Impact of a population-wide mental health promotion campaign on people with a diagnosed mental illness or recent mental health problem

Rob Donovan,[1] Geoffrey Jalleh,[1] Katy Robinson,[1] Chad Lin[1]

Abstract

Objectives: To determine the impact of the Act-Belong-Commit mental health promotion campaign on people with a diagnosed mental illness or who had sought professional help for a mental health problem in the previous 12 months.

Method: In 2013 and 2014, 1,200 adults in Western Australia were interviewed by telephone. The questionnaire measured campaign reach, impact on beliefs about mental health and mental illness and behavioural impact.

Results: Campaign impact on changing the way respondents thought about mental health was significantly higher among those with a mental illness or who had sought help (41.4% vs 24.2%; $p<0.001$), as was doing something for their mental health as a result of their exposure to the campaign (20.5% vs 8.7%; $p<0.001$).

Conclusions: The campaign appears to empower people with a mental illness or who recently sought help to take steps of their own to enhance their mental health.

Key words: mental health promotion, campaign evaluation, empowerment, mental illness prevention

Act-Belong-Commit is a population-wide, community-based health promotion campaign originating in WA. The campaign encourages individuals to engage in mentally healthy activities, and supports organisations that offer mentally healthy activities to promote and increase participation in their activities. The campaign is implemented through partnerships with health services, local governments, schools, workplaces, community organisations, and sporting and recreational clubs throughout WA, other Australian states and overseas.

The Act-Belong-Commit messages were derived from research with members of the general population and confirmed by reviewing the literature. The origins of and rationale for the campaign are described elsewhere.[1] The three verbs 'act', 'belong', and 'commit' not only provide a colloquial 'ABC of mental health', but also represent the three major domains of behaviours that both the literature[2] and people in general[1,3] consider contribute to good mental health:

- **Act:** Keep mentally, socially, spiritually, and physically active
- **Belong:** Develop a strong sense of belonging by keeping up friendships, joining groups, and participating in community activities
- **Commit:** Do things that provide meaning and purpose in life, e.g. taking up challenges, supporting causes and helping others.

Act-Belong-Commit's overarching framework allows for implementation at the population level, as well as in community and clinical settings[4] and for targeted groups. The campaign is spreading throughout Australia and internationally.[5]

Process and impact evaluations are conducted annually among the general population[6] and organisations that partner with the campaign.[7] Although conceived as a primary prevention intervention, many individuals with a mental illness experience have contacted the campaign and reported being influenced by the campaign to take up activities that have assisted their recovery or enhanced their quality of life.

To quantify this impact, the 2013 and 2014 general population surveys included questions on whether the respondent had sought professional help for a mental health problem in the past 12 months and whether they had ever been diagnosed with a mental illness. This paper compares the results of those reporting ever being diagnosed with a mental illness or having sought professional help in the past 12 months with the remainder of the sample.

Method

Sample

Curtin University's Human Research Ethics Committee granted approval for this project. In 2013 and 2014, computer-assisted telephone interviews were conducted state-wide with 600 adults: 400 in Perth and 200 in country towns (total n=1,200). Random selection from the White Pages directories was used to select households for inclusion in the survey. Landline penetration in the state is about 80%. Quotas were used to ensure equal numbers of participants in two age groups (18–39 years, 40+ years) and equal gender representation in each age group.

Measures

Participants were asked whether they had "ever been diagnosed with a specific mental illness" and whether in the past 12 months they had "seen a counsellor, doctor

1. School of Public Health, Faculty of Health Sciences, Curtin University, Western Australia

Correspondence to: Dr Geoffrey Jalleh, School of Public Health, Faculty of Health Sciences, Curtin University, GPO Box U1987, Perth, WA 6845; e-mail: g.jalleh@curtin.edu.au

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or psychologist because of a mental health problem".

Campaign salience was measured by asking: "When you think of keeping or becoming mentally healthy, do any campaign slogans or messages come to mind?" Participants who did not mention Act-Belong-Commit were asked whether they had "heard of the Act-Belong-Commit campaign". Participants were then read a brief description of four Act-Belong-Commit television advertisements aired in the two months prior to the interview and asked whether they recalled seeing any of these. The reach of (exposure to) the campaign is defined as recall of Act-Belong-Commit, or having heard of the campaign, or recalling seeing at least one of the four television advertisements.

Reached participants were asked: 1) whether the campaign "had changed the way they think about mental health" or "had changed the way they think about mental illness" (split samples design); 2) whether they had "tried to do something to be more mentally healthy" as a result of exposure to the campaign; 3) whether they had "talked about the campaign with family or friends"; and 4) whether they believed the campaign had "made people more open, less open about mental health issues, or had no effect" and "had increased, decreased or had no impact either way on stigma surrounding mental illness".

Analysis

Chi square was used to test for significance of differences between those ever diagnosed with a mental illness or reporting seeing a health professional for a mental health problem in the past 12 months versus the remainder of the sample.

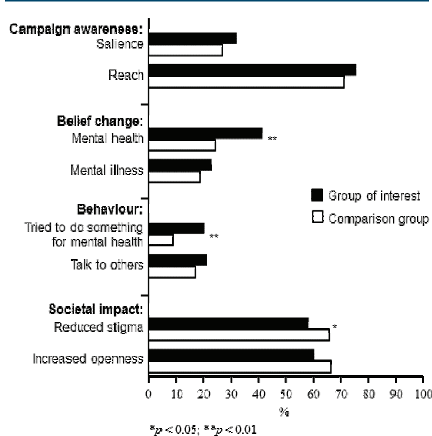
Results

Sample characteristics

Males and females were equally represented along with the two age groups in both the Perth and country samples. The distributions of occupational groups were similar in both locations with a majority of participants being employed (67.6% and 65.8%). The data were weighted to actual Perth: country population proportions before subsequent analyses.

Of the 1,200 participants, 17.7% reported ever being diagnosed with a mental illness and 15.7% reported seeing a health professional in the past 12 months for a mental health problem. In total, 24.8% reported either a diagnosed mental illness or had sought help ('group of interest'; rest of the sample: 'comparison group').

Figure 1: Campaign impact by mental illness experience.



Campaign salience and reach

The Act-Belong-Commit campaign was near significantly more salient among the group of interest than the comparison group (32.2% vs 27.0%, p=0.086), with total reach similar between the two groups: 75.2% and 71.5%. The following results are based on those reached by the campaign (Figure 1).

Impact on beliefs about mental health/ mental illness

There was no significant difference between the group of interest and the comparison group in terms of changing beliefs about mental illness (22.9% and 18.8%), but there was a substantial and significant difference with respect to beliefs about mental health: 41.4% vs 24.2% (p<0.001).

Impact on behaviour

The group of interest were twice as likely as the comparison group to try to do something for their mental health as a result of exposure to the campaign: 20.5% vs 8.7% (p<0.001). The behaviours reported were generally consistent with the Act-Belong-Commit messages and are described elsewhere.[8] A slightly greater but non-significant proportion of this group reported having talked about the campaign with family or friends: 21.5% vs 17.3%.

Societal impact

Substantial majorities of the group of interest and comparison group believe that the campaign has reduced stigma (58.0% and 66.0%; p=0.040), and made people more open about mental health issues (59.9% and 66.3%).

Discussion

These findings show that a mental health promotion program conceived as a primary prevention intervention effectively attracts the involvement of those with a diagnosed mental illness or had recently sought professional help for a mental health problem. In fact, such individuals appear to respond to the campaign to a greater extent than those not reporting such.

Feedback from individuals with a mental illness in informal discussions with campaign personnel indicate that one of the major factors facilitating their involvement is that they see the campaign as "for everyone", and hence their involvement is not defined by their mental illness. Their involvement is also likely to be facilitated by the campaign's perceived impact on stigma.

These data suggest that population-wide mental health promotion campaigns can affect the mental health and wellbeing of not only the general population, but also those with a diagnosed mental illness or experiencing a mental health problem.

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