

CASE STUDY 17

Community-based social marketing to promote positive mental health: the Act–Belong–Commit campaign in rural Western Australia

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1. Introduction

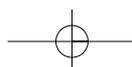
The Mentally Healthy WA Act–Belong–Commit campaign provides a conceptual and practical framework for health professionals to communicate with and gain the cooperation of potential partners and stakeholders for mental health promotion programmes. The campaign is based on the results of quantitative and qualitative research with community members about their perceptions of mental health, and on concepts of positive mental health as described by psychologists and others in the literature (Donovan *et al.*, 2006).

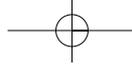
The intervention described here targets individuals to be proactive about their own mental health and at the same time targets appropriate ‘partner’ organizations to promote their activities as beneficial to mental health. The ‘A–B–C’ message provides a simple mnemonic of relevant concepts.

The campaign is being piloted and evaluated in six communities in regional Western Australia. After an initial six-month consultation period with organizations in the six communities, there was a three-month preparatory period for development of campaign materials, recruitment of staff and collection of baseline data. The campaign was launched in the six demonstration towns progressively through October and November 2005. The campaign employs one full-time or two part-time project officers in each town, and a full-time project director, a part-time research officer and a part-time administration officer in Perth, the state’s capital city.

2. Problem definition

Governments in developed countries around the world are confronted with increasing rates of mental health problems and complex psychosocial





disorders, such as substance misuse, violence and crime. These outcomes are associated with significant personal, social and economic costs (WHO, 2004). Using measures of disability adjusted life years, Murray and Lopez (1996) have shown that mental health disorders emerge as a highly significant component of global disease burden when disability, as well as death, is taken into account. Their projections show that mental health conditions could increase their share of the total global burden by almost half, from 10.5% of the total burden to almost 15% by 2020.

Mental health problems and disorders have significant implications in a broad range of areas (WHO, 2004). For example: depression can lead to excess alcohol consumption or drug abuse, which can then result in a vehicular accident; unresolved anger can result in violence against women partners and children, with considerable psychological and physical costs; mental problems can result in poor nutritional habits and physical inactivity; and so on.

It is now widely acknowledged that the growth of mental health problems and disorders is outstripping the capacity of mental health services to meet the demand for traditional, individually based, treatment services. This has led to growing international interest in promotion, prevention and early intervention for mental health.

3. Competitive analysis

To date, most of the 'mental health' work has been related to de-stigmatizing mental illness problems such as depression, bipolar and schizophrenia. The mental health field has not turned its attention towards preventing mental disorders or promoting positive mental health.

Positive mental health relies on people keeping physically, socially and mentally active, participating in group activities, keeping up social interactions, getting involved in community activities, and taking up causes or setting goals and achieving them. We are therefore competing with current trends in our society that contribute little to good mental health (e.g. passive, non-challenging activities), or in fact might harm a person's mental health (e.g. illicit drugs, excess alcohol).

4. Segmentation and targeting

In this campaign we targeted: (i) office holders and owners of community organizations or businesses that offered activities conducive to good mental health, to increase their awareness that the activities they provided were in fact good for participants' mental health (e.g. libraries, sporting and recreational clubs, tourism operators, volunteer associations, walking groups, educational institutions, eco-environmental groups, arts and craft groups, etc.); and (ii) individual members of communities to increase their awareness of what they could and should do to increase or maintain good mental health.



In the first year of the intervention, most organizations who became involved did so via direct contacts, briefings and organizational meetings. Hence a variety of demographic and interest subgroups were accessed through these partners (youths, young men and women, older women, sports people, theatre groups, artists, etc.). Project officers were encouraged to target individuals and groups that might be isolated or could particularly benefit from inclusive activities. However, each town set its own specific objectives.

This has resulted in some towns targeting indigenous groups or older adults or women's networks to participate in community activities. Others have formed partnerships to increase access to sporting and physical activities for people with a disability. A third communication strategy has been the sponsorship of arts and cultural events.

5. Behavioural objectives

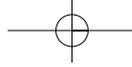
Given that people rarely considered what they could or should be doing for their mental health (in contrast to the salience and proactive intentions about their physical health), Donovan *et al.* (2003) concluded that a primary objective for mental health promotion in Western Australia was to reframe people's perceptions of mental health away from the *absence* of mental illness, to the belief that people can (and should) act proactively to protect and strengthen their mental health.

The specific objectives were:

1. To increase individuals' awareness of things they can (and should) do to enhance or improve their own mental health.
2. To increase individuals' participation in individual and community activities that increase mental health and reduce vulnerability to mental health problems.
3. To build cohesion in communities by fostering links between organizations around a unifying theme of positive mental health.
4. To build links between those in the community dealing with mental health problems and those in the community with the capacity to strengthen positive mental health.

Our objectives for individuals are threefold, representing the Act-Belong-Commit message:

- *Act.* Maintain or increase levels of physical activity (e.g. walk, garden, dance, etc.), cognitive activity (e.g. read, crossword puzzles, study, etc.) and social activity (e.g. say hello to neighbours, have a chat to shopkeeper, maintain contacts with friends, etc.).
- *Belong.* Maintain or increase level of participation in groups if already a member or join a group, maintain or increase participation in community events, and with family and friends.
- *Commit.* Take up a cause or challenge (e.g. volunteer for a good cause, learn a new, challenging skill, etc.).



For example, a person can *Act* by reading a book, *Belong* by joining a book club, *Commit* by becoming the secretary/organizer for the book club, or by occasionally reading challenging books rather than just 'pulp fiction'. The A–B–C project officer has assisted library staff to co-promote and organize book clubs until the library is able to continue unassisted (although still using the Act–Belong–Commit banner and mental health benefit message).

6. Formulation of strategy

Our two primary target groups were individuals ('end-consumers') and partners ('retailers'), who could not only provide access to end-consumers for messages but also provide the products we wished end-consumers to 'purchase' (i.e. adopt or participate in). A third target group was the journalists of the local media in each town, primarily the newspapers.

Our primary communication objectives related to mental health promotion literacy – for both end-consumers and community organizations. Our primary behavioural objectives were for end-consumers to increase or maintain their levels of Acting–Belonging–Committing, and for organizations to promote appropriate activities and events under the Act–Belong–Commit banner.

A media advertising and publicity campaign was developed to inform and encourage individuals to engage in activities that would enhance their mental health, while a direct approach to potential partners simultaneously encouraged community organizations offering such activities to promote their activities under a mental health benefit message.

In exchange for partners ('retailers') promoting their activities under our banner, we offered merchandise resources (T-shirts, water bottles, stickers, hats, etc.), paid advertising support and promotional expertise that many community organizations did not have. The media budget for each town was \$30,000, a not inconsiderable amount in a small town. Our project officers also offered expertise in assisting community organizations apply for funding from grant bodies (e.g. government and charity arts and sporting funding bodies) in return for their partnership cooperation.

In return for our paid advertising, we expected – and generally received – good use of our press releases and coverage of local events held under the Act–Belong–Commit banner. In all such cases we attempt to make the releases interesting to the paper's readers and provide good-quality photos. Other mutually beneficial newspaper features have been negotiated in some towns (e.g. one town's newspaper features a 'club of the month', describing the club's activities and contact details, along with the Act–Belong–Commit logo and message).

7. Research and evaluation

Prior to the campaign, focus group discussions were held with a broad range of individuals about their understanding of mental health and mental



What does it mean to be mentally healthy?

It means that most of the time you feel good about yourself, good about what you do, and good about others. You enjoy the simple things in life, feel fairly optimistic about the future, and are interested in what's going on in the world.

Being mentally healthy also means you are able to cope with the normal problems and tragedies that occur in life – usually with a little help from friends or relatives when things get really tough. Good friends make the good times better and the bad times tolerable.

In this day and age when there is much to feel depressed about, it is more important than ever to do things to keep ourselves mentally healthy so we can enjoy life and cope with the demands and pressures of everyday living.

Most of the things we do to keep physically healthy are also good for our mental health like being physically active, eating a healthy diet, avoiding drugs and using alcohol in moderation.

But we can do much more for our mental health – and it's as easy as A-B-C

Act – keep mentally, physically and socially active: take a walk, say g'day, read a book, do a crossword, dance, play cards, stop for a chat ...

Belong – join a book club, take a cooking class, be more involved in groups you are already a member of, go along to community events ...

Commit – take up a cause, help a neighbour, learn something new, set yourself a challenge, help out at the school or meals on wheels ...

Being active, having a sense of belonging, and having a purpose in life all contribute to good mental health.

If you want to know more, visit www.mentallyhealthywa.org.au Phone Amberlee Laws on 9690 1674 or email Amberlee.Laws@health.wa.gov.au



www.mentallyhealthywa.org.au

Figure CS17.1
A–B–C publicity.

illness (excluding the psychoses) (Donovan *et al.*, 2003). The qualitative research indicated that people rarely thought proactively about their mental health and that the term 'mental health' had connotations primarily of 'mental *illness*' (e.g. schizophrenia, psychiatry, manic depression,



depression, etc.). However, the term 'mentally healthy' had primarily positive or 'good health' connotations (e.g. alert, happy, able to cope, socially adept, emotionally stable, etc.). The campaign was therefore named the 'Mentally Healthy WA' campaign (WA: Western Australia).

The formative research delineated a number of factors that people perceived to impact on positive mental health: ranging from economic and socio-cultural factors to individual personality and lifestyle factors. There was near universal support for the concepts that remaining active (physically, socially and mentally), having good friends, being a member of various groups in the community and feeling in control of one's circumstances were necessary for good mental health. There was also widespread agreement that having opportunities for achievable challenges – at home, school or work, or in hobbies, sports or the arts – are important for a good sense of self. Helping others (including volunteering, coaching, mentoring) was frequently mentioned as a great source of satisfaction, as well as providing a source of activity and involvement with others.

Forums were held with mental health professionals to assess their reactions to a mental health promotion intervention of this type and to ensure there would be no major criticisms of the campaign by these stakeholders. Mental health professionals were supportive of the campaign, although cautious that the campaign would not increase workloads.

Community-wide impact will be assessed by benchmark (September 2005) and independent sample follow-up surveys (September 2006 and 2007) of $N = 1200$ respondents chosen randomly from the six intervention towns, and $N = 1000$ non-intervention respondents chosen randomly from the metropolitan area and non-intervention country towns. Partner organizations will be surveyed in September 2006 and 2007 to assess the impact that collaboration with Act-Belong-Commit has had on their organization, including general support, membership participation, funding applications and grants received. The intervention's impact on the health system will also be gauged in September 2007 in terms of the extent to which mental health promotion becomes a major activity of the Division of Mental Health within the Health Department of Western Australia. We have already seen the reorientation of six part-time (0.5 FTE) positions towards mental health promotion in the six demonstration sites.

Overall, the intervention activities are designed to be self-sustaining. At the end of two years intervention, we hope to leave a network of collaborating organizations in each town who have the capacity to obtain sufficient funding to maintain their activities under the Act-Belong-Commit banner, with the support of not just the Department of Health but other government sectors (such as Sport and Recreation, Conservation and Land Management, Education, Office of Seniors Interest, etc.).

8. Outcome

In the first year, we established over 40 ongoing partners across the six towns, holding co-branded major events at least once a month. Project



officers have assisted a number of organizations receive funding and this is expected to increase substantially in the coming year.

There are no data available yet from the first follow-up community-wide survey or the partner organization survey. Where available, we are recording immediate impacts. For example, following a club-of-the-month newspaper feature for a club for mothers of pre-school children, the number of members went from around 20 (and 57 children) to about 50 (160 children). There was clearly a substantial number of mothers wanting to meet others in the same situation. Our feature not only made them aware of such a club, but provided a welcoming feel and a personal contact for the club. The newspaper performed a community service (good for its community image) and we achieved increased social connections via participation in an organization beneficial to mothers' mental health.

References

- Donovan R.J., Watson N., Henley N. *et al.* (2003). *Report to Healthway: Mental Health Promotion Scoping Project*. Perth: Curtin University, Centre for Behavioural Research in Cancer Control.
- Donovan R.J., James R., Jalleh G. and Sidebottom C. (2006). Implementing mental health promotion: the 'Act-Belong-Commit' Mentally Healthy WA campaign in Western Australia. *International Journal of Mental Health Promotion*, 8(1): 29–38.
- Murray C.J.L. and Lopez A.D. (1996). *The Global Burden of Disease*. Cambridge, MA:WHO.
- World Health Organization (WHO) (2004). *Prevention of Mental Disorders: Effective Interventions and Policy Options*. A report of the WHO and the Prevention Research Centre.

Lessons learned

1. Positive interventions can be used to tackle an important but overlooked health problem.
2. Stakeholders and individual citizens can be successfully targeted in one programme, and this can increase its effectiveness. In particular, partner organizations were able to increase the reach of the campaign to minority and disadvantaged groups.
3. Formative research can be immensely helpful in devising interventions.

Case study questions

1. **Q:** How was the idea of positioning used in this case?
A: The programme adopted a radical new view of mental health, defining it as a positive state of well-being, rather than the more usual absence of illness and symptoms.



- 2. Q:** How was exchange used to encourage partners to participate?

A: Local partners were offered something of real value – up to \$30,000 worth of publicity, along with communications expertise. As a result, they were happy to deliver good publicity and PR in return. It was a genuine ‘win-win’.
- 3. Q:** How did formative research help?

A: It gave a clear insight into people’s current views about mental health. In particular, whilst these tended to link in with the negative framing the topic tends to have, the term ‘mentally healthy’ also had many positive connotations.

