Telephone surveys were conducted prior to commencement of the Campaign (2005; Benchmark), 12 months (2006) and 24 months (2007) after commencement of the Campaign to assess Campaign awareness and impact in the general population of the pilot towns. This report presents the results of the 24-month 2007 survey, and, where applicable, compares the data to the 12-month 2006 survey and the Benchmark 2005 survey.

5.1 Method

A telephone survey methodology was used. Computer-assisted telephone interviewing (CATI) was conducted on weekday evenings between 4:00pm and 8:30pm and on weekends, to maximise the availability of household members aged 18 years plus. Random selection from the Western Australian White Pages Directories was used to select households for inclusion in the survey. In each rural town and in the metropolitan area, quotas were imposed to recruit equal numbers of respondents in two age groups (18-39 years; 40 years and over), with approximately equal representation of males and females in each age group.

5.1.1 The sample

For each survey, there were approximately 200 interviews obtained in each pilot town, 200 in each of three other country towns, and 400 in the Perth metropolitan area. Hence there were approximately 1,200 pilot town interviews and 1,000 other interviews. The age and gender distributions in the total samples are also shown in Table 4.

Table 4: 2005, 2006 and 2007 sample characteristics

| | 2005 | 2006 | 2007 | | 2005 | 2006 | 2007 |
|---------------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|
| | N | N | N | | N | N | N |
| Pilot towns: | | | | Other: | | | |
| Albany | 200 | 201 | 201 | Bunbury | 201 | 207 | 200 |
| Esperance | 200 | 200 | 201 | Busselton | 204 | 200 | 199 |
| Geraldton | 200 | 200 | 204 | Port Hedland | 200 | 200 | 202 |
| Kalgoorlie | 200 | 200 | 200 | Perth | 400 | 401 | 408 |
| Karratha | 200 | 202 | 202 | Total | 1,005 | 1,008 | 1,009 |
| Northam | 203 | 200 | 200 | | | | |
| Total | 1,203 | 1,203 | 1,208 | | | | |
| Gender: | % | % | % | Age: | % | % | % |
| Males | 50 | 50 | 50 | 18-39 years | 50 | 50 | 50 |
| Females | 50 | 50 | 50 | 40+ years | 50 | 50 | 50 |
| Total | 100 | 100 | 100 | Total | 100 | 100 | 100 |

5.1.2 Questionnaire items

Respondents were asked a number of questions to gauge exposure to the campaign and campaign elements. Respondents were first asked: “Have you heard of the ‘Act-Belong-Commit’ Campaign?”, and if not, they were then asked: “Have you heard of the ‘Mentally Healthy WA’ Campaign?” The total claimed awareness the *Act-Belong-Commit* or *Mentally Healthy WA* brand names is defined as ‘campaign brand awareness’.

Respondents who claimed to have heard of the Campaign (*Act-Belong-Commit* or *Mentally Healthy WA*) were asked to describe the logo for that Campaign. Those who did not correctly describe the logo were given a description of the logo: “The logo shows a figure holding three balloons with the words ‘Act Belong Commit’ on the balloons” and asked: “Have you seen this logo anywhere at all in (name of town/Perth) or in the paper?”

Respondents were also presented with a description of the television ad and asked if they recalled seeing it. The ‘reach’ of the Campaign is defined as those who have heard of the *Act-Belong-Commit* Campaign or *Mentally Healthy WA* Campaign and could describe or recognise the Campaign’s logo or who reported seeing the television ad.

Due to the questionnaire structure, only those who reported campaign brand awareness were asked whether they had changed the way they think about mental health as a result of the messages in the Campaign’s advertising and publicity and whether they had changed their behaviour as a result of the Campaign.

The questionnaire also indirectly assessed whether the Campaign had encouraged people to engage in activities to improve their mental health. Prior to any mention of the Campaign, respondents were asked whether in the last 12 months they had deliberately tried to do more physical activity, spend more time socialising with family or other groups, volunteer or take up a good cause, and if so, what they wanted to get out of it. The aim was to assess the extent to which respondents spontaneously mentioned wanting a mental health benefit from these activities. Respondents were also asked whether they deliberately tried to do something specifically to keep mentally healthy.

5.2 Results

5.2.1 Campaign Brand Awareness

Campaign brand awareness (i.e., awareness of the *Act-Belong-Commit* or *Mentally Healthy WA* brand names) was 64% in the pilot towns versus 50% in the country comparison towns (which had been exposed only to the television advertising), and 19% in the metropolitan sample where there had been no advertising (see Table 5).

Table 5: Campaign brand awareness

| | Pilot towns N=1,208 | Country comparison N=601 | Metro N=408 |
|--|-------------------------------|------------------------------------|-----------------------|
| | % | % | % |
| Aware of <i>Act-Belong-Commit</i> brand name | 56 | 41 | 7 |
| Aware of <i>Mentally Healthy WA</i> brand name | 8 | 9 | 12 |
| Total campaign brand awareness | 64 | 50 | 19 |

For each pilot town, campaign brand awareness ranged between 59% and 66%. These are all substantial increases over awareness at the end of the first 12 months when campaign brand

awareness varied from 32% to 48% across the six pilot towns. The increased awareness was largely due to the introduction of television advertising to which all country towns were exposed. Campaign brand awareness in the metropolitan area is attributable to people visiting the country as well as some newspaper publicity in the state's major newspaper (*The West Australian*).

Campaign brand awareness in the pilot towns combined was substantially and significantly higher among females than males (72% vs 55%, $p = .000$) (see Table 6). Campaign brand awareness in the country comparison towns was also significantly higher among females than males (56% vs 45%, $p = .010$). There was no significant gender difference in the metropolitan area.

Campaign brand awareness in the pilot towns combined was significantly higher among the younger than older age group (69% vs 50%, $p = .000$) (see Figure 6). This age difference in campaign brand awareness was also evident in the other country towns and metropolitan area: 56% vs 45%, $p = .013$, and 25% vs 14%, $p = .004$, respectively.

Table 6: Campaign brand awareness by gender and age group

| | Pilot towns N=1,208 % | Country comparison N=601 % | Metro N=408 % |
|-------------------|------------------------------------|---|----------------------------|
| Gender: | | | |
| Males | 55 | 45 | 19 |
| Females | 72 | 56 | 20 |
| Age group: | | | |
| 18-39 years | 69 | 56 | 25 |
| 40+ years | 59 | 45 | 14 |

5.2.2 Awareness of the *Act-Belong-Commit* campaign logo

Respondents who claimed to have heard of the Campaign brand names (*Act-Belong-Commit* or *Mentally Healthy WA*) were asked to describe the logo for that Campaign. Those who did not correctly describe the logo were given a description of the logo: “*The logo shows a figure*

holding three balloons with the words ‘Act Belong Commit’ on the balloons” and asked: “Have you seen this logo anywhere at all in (name of town/Perth) or in the paper?”

Total awareness (i.e., unprompted and prompted awareness combined) of the Campaign logo was 71% in the pilot towns, which is substantially higher than in the country comparison towns (55%, $p = .000$) and metro area (27%, $p = .000$) (see Table 7).

For all locations, levels of total awareness of the Campaign logo were substantially higher among those who claimed awareness of the *Act-Belong-Commit* than the *Mentally Healthy WA* campaign (pilot towns: 79% vs 14%, $p = .000$; country comparison towns: 62% vs 22%, $p = .000$; metro sample: 50% vs 12%, $p = .000$) (see Table 7). Given that the Campaign’s logo was printed on all promotional materials, reported awareness of the ‘Mentally Healthy WA’ could be inflated.

Table 7: Awareness of the Campaign logo’s among those who claimed to have heard of the *Act-Belong-Commit* or *Mentally Healthy WA* campaign

| | Pilot towns | Country comparison | Metro |
|---|--------------------|---------------------------|--------------|
| | % | % | % |
| | N=672 | N=248 | N=30 |
| Among those who have heard of the <i>Act-Belong-Commit</i> campaign | 79 | 62 | 50 |
| | N=98 | N=54 | N=48 |
| Among those who have heard of the <i>Mentally Healthy WA</i> campaign | 14 | 22 | 12 |
| | N=770 | N=302 | N=78 |
| Total awareness of the campaign logo | 71 | 55 | 27 |

5.2.3 Awareness of the *Act-Belong-Commit* television advertisement

Awareness of the *Act-Belong-Commit* television advertisement was assessed by asking: “In the last few months, have you seen any television advertising about things you can do to be mentally healthy?” Those recalling any advertising were asked to describe the advertisement(s) they had seen. These descriptions were analysed to determine whether the

respondents were describing the *Act-Belong-Commit* or some other advertisement. Respondents who did not mention the *Act-Belong-Commit* advertisement were read the following description and asked whether they had seen this advertisement on television: “*The ad starts with an animated figure blowing up balloons. Then it shows blue and pink animated figures doing various things.*” Respondents were played the soundtrack of the advertisement after reading out the description. Table 8 shows the data on awareness of the *Act-Belong-Commit* advertisement.

Analysis of respondents’ descriptions of the advertising they had seen showed that unprompted awareness of the *Act-Belong-Commit* television advertisement was 21% in the pilot towns, 15% in the country comparison towns and 1% in the metro area (see Table 8).

**Table 8: Awareness of the *Act-Belong-Commit* television advertisement
(total sample percentages)**

| | Pilot towns N=1,208 % | Country comparison N=601 % | Metro N=408 % |
|------------------------|--|---|------------------------------|
| Unprompted awareness | 21 | 15 | 1 |
| Prompted awareness | 34 | 34 | 9 |
| Total awareness | 54 | 49 | 10 |

Total awareness (i.e., unprompted and prompted awareness combined) of the *Act-Belong-Commit* television advertisement was 54% in the pilot towns, 49% in the country comparison towns, and 10% in the metro sample (see Table 8). For each pilot town, total awareness ranged between 43% and 60%.

Levels of total awareness of the television advertising were substantially higher among females than males in the pilot towns (62% vs 47%, $p=.000$) and in the country comparison towns (55% vs 44%, $p=.008$) (see Table 9). There was no significant gender difference in the metropolitan area.

Total awareness of the television advertising was substantially higher among the younger than older age group (60% vs 49%, $p=.000$) (see Table 9). There were no significant age differences in the other country towns or metropolitan area.

Table 9: Awareness of the *Act-Belong-Commit* television advertisement

| | Pilot towns N=1,208 % | Country comparison N=601 % | Metro N=408 % |
|-------------------|------------------------------------|---|----------------------------|
| Gender: | | | |
| Males | 47 | 44 | 11 |
| Females | 62 | 55 | 8 |
| Age group: | | | |
| 18-39 years | 60 | 52 | 12 |
| 40+ years | 49 | 47 | 7 |

5.2.4 Campaign reach

The ‘reach’ of the Campaign is defined as those who have heard of the *Act-Belong-Commit* or *Mentally Healthy WA* and recognised the logo or who reported seeing the television advertisement.

Campaign reach was 65% in the pilot towns, 55% in the country comparison and 14% in the metro comparison (see Table 10). For each pilot town, campaign reach ranged between 58% and 70%. Levels of campaign reach were significantly higher among females than males in the pilot towns (72% vs 58%, $p=.000$) and in the country comparison towns (61% vs 48%, $p = .001$). There was no significant gender difference in the metropolitan area.

Campaign reach in the pilot towns combined was higher among the younger than older age group (70% vs 60%, $p = .000$) (see Table 10). This age difference in campaign reach was also evident in the other country towns and metropolitan area: 58% vs 51%, $p = .087$, and 19% vs 10%, $p = .008$, respectively.

Table 10: Campaign reach

| | Pilot towns N=1,208 % | Country comparison N=601 % | Metro N=408 % |
|----------------------|--|---|------------------------------|
| Total sample: | 65 | 55 | 14 |
| Gender: | | | |
| Males | 58 | 48 | 17 |
| Females | 72 | 61 | 12 |
| Age group: | | | |
| 18-39 years | 70 | 58 | 19 |
| 40+ years | 60 | 51 | 10 |

5.2.5 Understanding of the *Act-Belong-Commit* branding

Respondents who claimed to have heard of the *Act-Belong-Commit* Campaign or *Mentally Healthy WA* and recognised the logo were asked: “*What do you think the words ‘Act-Belong-Commit’ mean?*” Open-ended responses are shown in Table 11.

Table 11: Main perceived meaning of the words ‘Act-Belong-Commit’

| | Pilot towns N = 686 % | Country comparison N = 260 % | Metro N = 36 % |
|--|--|---|-------------------------------|
| Do something/keep active (unspecified) | 60 | 58 | 58 |
| Join—clubs, groups | 45 | 48 | 44 |
| Get involved in community activities | 19 | 15 | 17 |
| Help others | 10 | 8 | 6 |
| Spend time with friends | 7 | 14 | 8 |
| Get/keep physically active | 5 | 7 | 0 |
| Improve/promote mental health | 3 | 5 | 14 |
| Volunteer | 3 | 2 | 6 |
| Positive thinking | 2 | 2 | 3 |
| Participate in family life | 2 | 2 | 0 |
| Counselling/seek professional help | 2 | 2 | 0 |
| Don’t know | 6 | 4 | 15 |

5.2.6 Self-reported impact of the Campaign on beliefs and behaviours with respect to mental health

Respondents who reported campaign brand awareness (i.e., those who claimed to have heard of the *Act-Belong-Commit* Campaign or *Mentally Healthy WA*) were asked: “*Have you changed the way you think about mental health as a result of the messages in the ‘Act Belong Commit’ advertising and publicity?*” If so they were asked: “*In what ways?*” They were then asked: “*Have you changed your behaviour in any way as a result of the messages in the ‘Act Belong Commit’ advertising and publicity?*” If so they were asked: “*In what ways?*” The results are shown in Tables 12 and 13 respectively.

Belief changes: The proportion of respondents who reported that the Campaign changed the way they thought about mental health was 24% in the pilot towns, 23% in the country comparison towns and 20% in the metro area. Reported change in the pilot towns combined was significantly higher among females and the younger age group: 28% vs 19%, $p = .008$; and 29% vs 19%, $p = .002$, respectively. There were no significant gender or age group differences on this measure among the other country towns and metro area, although male respondents were more likely to respond ‘yes’.

Table 12: Impact of the Campaign on changing people’s thinking about mental health (amongst those aware of the campaign)

| | Pilot towns N=770 | Country comparison N=302 | Metro N=78 |
|-------------------|-----------------------------|------------------------------------|----------------------|
| | % | % | % |
| Total: | 24 | 23 | 20 |
| Gender: | | | |
| Males | 19 | 27 | 26 |
| Females | 28 | 20 | 15 |
| Age group: | | | |
| 18-39 years | 29 | 24 | 20 |
| 40+ years | 19 | 22 | 21 |

Table 13 lists the main ways in which these respondents reported changing the way they think about mental health. Most of these were consistent with the communication objectives of the Campaign: an increased consciousness about mental health (46%); mentions consistent with *Act-Belong-Commit* activities (35%); an increased belief that they can do things to keep mentally healthy (20%); and a reframing of mental health in a positive context (7%). The Campaign achieved other positive cognitive changes, particularly the de-stigmatising of people with mental health problems/mental illness (5%) and being more understanding of people with mental health problems (6%).

Table 13: Main ways in which the Campaign changed thinking about mental health

| | % of total reporting change in thinking N = 271 |
|--|--|
| More aware of mental health | 46 |
| Be more active/socialise more/volunteer to keep mentally healthy | 35 |
| Can do things to keep mentally healthy | 20 |
| Think of mental health in a positive rather than a negative way | 7 |
| Mental health problems are common | 6 |
| Be more considerate of people with a mental health problem | 6 |
| Reduce stigma of mental health problems | 5 |

“I have experienced depression on and off for many years, but the Act-Belong-Commit Campaign has really helped me to take charge of my own life and happiness. I now do a lot of walking, I stay connected to friends and family, and I get involved in as many community activities that I can. I have found the ABC message to be very motivating, and putting the suggestions into practice have made a big difference to my personal wellbeing and I now also do some volunteer work for the Campaign”.

Albany, thirty-year-old woman

Behaviour change: Table 14 shows that a similar proportion of campaign brand aware respondents in each location reported that they changed their behaviour as a result of the Campaign: pilot towns: 14%; country comparison towns: 13%; and metro area: 15%. There were no significant gender or age group differences on this measure in any locations.

Table 15 lists the main ways in which these respondents reported changing their behaviour as a result of the Campaign. Sixty-two percent of these respondents mentioned a behaviour consistent with the *Act-Belong-Commit* message. Again, the Campaign appears to de-stigmatise people with a mental health problem (6%).

Table 14: Impact of the Campaign on behaviour

| | Pilot towns N=770 | Country comparison N=302 | Metro N=78 |
|-------------------|-----------------------------|------------------------------------|----------------------|
| | % | % | % |
| Total: | 14 | 13 | 15 |
| Gender: | | | |
| Males | 12 | 16 | 18 |
| Females | 16 | 10 | 12 |
| Age group: | | | |
| 18-39 years | 16 | 15 | 14 |
| 40+ years | 12 | 10 | 18 |

Table 15: Main ways in which the Campaign changed behaviour

| | % of total reporting behaviour change N = 162 |
|---|---|
| Being active/socialising/joining a group/volunteering | 62 |
| Look after myself/keep healthy | 17 |
| More accepting of people with mental health problems | 6 |
| More accepting of people in general | 6 |
| Positive attitude/calmer/less angry | 5 |
| Get others involved | 1 |

“I took the ABC advice and made my New Years Resolution to be more mentally healthy, and has resulted in me being much kinder to myself, much happier, less stressed and more centred. I'm doing yoga and meditating every day—just feel great. So there you go...hope you take this as another little sign of achievement of the ABC goal.”

Female, aged twenty-three, Northam.

5.2.7 Indirect assessment of the impact of the Campaign on behaviours conducive to good mental health

The possible impact of the Campaign on beliefs and behaviours was assessed indirectly by comparing the responses of those aware versus those not aware of the Campaign to questions about whether (and why) they had attempted in the past 12 months to increase their activity levels related to being physically active, participating in community and other events, and volunteering.

Prior to any mention of the Campaign, respondents were asked whether in the last 12 months they had deliberately: (i) tried to do more physical activity; (ii) tried to spend more time socialising with family, friends or other groups; and (iii) volunteered or taken up a good cause. If so they were asked what they ‘wanted to get out of that’. Later in the questionnaire respondents were asked directly whether they had deliberately tried to do something specifically to keep mentally healthy.

Similar proportions of respondents in the pilot towns, the other country towns and the metro area reported trying to be more physically active (64-66%), socialise more (46-50%), or volunteer or take up a good cause (34-40%). When asked what they were seeking from these activities, there were no significant differences between the samples in unprompted mentions of seeking mental health benefits.

Combining responses across all three samples and controlling for age and gender, Table 16 shows that respondents who were reached by the Campaign, were slightly but significantly more likely than those who were not to have in the past 12 months, tried to do more exercise (68% vs 61%, $p = .000$), socialise more (50% vs 45%, $p = .008$) and volunteer or take up a

good cause (40% vs 35%, $p = .019$). While the direction of causality is arguable, these results are consistent with a Campaign effect.

Table 16: Proportion who deliberately tried to do things in the last 12 months by campaign reach

| | Campaign reach | |
|-----------------------------------|---------------------|--------------------|
| | Yes N=1,168 % | No N=1,049 % |
| Do more physical activity | 68 | 61 |
| Spend more time socialising | 50 | 45 |
| Volunteer or take up a good cause | 40 | 35 |

All respondents were asked whether they had deliberately tried to do something specifically to keep mentally healthy in the last 12 months. Excluding respondents who already mentioned improving their mental health as a reason for doing more exercising, socialising or volunteering in the last 12 months and controlling for age and gender, those who were reached by the Campaign in the pilot towns were more likely than those who were not to report doing something to keep mentally healthy: 49% vs 41% ($p=.010$). The corresponding proportions in the metro and other country towns were in the same direction, but the differences did not reach significance (country: 46% vs 43%; metro: 57% vs 53%). Again, the direction of causality is arguable, but these results are consistent with a Campaign effect.

Overall, these results suggest that in this limited time frame and with limited resources, the Campaign has at least increased the salience of *Act-Belong-Commit* activities that are beneficial for mental health if not actually motivated some people to increase their participation in activities beneficial to their mental health.

5.3 Comment

Following the introduction of television advertising, campaign brand awareness in the pilot towns increased substantially from 38% at the end of 2006 to 64% at the end of 2007. In the

country comparison towns where residents were exposed only to the television advertising, campaign brand awareness doubled from 25% to 50%. In the metropolitan area where there had been no advertising, campaign brand awareness remained relatively the same: 17% in 2006 vs 19% in 2007.

In 2007, the proportion who reported changing the way they think about mental health was 24% in the pilot towns, 23% in the country comparison towns and 20% in the metro area. In each location, a similar proportion of campaign brand aware respondents reported changing their behaviour as a result of the Campaign: pilot towns: 14%; country comparison towns: 13%; and metro area: 15%.

The increase in awareness of the Campaign resulted in substantial increases in the absolute number of people who reported changing the way they think about mental health and proactively engaging in behaviours with a mental health benefit.

6. SYSTEM CHANGE

Prior to this pilot campaign, the Health Department had no community wide mental health promotion program. Toward the end of the pilot program, WACHS agreed to continue funding the five of the six project officers for a period of six months while MHWA sought funding to expand the campaign statewide. After funding for a limited statewide expansion was confirmed, WACHS agreed to implement the *Act-Belong-Commit* program in its total jurisdiction, with health promotion officers incorporating *Act-Belong-Commit* in their job requirements, albeit to differing degrees depending on local priorities.

In addition to incorporation into the Health Department's non-metropolitan jurisdiction, several metropolitan local government areas and two non-health state government departments approached MHWA at or prior to the pilot termination requesting involvement in any statewide expansion.

7. OVERALL COMMENT

The *Act-Belong-Commit* Campaign successfully created partnerships with a wide range of community organisations to promote the activities they offer under the *Act-Belong-Commit* banner. The Campaign officers were successful in forming ongoing partnerships in each of the towns, as partners believed the Campaign offered them significant benefits for their co-operation. The Campaign officers were instrumental in securing sponsorships for community events and activities which provided substantial funding to the sponsored organisations and further opportunities to promote the ‘A-B-C’ message. A substantial amount of unpaid media was generated mainly through good working relationships with the local media, again because the Campaign offered them not only paid advertising but good stories and picture opportunities at local events.

Establishing strong working relationships with partners, including the media, is dependent on being able to offer partners something of value to them in return. All health promotion efforts, but particularly those dealing with small community-based organisations or country town branches of larger organisations need to ensure that their efforts to engage partners is accompanied by an understanding of the partner organisations’ needs.

The data from the organisational survey provide evidence that collaborating with the Campaign has had a positive impact on these organisations. It is encouraging that organisations surveyed are willing to collaborate with the Campaign in running events and activities in the future. Furthermore, there appears to be a strong positive perception of the *Act-Belong-Commit* project officers.

Given that the media spend was modest, the level of awareness of the *Act-Belong-Commit* Campaign among the population in the pilot and other country towns was satisfactory and consistent with the media scheduling company’s estimates of the television reach. Understanding of the *Act-Belong-Commit* slogan was very high amongst those aware of the Campaign, suggesting that the messages are readily assimilated by people. The main ways in which respondents reported changing the way they think about mental health were mostly consistent with the communication objectives of the Campaign: an increased belief that they can do things to keep mentally healthy and a reframing of mental health in a positive context.

However, the Campaign achieved other positive changes, and particularly the potential for de-stigmatising of (people with) mental health problems/mental illness.

Achieving change in health and social policy areas requires time, funds and substantial other resources. Since the 1960s, tobacco control programs have expended millions of dollars on activities such as mass media advertising and publicity, policy and legislative change, package warnings and research on passive smoking, purchasing restrictions and smoking bans in particular places to achieve substantial reductions in the prevalence of smoking. Nevertheless, almost one in five Australians still smoke.

This pilot program indicates that changes in the way people view mental health are achievable and that a community-based approach utilising existing community organisations is feasible and indeed attractive to a variety of non-health related government, non-government and commercial organisations. However, achieving change is facilitated where system change occurs at the same time. From our perspective, although the organisation and general population survey data are very encouraging, our achievement of system change within the WACHS is considered a major step forward. However, the lessons from tobacco control are quite clear: efforts must be adequately resourced, multi-faceted and sustained. In that context, the results of this brief, limited resource pilot campaign are very encouraging. Our results suggest that with the right resources and support, a mental health promotion program such as *Act-Belong-Commit* has the potential to enhance individual and community wellbeing on a population wide basis.

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