



Albany

Case Study Evaluation Report

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2.0 The Act-Belong-Commit Mental Health Promotion Campaign Albany Case Study

2.1 Introduction

This report is case study and evaluation of the Mentally Healthy WA, Act-Belong-Commit Campaign in Albany. The evaluation was undertaken by Pam Lincoln (Curtin University of Technology) and was written in conjunction with Trish Travers (Great Southern Population Health, WA Country Health Service). Information for the evaluation was collected from a range of stakeholders involved with the Campaign. This report presents the findings from the process evaluation conducted during the Act-Belong-Commit Campaign and provides some recommendations for the future. It also incorporates personal reflections of the Project Officers.

This case study is designed to provide an overview of the Act-Belong-Commit Campaign in the City of Albany, and to enrich the quantitative data collected and analysed centrally by the Mentally Healthy WA Hub at Curtin University. It should enable a greater understanding of some of the processes and procedures that affected the results of the Campaign with respect to the Albany site.

The framework for the implementation of the Mentally Healthy WA Project was based on the Social Determinants of Health. The Act-Belong-Commit concept and Campaign approach included community development strategies and community-based social marketing methodology.

2.1.1 Albany—the target site

Albany, one of the largest regional cities in Western Australia (WA), is situated on a spectacular piece of southern coastline. It has a temperate, liveable climate and is well resourced with natural attractions and community services. Residents report a higher level of social connectedness than the remainder of rural WA. This is not surprising given that there is a low rate of transience, and an older than average population, many of whom are retirees, compared to other rural locations in WA. A very large and active Over 55's Recreational Group and the existence of more than forty book-clubs among the 31,000 population are examples of the extent of community capacity. Nevertheless it was one of the six rural sites in which the Mentally Healthy WA, Act-Belong-Commit Campaign was conducted. This is because, much as in the wider Australian population, these positive attributes hide another subset of the Albany population which suffers depression, anxiety and other manifestations of poor mental health. And, like the rest of the country (and most of the Western world), the increased prevalence of mental ill-health is of concern.

2.1.2 Target group

The targets for this project included individuals, groups and agencies ([Appendix 1](#)). The primary target groups in the intervention town of Albany were:

- Adults (eighteen years and over)
- Organisations which directly provide and/or facilitate activities that could enhance people's mental health
- Journalists and broadcasters working in the local media.

Secondary targets included health services such as Great Southern Health Service staff including Primary and Population Health Service, Aboriginal Health, Mental Health and Albany Regional Hospital staff.

2.1.3 Aims and objectives

For individuals, the primary aim was to inform and encourage participatory engagement in activities to enhance mental health. The objectives were:

- 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.

For community organisations, the primary aim was to establish partnerships with the Act-Belong-Commit Campaign and other community organisations and to promote the organisation's activities with the additional benefit of participation as beneficial to mental health. Specifically, the objectives were:

- 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.

For journalists and broadcasters, the primary aim was to establish working relationships to facilitate the use of press releases and to gain coverage of local events held under the Act-Belong-Commit banner.

Objectives for secondary targets were around ensuring understanding of the Project's goals and key messages.

The main tasks of the Project Officers for the first 12 months of the Campaign were to establish working partnerships with appropriate organisations and to try and achieve at least one co-branded event per month in each town. A social marketing approach was adopted and potential partner organisations were offered the Act-Belong-Commit Project Officer's organisational assistance. This involved assistance in applying for funding for events and activities and promotional opportunities for their organisation via their association with the Act-Belong-Commit Campaign branding. During the second year, building upon earlier success and maintaining activity level, a TV advertisement was developed by the Mentally Healthy WA Hub and broadcast on the regional (state-wide) network, GWN.

2.2 Key partnerships

A wide variety of people, from stakeholders to general members of the Albany community, and the community organisations were involved in the Campaign. Stakeholders included members of the project management committee, and other key people or organisation representatives. The project management committee was comprised of representatives from:

- City of Albany
- Department of Education and Training
- Department of Environment and Conservation
- Department of Sport and Recreation
- Great Southern GP Network
- Great Southern Mental Health Services – Rural Community Support Service
- Great Southern Population Health, WACHS.

Other key stakeholder groups included:

- Albany Migrant Resource Centre
- Albany and Regional Volunteer Centre
- Men's Resource Centre
- Southern Edge Arts (youth art)
- Vancouver Arts Centre
- Interagency committees such as the Great Southern Mental Health Stakeholders Group and the Great Southern Mental Health Week Committee.

2.3 Community engagement

2.3.1 *The community forum*

The community forum was the key strategy to involve the general community. The initial forum attracted forty-six participants from a broad range of community groups. Likewise, the concluding forum, at which the Project Investigator presented a review of the Campaign, attracted twenty-eight persons representing twelve key stakeholder and community groups.

The original aim of the community forum was to generate interest and stimulate the formation of collaborative links. The Implementation Officer's networks in the community, as a result of eight years of previous work in the field of Mental Health Promotion in Albany, enabled good connections to be made with the community relatively easily.

2.3.2 Individuals

Individuals were involved in the Campaign on a number of levels. Many hundreds of individuals attended events branded with the Act-Belong-Commit message. Many hundreds of others were participants in Healthway sponsored events and activities that promoted the Act-Belong-Commit message. Most community events involved people as volunteer organisers. Some individuals also specifically volunteered to assist the Act-Belong-Commit Project Officer with project activities. In total, 382 volunteer hours were incorporated into this Campaign. Volunteers included TAFE students, a Curtin University Health Promotion Student.

A number of community members were involved with the project in the form of "How I Act-Belong-Commit" vignettes ([Appendix 3](#)). These vignettes were designed to reinforce norms as per the Community Based Social Marketing methodology. Dozens of vignettes were collated and up to ten or more used at a time for display purposes. They were displayed in key locations, such as the local library during volunteer week; in the front window of the Population Health Service window (in a CBD location); in the "off the wall gallery" at the main shopping centre; and at several events over the duration of the project.

2.3.3 The Albany Management Committee

The Campaign was overseen by a Management Committee, comprising representatives from a variety of organisations in the local community. The Committee met bi-monthly, and provided valuable input and guidance to the project staff. Members contributed to and endorsed the Campaign Marketing and Communication plan, and helped to set and monitor key performance indicators. The Management Committee was chaired by the Public Health Manager, who used a team model approach ([Appendix 9](#)) to foster commitment and input.

Individuals on the Management Committee were involved via a number of relationship building activities conducted at the meetings by the Project Officers. Initially, a "community skills audit" was conducted to determine key strengths among committee members. In another activity, the members were asked to indicate how they Acted, Belonged and Committed in the community. This ensured a complete understanding of the message by members and enabled a detailed list of groups which the Campaign could access via the committee members. Some Management Committee members also utilised a prepared presentation designed by the Project Officer to address relevant community and professional groups in their own networks about the project's aims and methods.

2.4 Working with the media

The media were engaged in all stages of the Campaign, commencing with negotiations regarding paid advertising in one of the local newspapers. The Project Officer had a long-term association with most sectors of the local media (primarily newspaper and radio) and had therefore little to do but continue to nurture this relationship, hence ensuring that almost all media releases forwarded to these outlets resulted in published/broadcast stories. Basic principles of working with the media, such as: writing appealing, usable press releases; following up with telephone calls; responding promptly to media enquiries, all helped to ensure that the local media were cooperative and supportive.

2.5 The Act-Belong-Commit Campaign in Albany

2.5.1 Campaign intervention

The key activities of the Act-Belong-Commit Campaign were (in sequential order):

- Conducted local community forum
- Established local management committee
- Launched Act-Belong Commit Campaign
- Developed a Communications Strategy, including a Mass Media plan—based around a four-component advertisement that was placed in a local newspaper twice a month for the first six months, then approximately quarterly thereafter

- Implemented the Communications Strategy, in particular ‘good news’ stories for the local media to support the Campaign message and advertisements
- Encouraged community groups to collaborate and join the ABC database
- Planned and implemented events in collaboration with community groups, and sought publicity through the local media
- Assisted community groups to apply for Healthway Sponsorship with the Act-Belong-Commit health message
- Conducted a project review/community forum.

2.5.2 Variations to Campaign

The Campaign was implemented as planned in the first year. Widespread use of publicity associated with the paid advertisements enabled a key strategy of the community-based social marketing approach to be fully implemented. Stories generated for the local newspapers and radio stations were supported by widespread distribution of other promotional materials, such as posters, stickers, bookmarks and other merchandise. Additional reinforcement of the Act-Belong-Commit brand occurred when community organisations sponsored by Healthway to promote the message, displayed signage and related materials, as well as made verbal and written acknowledgements. All key performance indicators set for the mass media campaign activities in Albany were met or exceeded.

Originally, project instigators planned a shift during the second year of the Campaign, from individuals to organisations such as schools and workplaces. Although this focus was dropped on a state-wide basis, there was some attempt locally (in Albany) to pursue this approach. Building capacity by assisting community organisations to apply for Act-Belong-Commit Sponsorships with Healthway was a key strategy in this regard.

Community groups were not willing to ‘sign up’ for the database, particularly in the initial stages of the implementation of the Campaign, and it was not until a clear “what’s in it for them” perspective was developed, that groups agreed to be included. However, the number of groups who signed up does not reflect the actual number of groups with which the Campaign was involved.

There was little that changed among the project staff and Management Committee during the Campaign period. Likewise there was little movement of staff among key stakeholder groups. The main change having any impact was the changeover of journalists at the local newspapers. Initial support from the newspaper in which the advertisements were placed was extremely high and many PR stories were published. However, after two changes in the staff reporting on health, support waned and fewer press releases received coverage.

2.5.3 Campaign strategies

With the Campaign firmly based on the principles of Community Based Social Marketing, the Project Officers drew upon the ‘tools’ for promoting behaviour change. These tools included:

- Prompts—visual reminders to carry out an activity
- Norms—making the desired behaviour “visible” and thus normalising it
- Communication—media messages (e.g. Advertisements and stories)
- Incentives—rewards for taking positive actions
- Commitment—written or verbal statements.

In this Campaign, the following examples of each of the tools were:

Prompts: Posters, bookmarks and other merchandise were distributed throughout the Campaign ([Appendix 2](#)).

Norms: Development of Act-Belong-Commit individual vignettes ([Appendix 3](#)). Various individuals were asked to complete a template on how they Act, Belong and Commit. A digital photo was incorporated into their response, and the vignettes laminated and used in displays e.g. at the local library during Volunteer Week.

Communication: Media activity was particularly high and was maintained until late stages in the pilot phase when the advertising campaign ceased. Table 1 shows media ‘hits’ in terms of Act-Belong-Commit linked stories. In the first eighteen months of intervention almost every media release—more

than ninety-five percent—prepared and submitted by the project staff received coverage in the local press or radio.

Healthway sponsored events and projects accounted for a considerable amount of brand exposure. Eight Act-Belong-Commit sponsorships were provided by Healthway in Albany, with some of these sponsorships covering numerous events. Two of the key sponsored organisations (Southern Edge Arts—a youth arts group; and Vancouver Arts Centre) wholeheartedly embraced the concept of Act-Belong-Commit and promoted it widely ([Appendix 4](#)).

The TV Advertisement broadcast on the state-wide regional network, GWN, provided additional 'brand reinforcement' to the target audience. Anecdotal feedback indicates a high level of understanding of the message.

In both project years, activities during Mental Health Week in the Great Southern Region featured the Act-Belong-Commit message.

The number of organised, branded events was likewise high, with more than 60 events branded during the two year project period (details in [Appendix 5](#)).

Incentives: Act-Belong-Commit packs, containing various pieces of merchandise, were provided to community groups as prizes for their events and activities

Commitment: The inaugural Albany Relay for Life was also a key activity that is discussed further below.

2.6 Evaluation

2.6.1 Methodology

The evaluation was overseen by the Project Management Committee. The Evaluation Officer managed the day to day tasks of the evaluation. Data were collected and evaluation conducted over a twenty-four month period, operating in conjunction with the Campaign.

The evaluation was conducted in six stages:

- Preparation: determination of evaluation needs
- Planning: development of templates, database, recording systems
- Determining Evaluation Indicators: drafted for ratification by the Albany Management Committee
- Collecting Data: media hits, events and other project activity
- Analysing Data: ongoing review and monitoring
- Reporting on the findings.

2.7 Summary of results

Table 1 lists the count of Act-Belong-Commit events hosted and media items published, radio interviews conducted and Healthway sponsorships attained from September 2005 to October 2007.

Table 1: Channels of Message Delivery: September 2005 to October 2007

Channel of Message Delivery	Number
Events	87
Unpaid news items	101
Radio interviews	29
Healthway sponsorships	9

2.8 Key challenges and achievements

2.8.1 Challenges

A key difficulty in the early stages of the Campaign was to convince community groups to sign up to the database. It seemed groups preferred to have an informal relationship with the Campaign rather than an official one.

An early issue was the misunderstanding of people that the Campaign was about mental illness. Sustained effort in the media (via advertisements and stories) was enacted to counteract this view.

2.8.2 Significant achievements

The most significant achievements for the Campaign in Albany were:

- Overall high level of Campaign activity
- Volume of media stories
- Number of Act-Belong-Commit branded events
- Development of relationships with new community groups and strengthening of existing relationships
- Relay for Life—inaugural event for Albany, raising a record amount of funding
- Mental Health Week focus on being mentally healthy (i.e. a Health Promotion approach)
- Sustainability—the recent snowballing of requests by community groups and organisations to co-brand events and activities.

2.9 Key Findings

2.9.1 General Overview

The Campaign achieved a significant number of its original aims and received positive feedback from the community. Here are some examples (more available in [Appendix 6](#)):

“I have been very impressed with the amount of community functions, forums and activities under the Act-Belong-Commit Campaign.” Chronic Disease Coordinator.

“This has made our job easier to some extent, as many of our clients have already seen the Act-Belong-Commit messages and consequently approach us for more information and referrals.” Men’s Resource Centre Coordinator.

“The Act-Belong-Commit Campaign has provided an enormous benefit to the Albany community. As Manager of the Leisure and Aquatic Centre and committee member for a number of sporting organisations there has been a noticeable increase in the willingness of individuals to support their chosen organisations.” Leisure and Aquatic Centre Manager.

“As a teacher and workshop facilitator who focuses on encouraging the development of the creative mind I feel that the Act-Belong-Commit message is very pertinent. The message of mental health and wellbeing is enlightening and encouraging for all who hear it and I intend to look for opportunities to use it in the future.” High School Teacher and Musician.

Feedback from afar was also received, with several visitors to Albany reporting the positive impact on the community and the visible presence of the Campaign to their friends in Perth.

There are numerous anecdotes of people joining associations and groups, and also of volunteering their time for community activities and events as a result of being inspired by the Campaign message. Here is one written example the project officer received from a thirty-year-old woman (name withheld):

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

The Campaign achieved a number of positive outcomes for our organisation and the community. As a result of interaction between the local Act-Belong-Commit Project Officer and a Management Committee member, Act-Belong-Commit was approached and the Project Officer invited to Chair the inaugural Relay For Life in Albany. The outcome was a record breaking fund-raising achievement by a rural town in WA in its first year of involvement in the Relay. Furthermore, a much stronger working relationship was developed between the Project Officer and community organisations such as the Volunteer Centre and the Men's Resource Centre. The outcome of the latter relationship was the successful hosting of a family fun run. In regard to the Volunteer Centre, a number of key events—such as “Thank a Volunteer Day”, and Volunteer Week activities—have become embedded in the annual calendar.

Many community groups have now co-branded their events and activities with the Act-Belong-Commit message. Many have also incorporated it on an ongoing basis—for example, the UWA Albany campus has a regular community lecture series, which is marketed via email. The Act-Belong-Commit message is now part of the invitation sent by the University to the community, encouraging them to participate. In the first eighteen months, community groups were involved mostly after the Project Officer had approached them. However, during the latter part of the Campaign, most co-branded events resulted from community groups approaching the Project Officer.

2.9.2 Specific findings

All key performance indicators set by the management committee were met or exceeded in almost all months of the Campaign's duration. This means that the Campaign was implemented as intended, thus maximising the message reach within the limitations of the budget. Project Officer's holiday leave was one of the few times that key performance indicators were not completely met for that month—although overall there was no influence of staff leave on quarterly key performance indicators.

Project activity is captured in [Appendix 5](#).

Although the Great Southern Mental Health Week Committee had been established for eight years, its focus until the Act-Belong-Commit Campaign had not been on mental health promotion, per se. Rather it had addressed issues such as reduced stigma for mental illness and other such (valuable) illness-model concepts.

The Campaign's Management Committee worked well. Partnership evaluation, using VicHealth's Partnership Evaluation Tool, revealed an improvement from baseline of the components of a healthy partnership. It is likely that this was due to the developmental activities conducted by the project team during the early stages of the committee's formation.

2.10 Outcomes

Awareness of the Campaign is evident, as is a broad understanding of the concepts.

Anecdotal reports locally indicate a high level of support and understanding of the Act-Belong-Commit Campaign message. Despite paid advertising ceasing towards the end of the two-year pilot period, and a reduced level of pro-active approaches to community groups, there continues to be a high demand by groups to partner with the Campaign and co-brand events, indicating a positive impact on the community of Albany.

2.11 Key learnings

- When working with a community group, one needs to consider “what's in it for them” i.e. offer tangible benefits/help
- Publicity: it is essential to establish contact and rapport with new journalists
- Participant needs / supports / resources: merchandise is an important messenger, and also an important incentive for community groups
- Communication with others: a regular (but not onerous) newsletter (three or four times per year) is very important to keep key stakeholders informed and to try to keep the message “front of mind”
- Working with community organisations: one needs to have an understanding of the long turn-around time for decisions to be made within some community groups

- Funding: with more funding (particularly increasing Implementation Officer time), more could have been done with some of the more difficult to reach groups
- Management Committee: strong, dedicated, stable project management team is fundamental to success, but relationships need to be nurtured by actively involving members, building their skills and celebrating achievements
- Patience and Perseverance: it has taken a full two years for awareness to be sufficiently raised to cause a snowballing effect, such that requests for co-branding become rapid and regular.

2.11.1 Improving Campaign methods

There are several tools and processes that could be improved to ensure smooth intervention in the next phase of the Campaign. These include;

- Nurture and build relationships with newly arrived media staff, provide briefing notes about the Campaign
- Templates for processes and protocols in place at the beginning of the Campaign
- Prepare a community power-point presentation kit for use by management committee and others; prepare an information kit for lay volunteers to use within their communities.

2.12 Conclusions and recommendations

1. Maintaining strong links with local media—especially the newspaper in which advertising appears, to ensure that new staff members are aware of the Campaign's goals and how the media are integral to its success are also essential. Nurturing the relationship and maintaining regular contact are vital components of this.
2. Selecting a management committee from a cross-section of organisations, establishing clear terms of reference ([Appendix 10](#)), gaining commitment for a defined period from the organisation not simply the person, orientating thoroughly, and continuing to develop the group are more than desirable.
3. Engaging staff with strong community connections and networks in the community gives the Campaign a 'head start' and is highly desirable.
4. Use of a video camera to capture activities and events is desirable.
5. Running the Campaign (with all components) for at least two full years is necessary for the concept to become comprehended and embedded.

2.13 References

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