

Robert J. Donovan^{1,2}Ray James¹Geoffrey Jalleh¹Colby Sidebottom¹

¹*Centre for Behavioural Research in Cancer Control,
Division of Health Sciences, Curtin University
Western Australia*

²*Social Marketing Research Unit, Curtin Business School,
Curtin University, Western Australia*

Implementing Mental Health Promotion: The Act–Belong–Commit Mentally Healthy WA Campaign in Western Australia

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Introduction

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, 2004a). Many of these problems are not new; what is new is their increasing prevalence and burden, their occurrence earlier in life, their increased visibility and their persistence. In 1990, of the ten world-wide leading causes of disability (measured in years lived with a disability), five were mental health conditions. 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

A B S T R A C T

Mental health promotion is attracting attention as health authorities become increasingly concerned with the rise in mental illnesses. However, there is little to guide health professionals in communicating to individuals and community groups what mental health promotion – in the sense of strengthening people's mental health and mental illness prevention – is about, or to guide population-wide interventions.

The Act–Belong–Commit Mentally Healthy WA campaign provides a simple framework to assist mental health promotion professionals communicate with and gain the co-operation of potential partners and stakeholders for mental health promotion programs. The cam-

paign is based on the results of focus group research on community members' perceptions of what mental health is, and concepts of positive mental health as described by psychologists and others in the literature.

Two frameworks were developed: one for targeting individuals to be proactive about their own mental health, and one targeting people in authority to be mindful about the way they deal with those in their care. The frameworks are presented as ABCs to provide a simple mnemonic of relevant concepts. The Act–Belong–Commit component described here was developed to target individuals to be proactive about their own mental health and well-being.

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' has been defined by the World Health Organisation (WHO) as:

a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2001).

'Mental health problems' and 'mental disorders' refer to the spectrum of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people.

Mental health problems are less severe and of shorter duration than mental disorders, but may develop into a mental disorder. A 'mental disorder' is a diagnosable illness that interferes significantly with an individual's cognitive, emotional or social abilities. Mental disorders are of different types and degrees of severity, and the major mental disorders perceived to be public health issues include depression, anxiety, substance use disorders, psychosis and dementia. Mental health problems and disorders have significant implications in a broad range of areas (WHO, 2004a). 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, individual treatment services. This has led to growing international interest in promotion, prevention and early intervention for mental health. The US Institute of Medicine has produced a definitive review of the evidence for prevention in mental health (Mrazek & Haggerty, 1994), and specific prevention programs have now been established in the United States by government mandate (US DHHS, 1999). The World Health Organisation has taken a leadership role in assisting governments to recognise the economic benefits of promoting better mental (WHO, 1998, 2004a, 2004b). These initiatives have been developed within the framework of the *Ottawa Charter for Health Promotion* (WHO, 1986). Key components of the Charter are building healthy public policy and emphasising the role of all sectors in health outcomes, creating supportive environments in all settings, strengthening community

action, developing personal skills including mental health literacy, and increasing the focus on prevention and early intervention.

Mental health promotion and mental illness prevention

Although there is considerable overlap, prevention of mental disorders is generally differentiated from mental health promotion (WHO, 2004, 2004b). Similarly, the Australian national Mental Health Policy distinguishes different strategies according to the focus of the intervention, the timing of the intervention and the level of individual or population risk for disorder.

- Mental health promotion is any action taken to maximise 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.
- Prevention refers to interventions that occur before the initial onset of a disorder and prevent the development of disorder, by targeting known risk and protective factors on causal pathways.
- Early interventions comprises interventions that are appropriate for, and specifically target, people displaying the early signs and symptoms of a mental health problem or mental disorder and people developing or experiencing a first episode of mental disorder (CDHAC, 2000).

This paper is concerned primarily with community or population-wide mental health promotion.

Although increasing attention has been paid to mental health promotion and illness prevention, interventions to date have been largely directed towards those suffering mental health problems, early identification of at-risk individuals or destigmatisation of the mentally ill (Davis & Tsiantis, 2005; European Commission, 2004; Jane-Lupis *et al*, 2005; Morrow *et al*, 2002; Saxena & Garrison, 2004). While there are a number of school and worksite interventions aimed at building positive mental health rather than simply early detection and treatment of mental problems (Durlak & Wells, 1997; Stewart *et al*, 2004), other than the Victorian Health Promotion Foundation's (VicHealth) current Together We Do Better campaign (Walker *et al*, 2004) and California's 1982 Friends can be Good Medicine campaign (Taylor *et al*, 1984; Hersey *et al*, 1984), we could find no published literature on population-wide mental

health promotion campaigns that targeted people to be proactive about maintaining and building their own (and others') mental health. For example, the WHO and World Federation for Mental Health joint publication *Mental Health Promotion: Case Studies from Countries* (Saxena & Garrison, 2004) describes 35 programs from around the world, none of which is a comprehensive community-wide positive mental health promotion campaign.

The Together We Do Better campaign seeks to promote community understanding of the importance of behavioural and social factors related to positive mental health. The Friends can be Good Medicine campaign promoted the importance of supportive personal relationships to physical and mental health. The VicHealth campaign has been limited in promotional scope, and to date there has been little published evaluation of its impact on the population at large. The California campaign ran for only one year, but did appear to have a significant impact on relevant beliefs and behavioural intentions.

Development of the Mentally Healthy WA Campaign

To inform a population-wide mental health promotion campaign, the Western Australian Health Promotion Foundation (Healthway) funded Donovan and colleagues (2003) to conduct focus group discussions with a broad variety of individuals about their understanding of mental health and mental illness (excluding the psychoses). 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** (such as schizophrenia, psychiatry, manic-depression, depression). However, the term 'mentally healthy' had primarily positive (or 'good health') connotations (for example alert, happy, able to cope, socially adept, emotionally stable). Donovan *et al* (2003) suggested that mental health promotion campaigns use the term 'mentally healthy' in conjunction with the term 'mental health' as often as possible, to neutralise the negative connotations and build positive connotations to the term 'mental health'. The subsequent campaign was therefore named the Mentally Healthy WA campaign (WA: Western Australia).

Donovan *et al's* (2003) summary of people's understanding of mental health suggested that, while lay people did not have as sophisticated an understanding as health professionals of mental health concepts, overall, and particularly when prompted, lay people's beliefs about the causes of vulnerability to mental health problems and the factors that build good mental health were much the same

as those of mental health professionals. This finding is consistent with research and writings on the 'wisdom of crowds' (Surowiecki, 2004). While no one individual had a complete understanding, when combined across all individuals, all the concepts of mental health in the literature were identified by one or other individual in the groups. In general, people either were aware of the relationship between various factors in the literature and mental health/illness, or accepted the relationship when prompted. This finding suggested that people in Western Australia would be responsive to mental health promotion messages if delivered in their language.

Given that people rarely considered what they could or should be doing for their mental health (in contrast to the salience of and proactive intentions towards their physical health), Donovan *et al* (2003) concluded that a primary objective for mental health promotion (at least 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. Early health promotion campaigns had a similar objective, of shifting people's perceptions that health was the absence of physical illness to a view that people can and should be proactive to attain and maintain good physical health (by quitting smoking, eating less fat/more fruit and vegetables, being physically active, moderating alcohol consumption and avoiding drugs, excessive sun exposure and risky sexual activities, and so on).

The focus group research delineated a number of factors that people perceived to affect mental health, ranging from economic and socio-cultural factors to individual personality and lifestyle factors. Individuals acknowledged that factors such as unemployment or job insecurity, early childhood experiences and coercive parenting, exposure to violence, alcohol and drug abuse, and being subject to discrimination (racial, age, gender, sexual orientation, disability) were the sorts of thing that made people vulnerable to mental health problems. They also identified various factors that made people resilient and better able to cope with stressors: positive parenting, educational and managerial practices, good support networks, good self-esteem and self-efficacy. There was near universal support for the notions 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 – is 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.

Donovan *et al* (2003) suggested two possible starting points for a Mentally Healthy WA mental health promotion campaign in Western Australia: one targeting individuals in general to be more proactive about their own mental health, and one targeting individuals in authority over others to be more aware of their impact on their charges' mental health. The former would encourage individuals to engage in activities that would enhance their mental health (social, arts and sporting organisation membership, community involvement, physical and mental activities, family socialising, hobbies, etc), and would simultaneously encourage community organisations offering such activities to promote their activities under a mental health benefit message.

The latter would focus on interactions between those in authority and those under their charge or care (supervisors and their workers, parents and their children, teachers and their students, coaches and their trainees, service personnel and customers), with the aim of replacing coercive, negative styles with encouraging, positive styles. Both approaches give an opportunity for inter-sectoral collaborations and private organisation partnerships. It was decided in the first phase of the campaign to focus on the individual/community organisation, with the following objectives:

- to increase individuals' awareness of things they can (and should) do to enhance or improve their own mental health
- to increase individuals' participation in individual and community activities that increase mental health and reduce vulnerability to mental health problems
- to build cohesion in communities by fostering links between organisations around a unifying theme of positive mental health
- 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.

It was decided to pilot and evaluate the campaign in six communities in regional Western Australia (one farming, two mining and three coastal communities) before conducting a state-wide campaign. After a six-month consultation period with organisations in the six communities, followed by a further three-month preparatory period for

development of campaign materials, recruitment of staff and collection of baseline data, the campaign was launched in the six towns progressively through October and November 2005.

The primary target groups for the intervention are the adult (18+) populations of these six regional towns and all the organisations in these towns that directly provide or facilitate activities that could enhance people's mental health. Children and adolescents in the towns constitute a secondary target audience, in that the behaviours of the primary target groups have a direct impact on the mental health of this secondary audience. A primary aim is to encourage individuals and organisations to attempt to include marginalised individuals and groups in activities. Similarly, people suffering from mental illnesses would also benefit from involvement in campaign activities.

The campaign will be implemented for two years. A second survey will assess progress and impact at the end of Year 1, and a third survey will be conducted at the end of the two years to assess the overall outcomes of the campaign. Project officers have been appointed in each of the demonstration sites to implement the project. The intervention will be developed around the A-B-C guidelines for positive mental health described below. Project officers will be assisted by an evaluation officer in each site. The project will also study and document ways to develop and implement partnerships and build cohesion by fostering links between individuals and organisations.

Developing the *Act–Belong–Commit* slogan

We wanted a slogan (or sub-brand) for the first phase of Mentally Healthy WA that went beyond belief statements such as Together We Do Better and Friends are Good Medicine. That is, we wanted a campaign slogan that connected directly to the actions we wanted people to take, just as many health promotion/injury prevention campaigns include their basic desired behaviour in their branding or logo (Quit, Belt Up, DrinkSafe, 2 Fruit n' 5 Veg, Eat less fat, etc). We also wanted the campaign's primary message to appear 'as simple as ABC' to act on. Hence we chose the three verbs 'act', 'belong' and 'commit', as they not only provide an 'ABC', but also represent three major domains of factors that both the literature and people in general consider contribute to good mental health (Donovan *et al*, 2003; Donovan, 2004; Donovan *et al*, 2005a; Shah & Marks, 2004; Ross & Blackwell, 2004; Rychetnik & Todd, 2004). These three domains may also be viewed as a hierarchy of increasing contribution to an individual's sense of self and mental health.

‘Act’ means that individuals should strive to keep themselves physically, socially and cognitively active. Being active is a fundamental requirement for mental health; there is substantial evidence from a variety of sources that individuals with higher levels of physical, cognitive and/or social activity have higher levels of well-being and mental health, and that such activities can alleviate mental problems such as anxiety and depression (Dunn *et al*, 2005; Katz & Rubin, 1999; McKhann & Albert, 2002; McAuley *et al*, 2005; Rohrer *et al*, 2004; Rychetnik & Todd, 2004; Saxena *et al*, 2005). 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 also is likely to expand the cognitive activity involved; joining a walking group is likely to expand the physical activity while adding a social connection. Regular involvement in social activities, whether via hobby groups, professional interest groups or family and friends, is likely to result in a strong personal support group, one of the most important factors for maintaining mental (and physical) health (Berkman, 2000; Kawachi & Berkman, 2001). Involvement in local community activities and organisations also builds social cohesion (or social capital), which is important for individuals’ mental health (Fullilove, 1998; Murray-Mohammed & Guite, 2004; Ziersch, 2005). Overall, the more an individual is active in the context of connectedness, the greater contribution to mental health and the greater the availability of assistance in coping with the vicissitudes of life and threats to mental health (Giles *et al*, 2004; Rychetnik & Todd, 2004; WHO, 2004a, 2004b). The California Friends are Good Medicine and VicHealth’s Together We Do Better campaigns are examples of campaigns that focus on the ‘belong’ domain.

‘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. Meeting challenges provides a sense of accomplishment, feelings of efficacy and a stronger sense of self (Csikszentmihalyi, 1990).

There is widespread agreement in the general population that volunteering and activities undertaken to benefit the community at large, especially where they involve the disadvantaged, have special returns for feeling good about oneself, and indeed have mental health benefits (Clary & Snyder, 2002; Donovan & Woodhouse, 1978; Donovan *et al*, 2003; Donovan, 2004), particularly in the retired elderly (Greenfield & Marks, 2004; Morrow-Howell *et al*, 2003; Vaanaen *et al*, 2005). Volunteering and greater participation in community activities and organisations have substantial implications for community cohesion and social capital, and hence quality of life (ESRC, 2004).

Implementing the Act–Belong–Commit campaign

As a first step we visited the six participating regional towns and invited community organisations (such as local government organisations, businesses, libraries, tertiary and technical education services, sporting and arts clubs/groups, professional associations, schools, worksites, recreational groups, including Indigenous and other ethnic groups) to a community forum to discuss the project and to generate ideas on what they might do and how they might co-operate. Ideas and partnerships mooted at these forums have been incorporated in the planning for each town. Organisations willing to participate were asked to ‘sign on’ to the campaign. These collaborating organisations are encouraged and assisted to promote participation in their activities under the *Act–Belong–Commit* banner.

While the objectives for the various organisations will vary, a major campaign emphasis will be to encourage organisations to undertake activities to increase attendance, participation, membership and volunteerism in their organisations, and to form partnerships with other organisations to achieve these aims. For example, the local library could be encouraged to hold an open day, or a

Read a Book week; the junior football team could be encouraged to hold a 'parents/carers' day and develop a 'good conduct sporting code'; volunteers could be encouraged to identify and take socially isolated individuals (such as the elderly or disabled) on an outing; theatre groups could be encouraged to increase membership; Indigenous corporations could hold an open day; pastors from different churches could be invited to preach at the others' services; a youth sporting club could attract older members for volunteer activities; and so on. An overarching media component (advertising and publicity) will promote the theme that individuals can and should proactively maintain their mental health.

A set of four press advertisements was developed (Figure 1, below) for the launch and first six months of the campaign. The advertisements were designed to appear on consecutive right-hand pages for maximal impact, and were placed twice a month in each town in the local newspaper. They are supplemented by publicity

and press releases for events in the towns. Posters have been developed and have been distributed to participating (and other willing) organisations and on public notice-boards such as those at shopping centres, schools, work-sites, recreational centres, libraries, and local and state government offices. A monthly newsletter is circulated, mainly among collaborating organisations, with the aim of keeping people informed and maintaining individuals' interest by recounting personalised, local stories about the implementation of the campaign.

The communication objectives of the advertisements are to increase people's knowledge and salience of factors conducive to good mental health, and to increase intentions to be more aware of what they can and should do to maintain their own 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

FIGURE 1 Press Advertisements used for the Launch of the Act-Belong-Commit Campaign

The figure displays four vertical press advertisements for the Act-Belong-Commit campaign. Each advertisement is framed with a thin black border and contains text, a logo, and contact information.

- Advertisement 1: 'act'**
 - Header: Mentally Healthy WA 'Act' Press Advertisement
 - Image: A large black circle with the word 'act' in white lowercase letters, with a string trailing down.
 - Text: "My Nana was a health expert..." followed by a quote: "Use it or lose it" she used to say. Below is a paragraph about her active lifestyle and a call to action: "Want to get involved?"
 - Contact: Amberlee Laws, phone 9470 1676 or email Amberlee.Laws@health.wa.gov.au
 - Website: www.mentallyhealthywa.org.au
- Advertisement 2: 'belong'**
 - Header: Mentally Healthy WA 'Belong' Press Advertisement
 - Image: A large black circle with the word 'belong' in white lowercase letters, with a string trailing down.
 - Text: "Grandad was a health expert too..." followed by a quote: "Grandad was the great participator..." Below is a paragraph about his social life and a call to action: "Want to get involved?"
 - Contact: Amberlee Laws, phone 9470 1676 or email Amberlee.Laws@health.wa.gov.au
 - Website: www.mentallyhealthywa.org.au
- Advertisement 3: 'commit'**
 - Header: Mentally Healthy WA 'Commit' Press Advertisement
 - Image: A large black circle with the word 'commit' in white lowercase letters, with a string trailing down.
 - Text: "Aunt Sally also knew a thing or two about health..." followed by a quote: "It's better to give than receive" she used to say. Below is a paragraph about her volunteering and a call to action: "Want to get involved?"
 - Contact: Amberlee Laws, phone 9470 1676 or email Amberlee.Laws@health.wa.gov.au
 - Website: www.mentallyhealthywa.org.au
- Advertisement 4: 'act belong commit'**
 - Header: Mentally Healthy WA 'Act-Belong-Commit' Press Advertisement
 - Image: Three overlapping black circles with the words 'act', 'belong', and 'commit' in white lowercase letters.
 - Text: "Want to get involved?" followed by a paragraph about the campaign's goal and a call to action: "Want to get involved?"
 - Contact: Amberlee Laws, phone 9470 1676 or email Amberlee.Laws@health.wa.gov.au
 - Website: www.mentallyhealthywa.org.au

members. The advertisement content was deliberately designed to avoid technical jargon and the notion that mental health concepts were complex. Prior to placement, the advertisements were pre-tested against a mall intercept convenience sample of 150 adults, stratified by age (18–35, 36–49, 50–70 years), with an equal proportion of men and women of each age group. Detailed feedback was first obtained for one of the three advertisements separately, and then respondents were shown all three advertisements together. For the three advertisements there was a high level of correct comprehension of the main messages in the advertisements (almost 90%), and the advertisements were considered believable by 99%, personally relevant by 84%, easy to read by 88% and easy to understand by 88%.

ABC guide to promoting mental health via targeting individuals in authority

A tentative ABC guide for targeting individuals in authority over others has been developed for the second phase of the Mentally Healthy WA campaign: **A**ctively involve (those in your care), **B**uild (their) skills, **C**elebrate (their) achievements. This guide suggests three major ways in which individuals in charge can enhance the mental health of those in their care. The fundamental notions are that each and every individual in their care should be given the opportunity to participate actively in the group or organisation's activities and relevant decisions, be provided with challenges that increase their skills and sense of self-efficacy, and have their achievements recognised. These three concepts are based on individuals' beliefs about factors influencing one's mental health or vulnerability to illness (Donovan *et al*, 2003; Donovan, 2004; Donovan *et al*, 2005b), and are consistent with the literature (Csikszentmihalyi, 1990; Oxenstierna *et al*, 2005; Stewart *et al*, 2004; Warr, 1994), particularly Hawkins and Catalano's concept of bonding (Hawkins *et al*, 1992) and concepts of control and reward imbalance (Vezina *et al*, 2004). These three concepts will be further developed for a later phase of the Mentally Healthy WA campaign.

Evaluation

There are three evaluation components: benchmark and two 12-month follow-up telephone surveys (random selection) of the intervention town residents (n = 200 per town), compared with telephone surveys of metropolitan residents and non-intervention rural town residents (n = 1000),

detailed databases of participating organisations' activities, and formal records of health and community well-being indicators held by relevant government and non-government authorities, including mental health service providers.

The telephone surveys will gather data on the salience of mental health promotion, people's understanding of mental health and what they believe they can do for their own and others' mental health, self-reports on behaviour changes (individual and group activities such as reading, walking, joining a club, substance use, volunteering) and measures of mental health, social capital and community cohesion.

Collaborating organisations are asked to complete a record of intervention-related activities at the end of each month. This will record the type of activity held, numbers attending and audience characteristics, collaborating partners and sponsors, and any measurable outcomes (such as new members signed up if was a recruiting event, number of brochures distributed if an informational event). Of particular interest is the tracking of collaborative activities in the communities.

Hospital, police and mental health service provider records will be obtained for all intervention sites as well as other major non-participating rural towns and the metropolitan area. We will examine them to assess whether any trends in these data appear to emerge over the evaluation period. The extent to which the campaigns generate demand for mental health services will also be monitored.

Campaign strengths

The Mentally Healthy WA campaign's strengths include that the interventions developed will be based on the communities' own goals and activities and that a cadre of mental health promotion professionals will be trained. Hence it is anticipated that the campaign will be inherently self-sustaining, given continued enthusiasm on the part of local groups. It is anticipated that local government and local businesses – in collaboration with health authorities – will ensure that sufficient resources exist to continue developing and implementing mental health promotion activities in these towns when the formal intervention finishes. When state-wide interventions are implemented, these towns will provide further data with respect to synergies between these current interventions and future campaign messages and strategies.

Another strength is that the *Act–Belong–Commit* slogan is readily accepted by health professionals and community members alike. Feedback at the community forums and on the press advertisements has been overwhelmingly positive, with individuals able to readily relate to the concepts embodied in the words 'act', 'belong' and 'commit'.

Concluding comment

As far as we can determine, the *Act-Belong-Commit* Mentally Healthy WA campaign appears to be the most comprehensive community-wide mental health promotion intervention reported in the literature. It is clearly distinguished from other campaigns that are labelled 'mental health promotion' but which focus primarily on destigmatisation or early intervention. We anticipate that this campaign will provide valuable data for future mental health promotion campaigns in other states and nations. Already other jurisdictions in Australia are seeking use of the campaign materials, and the Mental Health Council of Australia was given permission to use the campaign concepts in its 2005 Mental Health Week and World Mental Health Day promotions.

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Address for correspondence

Professor Rob Donovan, CBRCC, Curtin University, Bentley, Western Australia 6102. r.donovan@curtin.edu.au. Tel: 61 8 9266 4598 Fax: 61 8 9266 1642.

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