Summary points

- Brand image or positioning refers to the associations people have when reminded of or when confronted with the brand’s logo, products or services.
- All elements of an integrated marketing mix contribute to brand image, but the most visible are the brand’s promotional activities (advertising, sponsorship, publicity, etc.).
- Public health brands have traditionally focused on increasing target audiences’ awareness of various health issues (agenda setting) and increasing awareness and encouraging adoption of preventive behaviours to reduce disease and injury.
- Following lessons from commercial marketing, public health campaigns can be even more successful by developing brand positionings that go beyond being simply informative, and begin to establish relationships with their target audiences.
- Public health campaigns are far more limited in funding than commercial campaigns, and hence more restricted in opportunities available for establishing a desired brand positioning. However, using formative research with the target audience to guide creativity in developing the actual brand name and graphics can contribute substantially to establishing the desired brand image.

Introduction – defining ‘brands’ and ‘branding’

In this chapter we note and accept Bennett’s long-established definition of a brand in commercial marketing as: ‘a name, term, sign, symbol, or design, or a combination of these intended to identify the goods or services of one seller or group of sellers and to differentiate them from those of their competitors’ (Kotler 1980: 366). While the ‘identify’ perhaps signifies the literal branding that occurred on livestock, the key element of this definition in current competitive commercial marketing is the word ‘differentiate’. The differentiation may be in terms of product attributes (such as a toothpaste that contains ‘whitening ingredient X’), or in emotive or lifestyle positionings around the brand (such as a toothpaste for young, on-the-go professionals). The latter differentiation
is the hallmark of today’s consumer society, which is characterized by a surplus of parity products and services, and where differentiation within product lines is often on a quality or product attribute or features basis. Twitchell (2004) describes branding as applying a ‘story’ to a product or service, and that for parity products, such narratives are the only difference between alternative brands.

‘Branding’ is taken to mean the process by which a brand image, identity or positioning is developed. ‘Brand positioning’ (‘what the brand stands for’) refers to the thoughts, feelings and images the brand generates in the target consumer’s mind – and particularly relative to other brands (Ries and Trout 1981). That is, the brand’s positioning is competitively derived to appeal to particular target segments. Brand positionings are sometimes measured in terms of ‘brand personality’ – sets of attributes (e.g. strong or weak, modern or old-fashioned, bold or timid, dull or exciting, and so on), or aim for a single strong perception (e.g. Volvo and safety, Maytag and dependability, Nordstrom and service, Mercedes and prestige). Such attributes are often related to measures of ‘brand equity’. Brand equity is variously defined, but for us is the set of evaluative beliefs and images held by target consumers about the brand. The more favourable these are, the higher the brand equity. Brand equity can be measured in dollar terms by comparing what a consumer does (or would) pay for the same product but differently branded. A good example of this occurred recently in Australia where a Melbourne art gallery painting thought to be a Van Gogh turned out not to be so. Although clearly a good painting for the mistake to have been made (it was not a forgery), the value of the painting plummeted from $50 million to less than $5 million in the absence of the Van Gogh ‘brand’ (Perkins 2007).

Following Bennett’s definition, the brand name is the voiced part, while the brand mark is the non-voiced part. In commercial marketing, most brands begin as the manufacturer’s or owner’s name, with many still based on the manufacturer’s name or names that mean little other than what the brand’s positioning has created (e.g. Nike, Hertz, Kraft, Marlboro, Harley-Davidson and so on). For more recent brand names, apart from being easy to pronounce and easy to remember (e.g. Kodak), it is desirable (but not essential) for the brand name to indicate something about the brand’s use, benefits or strengths (e.g. Snugglers, Weight Watchers, Toys ‘R’ Us, Mr Muscle, Diet Coke, Energiser). Noting the opportunity for charging higher prices for better quality, marijuana smuggler Alan Long separated his supplies on quality, branding his top grade crop ‘Columbia Gold’ and his lower grade ‘Columbia Red’ (Sabbag 2002). In a few cases, the brand name has attempted to describe the product’s use (e.g. Shake ‘n’ Bake, Dial-a-Dinner, Post-It Notes).

A brand’s logo is often a combination of the brand name and a graphic design, or simply a graphic design. Some brands have invested heavily in a graphic (e.g. Nike’s swoosh; McDonald’s arches; the Playboy bunny) or colour(s) (e.g. John Deere’s green; Marlboro’s red; Kodak’s yellow) to aid recognition and differentiation.

There is also the issue of ‘brands’ and ‘slogans’ – statements attached to the brand e.g. General Electric’s ‘We bring good things to life’, dropped in 2003 after 24 years). Attaching slogans to brand names was one of the early attempts to create brand positionings around what were essentially manufacturer’s names. Slogans can contribute very positively to brand image and reinforce the brand’s positioning (although consumers do
not always match slogans with the correct brand). Many Australian public health brands can be viewed as slogans about one or other aspects of a healthy lifestyle attached to a logo, where the slogan describes the desired behaviour and the graphics are used to communicate brand attributes and the target audience. For example, Colac Area Health’s *Be Active Eat Well* project aimed to build the capacity of the Colac community to promote healthy eating and physical activity. The primary target audiences were children aged 2–12 years and their parents and carers. Their campaign brand/logo (Fig. 10.1) can be viewed as a slogan with accompanying graphics to appeal to its target audience of young children (incidentally accompanied by a further slogan: ‘Making it easy’).

Overall then, in commercial marketing, a brand is defined by multiple characteristics – the style and graphic design, font style, colours, etc., as well as by the messages delivered about the brand, and how and where these messages are delivered. This is the integration element of the marketing mix: packaging, pricing, distribution, advertising content and execution all contribute to and must be consistent with the brand image (e.g. an up-market perfume for elegant evening wear must be packaged in expensive looking materials, sold only through up-market stores and feature glamorous rather than sporting models). As emphasized in Chapter 1, branding encapsulates the relationship between individuals and the promoted product, and the added value in the exchange associated with using the product.

For our purposes, the branding of public health campaigns in Australia can be viewed as having operated primarily at three levels. At the basic level, branding is assumed to have occurred when the campaign has developed a specific brand and logo that, like the branding of livestock, has been placed on campaign materials to signify the campaign source, and where campaign materials follow a consistent graphical style. Recent examples include The National Tobacco Campaign and The National Alcohol Campaign brands. While these brands were accompanied with a tagline ‘Every cigarette is doing you damage’ and ‘Drinking. Where are your choices taking you?’ respectively, at this basic level there is far less concern for the ‘brand image’ than for ensuring people’s understanding of the campaign’s public health focus.

At a second level, a number of public health brands were developed around the specific behavioural message. Some early (and continuing) Australian brands that reflect this primary concern for the behaviour change message and lesser concern for brand attributes...
include *Slip, Slop, Slap* (sun protection), *2 Fruit ‘n’ 5 Veg* (now *Go for 2&5*) (nutrition), *Under 05 or Under Arrest* (drinking and driving), *Drink Safe and Alcohol. Go Easy* (alcohol), and *Be Active and Find 30* (physical activity).

At a third level, campaign originators are explicitly concerned with how their brand is perceived in the minds of the target audience. This type of public health branding, which seeks to establish a relationship with its target audience members in the same way as commercial marketers do, is illustrated later in this chapter through case studies of the *Freedom from Fear* domestic violence campaign and Mentally Healthy WA’s *Act-Belong-Commit* campaign.

One example of how a brand has transformed over the years is in the area of sun protection. The *Slip, Slop, Slap* brand of the 1990s was used by a number of agencies to clearly signal the desired behavioural responses of *slipping* on a shirt, *slopping* on sunscreen and *slapping* on a hat. While these sun protection messages remain and have now been added to with *sliding* on sunglasses and *seeking* some shade, the *Slip, Slop, Slap* branding for sun protection campaigns has been replaced by *SunSmart*, representing ‘what consumers are’ when they adopt these sun protection behaviours. This *SunSmart* brand is now used effectively to market sun protection products and encompasses broader sun protection programmes and upstream policy initiatives.

As well as concern about the way a brand is perceived by the particular target audience with respect to its messages, a brand developed for government-sponsored campaigns will inevitably be developed with a view to how stakeholders will perceive its appropriateness for a publicly funded programme of activity (i.e. organizational branding). Similarly, non-government organizations will be concerned with perceived appropriateness of fit by funding agencies, supporters and stakeholders.

### Some early public health brands in Australia

#### *Quit* and the Quitline

*Quit* is one of Australia’s earliest and most recognized health brands. Use of the *Quit* brand dates back to the late 1970s when a quit smoking campaign was trialled as part of the North Coast Healthy Lifestyle Campaign in Australia’s most populous state of New South Wales. This brand was initially developed as *Quit. For life*, signalling a health behaviour as well as a health goal and duration for the behaviour change. Based on the success of this trial (Egger *et al*. 1983), the *Quit. For life* campaign was extended throughout New South Wales in 1983. Tobacco control campaigns bearing the *Quit* brand (shortened from *Quit. For life*) soon emerged in other Australian states. The branding was followed through to the telephone counselling ‘Quitline’ and products such as the ‘5-day Quit Book’, and in 1987, to sponsorship of a league football team. These campaigns focused on the objective of motivating and supporting smokers to quit smoking with little attention paid to how people viewed the campaign brand per se. However, although there were no explicit brand attribute objectives, it was implicitly desired that the *Quit* campaign was not seen to be ‘telling’ smokers what to do, but rather presenting them with information about the health consequences of smoking and letting them
make up their own mind. In this sense, the concern was not about the word (brand) ‘Quit’ per se being seen as directive, but rather that advertising and other messages delivered by Quit should not be seen as directive.

Despite the fact that Quit campaigns operated at a state and territory jurisdictional level throughout Australia, sometimes operating within state governments and sometimes within Cancer Council non-government organizations, the Quit brand became nationally recognized as the graphics and style were adopted consistently across jurisdictions. This resulted in additional awareness for the brand throughout Australia when any national media reported on Quit campaign activity in any state, as well as facilitating sharing of resources across jurisdictions. This nationally consistent Quit branding also translated effectively to the establishment and promotion of a single Quitline telephone counselling and information service for advertising under Australia’s successful National Tobacco Campaign (Hill and Carroll 2003), and, more recently, to the placement of a single Quitline number alongside graphic health warnings on tobacco products sold in Australia (Australian Government Department of Health and Ageing 2007). As Quit is a cessation message targeting smokers, sub-brands such as Smoking. No way! and Smokefree have been developed for prevention initiatives. While Quit could be categorized as a level two public health brand initially, primarily focused on a behavioural message, the brand would now reflect the characteristics of a level three brand, particularly with respect to its Quitline variant where significant effort is being directed into generating positive perceptions of a trusting relationship between potential callers and the Quitline counsellors.

**The Drug Offensive**

Another well-known Australian public health brand in the 1980s and 1990s was The Drug Offensive. In 1985 the Australian federal, state and territory governments came together for what was termed The Drug Summit. As a result of this meeting, a commitment was made to fund the National Campaign Against Drug Abuse (NCADA), involving initiatives in education, treatment, rehabilitation and research as well as increasing the commitment to controls and enforcement (NCADA 1985). Significantly, it was decided that the NCADA would focus on reducing problems associated with alcohol and tobacco use in addition to illegal drugs. While the total campaign was to be called The Australian National Campaign Against Drug Abuse, a sub-brand was developed for its media and social marketing activities called The Drug Offensive (1986–1995). The following description of The Drug Offensive draws on Carroll (1996).

The Drug Offensive adopted a literal branding style, appearing as ‘a stamp’ featuring a map of Australia and the words ‘The Drug Offensive’ in bold uppercase, with a subscript ‘A Federal and State initiative’ to signal the collaborative arrangements between these levels of government (see Fig. 10.2).

The brand logo was designed to show a strong national commitment by Australia’s governments to addressing the problems of drug abuse in Australia. However, as the brand came to be used for specific campaigns primarily addressing youth audiences, the perceptions of young people toward the brand as the source of campaign messages became an important consideration.
For a decade, The Drug Offensive campaigns played a key role during the NCADA and the subsequent National Drug Strategy and were successful in reaching significant numbers of their respective target audiences and communicating effectively in line with designated communication objectives. After an initial public awareness campaign about drugs and the components of the NCADA in 1986, various drug-specific campaigns were staged from 1987 to 1995, beginning with heroin use, and covering teenage smoking, teenage alcohol abuse, adult alcohol consumption, pharmaceutical drug misuse, tobacco smoking among young women, alcohol-related violence and amphetamine use. This was an example of how a single brand can be utilized to encompass a number of related health behaviours. Consistently branding messages about tobacco use and excessive alcohol consumption under The Drug Offensive along with messages about illegal drugs resulted in a reassessment of the public’s perceptions of what constitutes a ‘drug problem’. In other words, the branding increased perceptions of the harm associated with legal drugs (Donovan et al. 1999).

However, the major target audiences for The Drug Offensive campaigns were young people. Social marketing initiatives that provided continuity of engagement and communication with youth target audiences played an important role in building equity and positive attributes for the brand. Sponsorship had a key role in positioning The Drug Offensive brand. For example, at the time, amphetamine use was seen to fit with the dance party scene and dance music. Hence the central element of sponsorship was a series of Drug Offensive/Video Smash Hits Dance Parties, staged around the country in capital cities and regional areas in conjunction with the Seven Television Network’s Video Smash Hits programme. The dance parties featured nine of Australia’s then most popular young dance artists who endorsed The Drug Offensive campaign brand. In this way the campaign brand was taken to dance floors across the country by the stars of popular dance culture themselves. Importantly, endorsement of the campaign brand was not just coming from an individual celebrity but from a number of celebrities, thereby increasing the breadth of appeal to individual target audience members.
Through association over a number of years with youth music (e.g. weekly live concert broadcasts, artist endorsements and sponsorship of awards nights), sport events (e.g. surfing, basketball) and youth cultural events (The Rock Eisteddfod school student dance performance), The Drug Offensive brand came to be viewed by Australian youth as a credible message source for messages about both legal and illegal drugs. A brand perception study showed that while NACADA was seen to represent ‘adults who wore suits and funded various government services’, The Drug Offensive was perceived as being run by ‘young people who wore jeans and spent a lot of time relating to teenagers’. While both brands were government ‘owned’, this stark contrast in brand perceptions reflected a strong degree of trust and credibility by young Australians in The Drug Offensive brand.

This brand equity led to the creative decision to open later campaign radio commercials with ‘A message from The Drug Offensive’ instead of the source being identified at the end of an advertisement. Research indicated that young people actually paid more attention to the radio advertisement’s message when they were alerted to the fact that it was The Drug Offensive talking to them than when the source came later. It can be seen that the characteristics of The Drug Offensive brand transformed from what was described above as a basic-level branding to what would be viewed as a level three brand over the course of its use.

Case studies

We now present two case studies. The first concerns a relatively well established area (domestic violence) but where a new approach was being undertaken (targeting violent men to voluntarily seek help). In this case it was crucial that the overall branding be sensitive to the acceptance of this new approach in the established stakeholder groups. The second involves developing a brand in the relatively new and far broader area of mental health promotion, hence requiring far more thought to the specifics of the actual words and graphics used in the branding. Each of the case studies follows the same presentation format.

Case study 1: Targeting male perpetrators of intimate partner violence – the Freedom From Fear campaign

Overview

Western Australia’s Freedom From Fear domestic violence campaign targets male perpetrators of intimate partner violence. Mass media advertising is used to create and maintain awareness of the ‘Men’s Domestic Violence Helpline’ and to encourage violent and potentially violent men to call the helpline. The primary aim of the helpline counsellors is to refer as many as possible qualified callers into no-fee government-funded counselling programmes provided primarily by private sector organizations. The following description is drawn from publications by Donovan and colleagues (Makkai and McAllister 1998; Donovan et al. 2000; Donovan and Henley 2003).

Background

Violence against women by their partners is recognized as a major international public health problem, in both developed and developing countries. While intimate partner
violence also involves female-to-male partner violence and same sex partner violence, male-to-female partner violence occurs more frequently and with far more serious consequences in terms of injury and death (Sorenson et al. 1996).

Intimate partner violence has major consequences for the physical and mental health of the women and for children and other family members (Gomel 1997). The victim-related economic cost of partner violence in the USA has been estimated to be in the vicinity of $67 billion (APS Observer 1997). The costs of such violence cannot be calculated simply in terms of emergency ward treatments, hospital bed nights, refugee home placements, lives lost in homicides and suicides, and so on. There also are enormous costs in terms of children’s lost happiness and subsequent dysfunctional behaviours. Incarceration costs for convicted perpetrators also must be taken into account.

Most programmes aimed at the reduction of abuse have been based around the criminal justice system, targeting both police and the judiciary (Donovan and Vlais 2006). Where public education components have accompanied such campaigns, these have aimed at increasing the public’s (and perpetrators’) perception that domestic violence is a crime (Buchanan 1996). Such campaigns generally encourage women to report incidents, and, where necessary, to leave the family home and to take out civil protection (or ‘restraining’) orders against violent partners.

While the incarceration of violent men and the issuing of protection orders do alleviate some violence (Keilitz et al. 1998), they do not – and cannot – remove the fear women experience in terms of the man reappearing at some time in some place, often with tragic consequences (De Becker 1998). Furthermore, many women do not want to leave the relationship, nor do they want the man incarcerated; they simply want the violence to stop; in short, they literally want freedom from fear in their relationship.

The Freedom From Fear campaign

‘Freedom From Fear’ was originally designed as a ten-year community education programme complementing criminal justice and other community interventions. As far as we are aware, this campaign was a then unique initiative, being the first government-funded, mass media based, non-punitive campaign focusing primarily on male perpetrators of domestic violence, asking them to voluntarily seek help to change their violent ways.

The idea for this approach – targeting male perpetrators to voluntarily seek help – arose from a government task force established in 1995 to address the issue of family and domestic violence in Western Australia. However, directing resources towards male perpetrator programmes was generally viewed negatively by female victim support organizations. Hence it was crucial to gain women’s organizations’ and female victims’ support for the programme in principle, and then ensure their continued support for the various programme materials as they were produced. It was required that this sector be reassured that targeting perpetrators and funding perpetrator programmes was consistent with the ‘feminist’ philosophy with respect to domestic violence prevention; that is, that victim safety is paramount and that directing services towards men must ultimately be about victim safety and freedom from fear.
After extensive consultations with all relevant stakeholders, especially women’s advocacy groups, women’s refuges and women themselves, and with the government promising extra funding for the campaign (i.e. no reduction in funds for women and children), sufficient tentative support was obtained for formative research to begin in 1996. After extensive pretesting against all stakeholders and target groups (Donovan et al. 2000), the campaign was launched toward the end of 1998.

**Campaign goals and overall strategy**

The overall goals of the campaign are the reduction of violence against women by male partners and, consequently, increased physical and mental health among victims. Fig. 10.3 summarizes the overall campaign strategy. Mass media advertising is used to motivate perpetrators and potential perpetrators of physical violence against their female partner to call a confidential helpline manned by trained counsellors. The goal of telephone counselling is to enrol men in a behaviour change programme.

**Campaign target groups**

While the primary beneficiaries of the campaign were the women and children of men who use violence, the primary target audiences for the campaign were male perpetrators.
and potential perpetrators in Prochaska's contemplation, ready for action or action stages (Prochaska and DiClemente 1984) with respect to doing something about their violence or potential violence. While these men may still minimize and deny (at some level or on some occasions) full responsibility for their behaviour, they are reachable through mass media because they do accept some responsibility for their behaviour. Hardcore perpetrators still in a strong state of denial (Eisikovits and Buchbinder 1997) were not part of the primary target audience for this campaign.

Potential perpetrators were defined as those subjecting their partner to non-physical forms of abuse (e.g. emotional abuse, financial deprivation, social isolation). Potential perpetrators also include men with undesirable attitudes towards partner abuse (e.g. believed violence by the male partner was justified or often provoked in certain situations).

Secondary target audiences consisted of ‘all other 18–40 year old males’ and those individuals who might encourage the primary target audiences to seek assistance: victims; family members, friends and professionals with whom they might come in contact (e.g. lawyers, doctors, nurses, police officers, counsellors). For example, police were encouraged to promote perpetrators’ use of the telephone counselling service when called to ‘domestics’, and particularly where no charges could or would be laid. Finally, the campaign targeted all members of the community in terms of maintaining the salience of domestic violence as a community concern, and in terms of reinforcing men not engaged in violent behaviour. It was also important to create and reinforce positive community attitudes to the counselling of violent men as a legitimate domestic violence prevention strategy (complementary to police arrest and sentencing, and mandatory referral into counselling by courts), and hence worthy of government funding.

Communication and behavioural objectives

Among members of the primary and secondary target groups, the main communication objectives were to increase awareness that non-punitive, anonymous help was available and to stimulate motivations and intentions to seek help. The intermediate behavioural objective was that they should call the helpline for assistance, or seek assistance from some credible source. The final behavioural objectives, particularly following counselling, were a reduction in violent incidents – both physical and verbal – among perpetrators, and the prevention of violence among potentials.

For all audiences, the implicit communication objectives were that: (a) the perpetrator, not the victim, is responsible for the violence; and (b) that there are no circumstances in which violence is justified.

Campaign development and branding

Formative research was required to firstly ‘get the right message’ and then ‘get the message right’ (Egger et al. 1993). Getting the right message refers to establishing what message content would motivate violent men to seek help. Getting the message right refers to executing the message in a language and style that violent men would pay attention to, understand and find believable, yet not be seen to condemn nor condone
their violence. Furthermore, the ads could not make victims of domestic violence feel responsible, guilty or more helpless.

A number of concepts were tested among groups of men who used violence and men in general. The testing showed that the damaging impact on children exposed to their violence was the most powerful motivator among perpetrators to take steps to stop their violence. All expressed strong feelings for their children, recalling that their children’s reactions to specific instances of domestic violence had a very vivid impact on them, and many could relate to their own feelings when they were children. Thus, this theme had relevance whether or not they themselves had children. Furthermore, the damage to children theme was accepted by pre-contemplator perpetrators, and hence had potential to move this group towards contemplation. This theme was also considered to be effective by men in general and was selected as the key message strategy for the initial phase of the campaign.

Help being available was universally endorsed by contemplator perpetrators; it was seen as a positive message and contemplators were aware that they needed help but did not know how to go about getting it. This theme was also strongly endorsed by men in general and there was broad community support for a media campaign to publicize this assistance.

Overall then, the phase one formative research confirmed a potentially substantial number of violent and potentially violent men that could be reached by, and would respond to, a mass media campaign that offered formal assistance. The key to reaching this audience was to avoid being judgmental and to focus on the damaging effects on children of men’s violence toward their partner as the motivator to take action.

It was crucial that the ads, although scheduled to be run only at ‘adult times’, did not trigger clinical stress symptoms in children, especially children of victims, and that children did not misunderstand the ads and think they were being asked to call the helpline or that they should ask their father to call the helpline. Hence groups of children at selected women’s refuges were exposed to the advertising materials while a child psychologist observed and probed the children’s reactions.

Three TVCs were aired in the first phase of the campaign:

- ‘Nightmare’: depicts a child tossing and turning in bed against a shadowy background and brief visuals and sound effects of a man abusing a woman. Supers state that ‘this little boy is not having a nightmare, he is living one’.
- ‘Horror Movie’: two children are watching television against a similar background as above. The supers state that ‘these children are not watching a horror movie, they are watching something far more frightening’.
- ‘Back Seat’: a child’s view, from the back seat of a car, of a male verbally abusing a woman in the front seat. The child tosses to and fro covering her ears. The supers state: ‘this 6 year old hates travelling by car … because the trip often ends with someone getting hurt’.

The ads end with spoken words such as ‘Do something about it. Call the Men’s Domestic Violence Helpline’ and ‘You can stop domestic violence. We can help you change’.
Branding the campaign

Given the diversity of interest groups in the domestic violence area and the initial reluctance among some to support this approach, an umbrella brand name was sought that would unite all of these groups under a common goal. Furthermore, although the campaign was targeting male perpetrators, the brand was required to reflect that the primary beneficiaries of the campaign were to be the women and children involved.

Freedom from fear is one of the four basic freedoms espoused by Franklin Roosevelt in his 1941 annual address to congress. Roosevelt used the term in relation to fear of physical acts of aggression by one country against another. The term is particularly apt in this area as it is the stress from constant fear of violence that is as debilitating, if not more so in many cases, as the actual violence. It directly reflects what women subject to violence actually want, and what is more likely to be delivered by a voluntary rather than mandatory commitment to counselling.

Overall, Freedom From Fear encapsulates the goal of all those working to stop violence against women and children’s exposure to violence in the home, and explicitly states the underlying benefit promised by the campaign to women.

The name and graphics (see Fig. 10.4) are also positive in that the brand offers hope and is goal-directed. It is gender-free and can therefore unite all persons working against violence and can apply to same-sex partner violence as well as violence against men by a female intimate partner. Another major consideration was that the name could apply to all areas of violence – not just intimate partner violence and hence could eventually serve as a general umbrella brand against all forms of violence in the community.

The Freedom From Fear brand was initially directed primarily at professionals and others in the areas of family violence and violence against women and was present on all mass media and print materials, although where the materials targeted men, it was smaller than the sub-brand of the Men’s Domestic Violence Helpline (see below).

Sub-branding

The Men’s Domestic Violence Helpline was a sub-brand of the campaign designed to have direct appeal to the primary target audiences (see Fig. 10.5). The message was succinct, the font was ‘masculine’, and the words ‘Men’s’ and ‘Helpline’ dominated the branding, with the emphasis on ‘Men’s’.

The graphics depicted a telephone inside a man’s head. Lines around the head depicted the ‘pressure’ men reported feeling when they used violence and afterwards. The colours

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**Fig. 10.4** Freedom from Fear brand/logo.
(black and tan) and style were carried through to the self-help materials sent to men who called the helpline.

Both the Men’s Domestic Violence Helpline sub-brand and the overall Freedom From Fear brand offered men a resolution to the anxiety, stress and remorse they felt as a result of their violence. The brands also offered them the promise of, and the way to achieve, a better relationship with their partners and children in exchange for their calling the helpline and enrolling in a counselling programme.

The marketing mix
The following is based on the ‘4 Ps’ of tangible product marketing – product, price, promotion and place, in addition to the fifth ‘P’ (people) for services marketing (after Cowell 1984).

Product
The ‘core’ product, that is, the value or end-benefit being offered by the brand to violent men in relationships, was the opportunity to keep their relationship and family intact by ending the violence towards their partner.

‘Actual’ products (services) were:

- Counselling (or ‘behaviour change’) programmes delivered by private service providers, subsidized by the government. Prior to this campaign there were few such programmes available (mostly attended by men under court orders), nor were counselling programmes promoted. Six new perpetrator and five new victim/children’s counselling programmes were funded by the state government.

- The Men’s Domestic Violence Helpline, staffed by trained counsellors who offered counselling over the phone and attempted to get violent callers into counselling programmes (‘referrals’). Prior to this campaign there was no helpline specifically for perpetrators who voluntarily sought help.

- Self-help booklets and audio-cassettes (for men with literacy difficulties) that provided tips on how to control violence and how to contact service providers.

People
The telephone counsellors were men who had considerable skills training and experience in dealing with men who used violence. These counsellors were able to gain the trust of men, ‘listen’ to their stories, assess level of denial and minimization, yet confront men with these aspects of their behaviour, undertake counselling and encourage them into programmes. If the caller could not be encouraged to accept
referral – which required the caller to provide contact details for forwarding to the service provider – the telephone counsellors delivered counselling over the phone or attempted to engage the caller sufficiently so as to obtain permission to send, at no cost, educational self-help materials to an address nominated by the caller.

**Promotion** The primary medium for reaching violent and potentially violent men was television advertising (especially in sporting programmes), supported by radio advertising and posters. Extensive formative research was undertaken to ensure acceptance of the ad messages by the target group without negatively impacting victims/children and relevant stakeholders. It was necessary to avoid being judgmental so as to engage the attention and acceptance of members of the target audience. Simultaneously, it was essential – from victims’ and other stakeholders’ points of view – not to be seen to condone violence.

Extensive public relations activities were undertaken with relevant stakeholders, especially women’s groups, police, counselling professions and other government departments. This involved repeated visits to these organizations and continually updating them on campaign developments.

Campaign information packs were distributed by mail to worksites with the assistance of a number of trade unions. The main aim in phase one was to distribute posters advertising the helpline to worksites and to alert the appropriate worksite professionals (usually the occupational health and safety officer or human resources manager) about the campaign.

**Price** With respect to dollar costs, although domestic violence occurs across all income levels, preliminary investigations and service-provider experience suggested that fees for courses and materials could serve as a barrier (or be rationalized as such) for many members of the primary target audience. Hence, all materials and most counselling programmes were provided at no cost to participants who were referred through the helpline. This pricing strategy also attempted to ensure that victims of low-income perpetrators would not be disadvantaged by their partner’s limited income.

To minimize potential psychological and legal costs, the helpline assured anonymity and the counsellors were trained to deal with shame and embarrassment issues.

**Place** Where the caller accepted a referral, the counsellor took details from the caller and completed a referral form, which was faxed to the appropriate service provider the same day. Service providers were required to contact callers within two days to make an appointment for an assessment interview. Most callers were seen within one week. The referral process involved cooperation between two government departments and all (competing) service providers. This cooperation was gained only after extensive consultation and interpersonal networking.

Service providers were located throughout the metropolitan area and in six regional areas throughout the state. Programmes were scheduled to allow employed males access in non-working hours. However, access to programmes (but not to telephone counselling) was geographically limited outside major population centres. The telephone counselling and self-help booklets were especially useful for those not able to access a counselling programme. The decision to make a call requires some ‘courage’ on the part of the caller, with the act of calling often following a period of indecision. Hence, it was
important that sufficient staff were always on hand to receive and act on calls. Putting callers on hold or asking them to call back can result in the caller losing motivation and cycling back one or more stages of change. That is, for some men, there is only a small ‘window of opportunity’ when the perpetrator actually makes the call, usually in the remorse phase of what is known as the ‘cycle of abuse’ (Roberts 1984).

Campaign results
By January 2005, the campaign had received over 21,000 calls, almost 13,000 of which were from the target group. Of these, 8,200 men identified themselves as perpetrators and 3,800 voluntarily entered counselling. Self-report evaluation instruments indicate that men who complete the programme say they are less likely to use physical violence and more likely to accept that they, and not their partners or their children, are responsible for the violence (Cant 2002).

Comment
This innovative campaign clearly demonstrated the feasibility of using social marketing principles to achieve voluntary behaviour change in an area where the emphasis has traditionally been – and continues to be – on criminal justice threats. This has been a significant breakthrough in the domestic violence area, where support for funds directed at perpetrators has not been readily forthcoming. These positive outcomes reflect that the investment in money, time and effort to ensure that the message strategy was right and that the ads were executed appropriately was a sound investment. This was particularly important for a campaign that would be subject to intense scrutiny because of its departure from traditional approaches and the scarcity of funds in this area.

The success of the campaign has been facilitated by the integration of all aspects of the campaign (price, promotion, people, place, and product); the extensive and sensitive use of research; the use of conceptual frameworks (i.e. stages of change, communication principles in message design); and the formation of partnerships with all relevant stakeholders across the public and private sectors in a highly political and socially sensitive area.

The strong, positive Freedom From Fear branding of the campaign facilitated the job of regional domestic violence coordinators and provided a focus for all working in the area of family and domestic violence. A major benefit was that the strong branding via the television advertising – and the name itself – made it much easier to gain access to work-sites and other institutions. Domestic violence workers reported that calling and introducing themselves as from the Freedom From Fear campaign received a much more friendly response than did ‘I’m the regional domestic violence coordinator’, and far more acceptance of a visit by the worker to talk about domestic violence.

The sub-branding of the Men’s Domestic Violence Helpline provided a clear indication to men who used violence that this telephone service was specifically for them, that the individuals on the other end of the helpline would understand their feelings, and that the helpline would offer confidentiality and ‘real’ help.

More information is available from the campaign website (www.freedomfromfear.wa.gov.au).
Case study 2: Promoting positive mental health – Mentally Healthy WA

Overview
The Mentally Healthy WA campaign is conducted by a research group within the Faculty of Health Sciences at Curtin University in Western Australia (WA). The campaign targets individuals to be proactive about their mental health and wellbeing, and simultaneously targets organizations that provide mentally healthy activities to promote their activities under the Act-Belong-Commit banner. The campaign provides a simple framework to assist mental health promotion professionals communicate with and gain the cooperation of potential partners and stakeholders for mental health promotion programmes. This description draws on Donovan et al. (2003, 2006, 2007).

Background
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 per cent of the total burden to almost 15 per cent by 2020.

The growth of mental health problems and consequent demand for treatment services have led to growing international interest in promotion, prevention and early intervention for mental health. However, interventions to date have been largely directed towards those suffering mental health problems, early identification of at-risk individuals or de-stigmatization of the mentally ill (e.g. Morrow et al. 2002; European Commission 2004; Davis and Tsiantis 2005; Janè-Llopis et al. 2005; Saxena et al. 2005). While there are a number of school and worksite interventions aimed at building positive mental health (Durlak and 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 (Hersey et al. 1984; Taylor 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 World Health Organization and World Federation for Mental Health joint publication, Mental health promotion: case studies from countries (Saxena and Garrison 2004) describes 35 programmes from around the world, none of which is a comprehensive community-wide positive mental health promotion campaign.

The Mentally Healthy WA campaign
Given the increasing awareness of the need for positive mental health promotion, the Western Australian Health Promotion Foundation (Healthway) commissioned qualitative research with people in general as well as mental health professionals to inform a mental health promotion campaign in Western Australia (Donovan et al. 2003).

The researchers suggested two possible starting points for a 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 (e.g. social, arts and sporting organization membership; community involvement; physical and mental activities; family socializing; hobbies; etc.), and would simultaneously encourage the numerous community organizations 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 (i.e. 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.

It was decided in the first phase of the campaign to focus on the individual/community organization focus. After a six-month feasibility study to recruit intervention sites and personnel, and to develop and pretest communication materials, the campaign was piloted and evaluated in six towns in regional Western Australia. It was launched in the six towns progressively through October and November 2005 for a two-year period.

### Campaign goals and overall strategy

Given that people rarely consider what they could or should be doing for their mental health (in contrast to the salience and proactive intentions about their physical health), a primary objective 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 campaign objectives were to increase individuals’ awareness of things they can (and should) do to enhance or improve their own mental health and to increase individuals’ participation in individual and community activities that increase mental health and reduce vulnerability to mental health problems.

Broader goals were to build cohesion in communities by fostering links between organizations around a unifying theme of positive mental health and building links between those in the community dealing with mental health problems and those in the community with the capacity to strengthen positive mental health.

In essence, the campaign aims to increase individual and community wellbeing by increasing and strengthening connections between community members via their participation in family and community events and organizations, as well as increasing collaborations between community organizations that offer activities conducive to good mental health and wellbeing. This is depicted in Figs 10.6 and 10.7, where people are shown on the right-hand side and organizations on the left-hand side. Lines show people’s participation in organizations and connections between organizations. Towns with high social capital will already have many strong connections between people and organizations. In Fig. 10.7, the Mentally Healthy WA project officer ‘parachutes into town’ with the task of building these connections: getting people participating in community organizations’ activities and getting the organizations to collaborate more—hence increasing and strengthening connections between and among people and organizations in the town.
Campaign target groups

Our two primary target groups were individual community members and office holders or owners of community organizations or businesses that offered activities conducive to good 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.). In a sense, these constituted respectively, ‘endconsumers’ and ‘retailers’ (partners). These organizations provided both a channel through which to deliver messages (e.g. posters and banners at events) as well as the ‘products’ (behaviours) for end-consumers to ‘purchase’ (i.e. adopt or participate in).

Communication and behavioural objectives

The communication objectives for individuals in general were to increase their awareness of what they could and should do to increase or maintain good mental health and to motivate intentions to act proactively for their mental health. Communication objectives for community organization office-holders were to increase their awareness that the activities they provided were good for participants’ mental health and to motivate intentions to join in the campaign and promote their activities under the (additional) benefit of contributing to good mental health.

The advertising, publicity and sponsorship were designed to sensitize people to local organizations’ promotion of their activities, and, in conjunction with these promotions,
to get people to participate in specific events or become more active in organizations of which they were already a member. For organizations, the behavioural objectives were to undertake activities to increase attendance, participation, membership and volunteerism in their organizations, and to form partnerships with other organizations to achieve these aims.

**Campaign development and branding**

The formative research delineated a number of factors that people perceived to affect positive mental health, ranging from economic and sociocultural 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 and mentoring) was frequently mentioned as a great source of satisfaction, as well as providing a source of activity and involvement with others.

These findings were used to develop the campaign to target individuals and community organizations, as noted above. However, we first required an overall brand under which different mental health promotion campaigns could be launched.
The Mentally Healthy WA brand

Formative research with a broad variety of individuals about their understanding of mental health indicated that people rarely thought proactively about their mental health and that the term ‘mental health’ primarily had connotations of mental illness (e.g. schizophrenia, psychiatry, manic-depression, depression, etc.).

On the other hand, the term ‘mentally healthy’ had primarily positive connotations (e.g. alert, happy, able to cope, socially adept, emotionally stable, etc.). The researchers suggested a mental health promotion campaign use the term ‘mentally healthy’ as often as possible in conjunction with the term ‘mental health’ to neutralize the negative connotations and build positive connotations to the term ‘mental health’. We therefore decided to brand the overall campaign as the Mentally Healthy WA campaign.

Other features of this umbrella brand name were:

◆ Inclusion of the state as part of the brand to engage a sense of community participation and ownership (Western Australians have a reputation for being parochial – probably because of the sheer physical separation from the rest of the Australian states). Hence the inclusion of the state initials, as people commonly refer to the state via the letters ‘W’ and ‘A’, and rarely use the full words ‘Western Australia’. (None of the other states’ populations refer to their state in this way).

◆ Mindful that other jurisdictions could be interested in adopting the campaign, and to aid diffusion, another desired feature was that individual towns, or other states or countries could easily adapt the brand format (e.g. ‘Mentally Healthy USA’). The Mental Health Council of Australia (the peak body for organizations dealing with mental illness) now uses ‘Mentally Healthy Oz’ (and the Act-Belong-Commit logo) in its national campaign around world mental health week.

Sub-branding the phase one campaign: Act-Belong-Commit

Our first requirement was that the sub-brand go beyond slogans or belief statements such as ‘together we do better’ and ‘friends are good medicine’ and connect directly to the actions we wanted people to take (in the same way that other health promotion/injury prevention campaigns include their basic desired behaviour in their branding or logo (e.g. Quit, Belt Up, DrinkSafe, 2 Fruit ’n’ 5 Veg, Eat less fat, etc.). We therefore looked to the formative research findings and to the literature for the basic behaviours that contributed to good mental health.

Given the potential complexity of the mental health/illness area, we also imposed the requirement that acting on the campaign’s primary messages be ‘as simple as ABC’. This resulted in searching for behaviours beginning with the letters ‘A’, ‘B’ and ‘C’ that reflected the formative research and literature.

We chose the verbs ‘act’, ‘belong’ and ‘commit’ as they not only provide the opportunity to tell people that maintaining good mental health ‘is as easy as A-B-C’, but they also represent the three major domains of factors that both the literature and people in general consider contribute to good mental health (Donovan et al. 2003, 2005; Donovan 2004; Ross and Blackwell 2004; Rychetnik and Todd 2004; Shah and Marks 2004).
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 wellbeing and mental health, and that such activities can alleviate mental problems such as anxiety and depression. 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 organization (whether or not face-to-face), 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 (e.g. read a book versus join a book club; go for a walk alone or join a walking group; play solitaire or bridge games). In some cases there are synergistic effects: belonging to a book club not only adds a connectedness dimension but 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. Involvement in local community activities and organizations also builds social cohesion (or social capital), which is important for individuals’ mental health. Overall, the more an individual is active within 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. The California-based 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 organization. Commitment provides a sense of purpose and meaning in people’s lives. Commitment can be to a cause or organization 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 sport 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 make a deeper commitment to the organization. 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 these involve the disadvantaged, have special returns for feeling good about oneself, and indeed have mental health benefits, particularly in the retired elderly. Volunteering and greater participation in community activities and organizations have substantial implications for community cohesion and social capital, and hence quality of life (ESRC 2004).

In short, 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.

These three domains may be viewed as a hierarchy of increasing contribution to an individual’s sense of self and mental health. For example, a person could 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’. Similarly a person could act by going for a walk alone; belong by joining a walking group; commit by becoming the secretary/organizer for the walking group, or by increasing the difficulty or challenge of the walk (e.g. uphill, orienteering aspects, etc.).

The visual brand
The Act-Belong-Commit brand logo was required to reframe good mental health as more than the absence of illness. It was required to reflect people’s positive connotations to the term ‘mentally healthy’. Hence we chose balloons as signifying ‘lightness’, sociability and generally positive affect and energy.

A single non-gender character was chosen to have non-specific appeal. This also has the advantage of being adapted in other promotional areas (e.g. a TV ad), and because this could be further elaborated by other partners (the Mental Health Council of Australia sought permission to add a child figure, which blended with their own logo of a similar adult character shown in a protective pose with a child figure).

Several variations were tested to ensure that the brand was seen as ‘friendly’ and was generally ‘liked’. We also ensured that the logo achieved high ratings on ‘easy to read’ and ‘easy to remember’.

Another reason for choosing to base the logo on balloons was that the three balloons could be easily displayed at sponsored/branded events. Project officers were provided with a good supply of ‘act’, ‘belong’, and ‘commit’, balloons in the appropriate colours, in addition to anchors and a gas cylinder. Trios of balloons were displayed at events – not only reinforcing brand recognition, but clearly branding the event as an Act-Belong-Commit event as well as adding to the sociability/fun atmosphere of the event. The balloons proved popular with children who asked for the balloons – thus serving to bring their parent or carer into contact with the brand.

The marketing mix
Product The ‘core’ product or value offered to individuals was ‘good mental health’ and feelings of wellbeing in exchange for their taking up activities suggested in the Act-Belong-Commit messages. The value offered to organization operators was facilitation in reaching their own organizational goals in exchange for promoting their activities under or in conjunction with the Act-Belong-Commit brand.

‘Actual’ products offered to individuals were all the activities offered by organizations that promoted their activities under or alongside the Act-Belong-Commit banner. ‘Actual’ products offered to organizations were the skills of the A-B-C project officers, who helped organize events and obtain sponsorship funding and publicity for organizations and their activities, along with merchandising items (described below). All of these served to establish and maintain a good relationship with partners.
**People** The project officers in each town were required to have health promotion expertise and good interpersonal skills. The campaign benefited greatly from the enthusiasm and the ability of the project officers to engage with people in the towns. Our project officers also offered expertise in assisting community organizations apply for funding from grant bodies (e.g., government and charity arts and sports funding bodies) in return for their partnership cooperation.

A small management group (6–10 persons) was set up in each town, consisting of representatives of the main partner organizations in each town. This group served to support the project officer as well as provide links to other organizations in each town.

**Promotion** 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.

A set of four press ads was developed (Figs 10.8–10.12) for the launch and first six months of the campaign. The ads were designed to appear on consecutive right-hand pages for maximal impact. Donovan *et al.*’s (2003) summary of people’s understanding of mental health suggests that people in Western Australia would be responsive to mental health promotion messages if delivered in everyday language. Hence the ad content was deliberately designed to avoid technical jargon and the notion that mental health concepts were complex. The copy refers to people already knowing what’s good for their mental health, with ‘health experts’ now confirming that knowledge.

The ads are supplemented by publicity and press releases for local events. The campaign expected – and generally received – good use of press releases and coverage of local events held under the *Act-Belong-Commit* brand. Other mutually beneficial
My Nana was a health expert...

"Use it or lose it" she used to say.

And according to the health experts she was right. Be physically active, she said. Take a walk, ride a bike, dance a little, dig the garden. Keep mentally active, she said. Do a puzzle, read a book, play cards, knit a scarf. Keep socially active, she said. Say hello to your neighbours. Have a chat down the shops. Call a friend on the phone. She did it all. She was on her feet to the end and was still as sharp as a tack when she left us at a ripe old age.

Health experts now tell us that keeping physically, mentally and socially active is how we keep mentally healthy. I guess Nana was right all along.

Want to get involved?

Contact: Trish Travers 9842 7538
Trish.Travers@health.wa.gov.au

www.mentallyhealthywa.org.au
Grandad was a health expert too...

Grandad was the great participator...

He was a member of lots of groups: his fishing buddies, a book club and the local footy club to name a few. I think it was his variety of friends that made life so enjoyable for him and made him so interesting to us. He always knew someone to call to help him out – or, more often, help one of us grandkids out.

Grandad said being part of a group gave him a real sense of belonging. Health experts say belonging helps define our sense of identity and satisfies our psychological need for friendship, making us mentally healthy.

Maybe grandad knew that all along.

Want to get involved?

Contact: Trish Travers 9842 7538
Trish.Travers@health.wa.gov.au

www.mentallyhealthywa.org.au

Fig. 10.10
Aunt Sally also knew a thing or two about health...

"Tis better to give than receive" she used to say.
To us kids, receiving was much better than giving! But now I know what she meant. I'm a volunteer for a local group that takes disadvantaged kids on outings.
The kids have a great time, and although it's pretty demanding, so do we. In fact I think we get more out of these outings than the kids do.
All volunteers will tell you the same thing. Giving your time and energy for a good cause makes you feel really good about yourself.

Health experts say that doing good deeds adds meaning to our lives and helps our self-esteem – all of which are good for our mental health and feeling content with who we are.

I think Aunt Sally already knew that. No wonder she encouraged us all to take up a cause and get involved in local community issues.

Want to get involved?
Contact: Trish Travers 9842 7538
Trish.Travers@health.wa.gov.au

www.mentallyhealthywa.org.au
Want to get involved?

The Act-Belong-Commit project is aimed at giving people opportunities to enhance their mental health. It’s based not only on what health experts think, but what ordinary people – like Nana and Grandad – already know is good for our mental health. The more mentally healthy we are, the happier we are and the more able we are to cope with problems and stresses in life.

The trouble is, while we think a lot about how to keep physically healthy, we forget about keeping mentally healthy.

You can get involved by simply doing things you like to do. You could go further and join a group – or get more active in a group you already belong to. Or get involved in community issues or a good cause.

**It’s as easy as A-B-C:**

**Act-Belong-Commit.**

Think about it. Talk about it with a friend. If you’d like to know how you or a group you belong to can get involved, contact me:

Trish Travers phone 9842 7538 or email Trish.Travers@health.wa.gov.au

www.mentallyhealthywa.org.au

Fig. 10.12
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). A monthly newsletter is circulated, mainly among collaborating organizations, with the aim of keeping people informed and maintaining individuals’ interest by recounting personalized, local stories about the campaign’s implementation.

**Price** While participation in some events and activities has required a monetary outlay, most of the co-branded events to date have not. Instead, what they have required are psychological costs such as time (primarily), effort, overcoming shyness or dealing with potential social embarrassment (e.g. in attending an intergenerational concert and meeting, greeting and conversing with strangers).

**Place** There are two levels of place. First, campaign project officers were physically located in each town. In a commercial sense these were our ‘sales offices’ in each town.

As a first step, we visited the six participating regional towns and invited community organizations to a community forum to discuss the project and to generate ideas on what they might do and how they might cooperate. Ideas and partnerships mooted at these forums have been incorporated in the planning for each town. Organizations willing to participate are asked to ‘sign on’ to the campaign. These collaborating organizations are encouraged and assisted to promote participation in their activities under the Act-Belong-Commit banner. These organizations (e.g. local government organizations, businesses, libraries, tertiary and technical education services, sporting and arts clubs/groups, professional associations, schools, worksites, recreational groups, including indigenous and other ethnic groups, and so on) become a second level of place, in that their premises (or use of public spaces) are where the ‘behaviours’ are engaged in.

**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: Actively involve (those in your care) – Build (their) skills – Celebrate (their) achievements. This guide suggests three major ways that 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 actively participate in the group or organization’s activities and relevant decisions, be provided with challenges that increase their skills and sense of self-efficacy, and have their achievements recognized. 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), and are consistent with the literature (Csikszentmihalyi 1990; Warr 1994; Stewart *et al.* 2004; Oxenstierna *et al.* 2005), particularly Hawkins *et al.*’s (1992) concept of bonding, and concepts of control and reward imbalance (Vezina *et al.* 2004).

**Campaign results**

For the first 12 months of the campaign, the emphasis was on establishing partnerships in the towns and building brand awareness and knowledge among potential partners.
Use of media to reach the general community was limited to advertising and publicity in each town’s local newspaper. In the first 12 months, 59 key partnerships were established, 115 co-branded community events and activities were held, and the campaign generated a total of 124 campaign-related press articles in the local newspapers (27,538 cm²).

Benchmark and two 12-month follow-up telephone surveys (random selection) of the intervention town residents (n = 200 per town) have been undertaken and results in the intervention sites will be compared with telephone surveys of metropolitan residents and non-intervention rural town residents (n = 1,000). The final survey was undertaken in October 2007. Campaign awareness after the first 12 months of limited local newspaper advertising varied from 20 per cent to 30 per cent in the various towns. Those exposed to the campaign reported greater participation in mentally healthy activities than those not exposed. A television ad was developed and launched in February 2007 in an attempt to increase population awareness in the second year of the campaign. Preliminary results show that even with a limited budget ($60,000 for the whole state excluding the metropolitan area), campaign awareness increased to approximately 60 per cent across all intervention sites.

Organization partners were also surveyed after 12 months. Among other questions, respondents were asked to provide an overall rating on a ten-point scale, of how beneficial they considered their collaboration with the campaign to have been and whether ‘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 was almost eight out of ten, and 100 per cent stated they would be willing to collaborate with the campaign in the future.

The intervention has had an upstream impact on the health system in that the Western Australian Country Health Service has agreed to continue to deliver the Act-Belong-Commit mental health promotion in all country areas. We will also measure the extent to which mental health promotion becomes a major activity of the Division of Mental Health within the Health Department of Western Australia.

The intervention activities are designed to be self-sustaining. At the end of the two-year 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 brand, 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.) and a variety of local community organizations and businesses.

Comment
A major positive for the campaign has been the readiness with which people from all walks of life and backgrounds readily relate to the simplicity and relevance of the Act-Belong-Commit branding. This has facilitated partnerships with a broad variety of organizations as these organizations readily understand how their activities contribute to individual and community mental health.

Another major positive of the campaign’s brand positioning is that by engaging community organizations of all sorts – arts, crafts, theatre, sporting groups, libraries, educational groups, etc – mental health is removed from a ‘health department’/‘hospital’
context, and placed in an everyday, community responsibility context; which is where it should be.

More information is available on the campaign website (www.actbelongcommit.org.au).

Conclusion

Because the actual brand names and graphics in both of these cases were based on formative research with target audiences, they contributed significantly to establishing these brands’ values to their target audiences and inviting participation in the exchanges being offered. Both Freedom From Fear and Mentally Healthy WA were positive if not aspirational, offering improved wellbeing in return for adopting their respective recommended behaviours encapsulated in their respective sub-brands, the Men’s Domestic Violence Helpline and Act-Belong-Commit. Probably far more than for commercial brands – where the recommended behaviour is usually obvious, and where there are significantly greater budgets for developing brand values and relationships external to the actual name and graphics – public health brands are best served by ensuring that their names and graphics incorporate both the recommended behaviours as well as the values promised in exchange.

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