

1.0 The Act-Belong-Commit Mental Health Promotion Campaign

1.1 Foreword

The Act-Belong-Commit Campaign is a positive mental health promotion project that was piloted in six regional communities in Western Australia 2005–2007.

Five of the six participating towns produced a regional case study at the end of pilot to provide an historical record of the pilot study implementation and to provide insights for others who may be planning mental health promotion campaigns in their jurisdictions. Project Officers were provided flexibility and autonomy to develop the Campaign in their communities in accord with each community's perceived needs. As a result, the reports of experiences in each of the towns differ, as do their findings and the recommendations. While a presentation framework has been applied to the reports, each of the case studies is presented from the viewpoints of the Act-Belong-Commit Project Intervention and Evaluation Officers in each of the towns.

The case study reports each tell a story of how the Campaign was implemented and evaluated in the various towns. The reports include chronological narrative, qualitative data extracted from interviews, partnership audits, channels of message delivery, and anecdotal evidence from Campaign partners, community members and the Project Officers themselves.

This document first provides an overview of the project, including a summary of the major issues identified in the case studies and a variety of evaluation data, and then the five case studies. Our goals are: to provide readers with a comprehensive understanding of how the Act-Belong-Commit Campaign was developed and implemented, including barriers and facilitators to Campaign execution; to discuss the major evaluation findings; and to present guidelines for future community-based mental health promotion campaigns.

Additional reports and survey results are available by visiting www.actbelongcommit.org.au

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1.2 Background: mental health and mental illness

Governments in developed countries world wide are confronted with increasing rates of mental health problems and complex psycho social disorders such as substance misuse, violence and crime.¹ These outcomes are associated with significant personal, social and economic costs.² Many of these problems are not new; what is new is their increasing prevalence and burden, their occurrence earlier in life, their increased visibility and their persistence. In 1990, of the ten world-wide leading causes of disability, five were mental health conditions.¹

'Mental health' has been defined by the World Health Organisation (WHO 2004) as:

*A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.*³

Although increasing attention has been paid to mental health promotion and illness prevention, interventions to date have been largely directed towards those suffering mental health problems, early identification of at-risk individuals or de-stigmatisation of the mentally ill.⁴⁻⁶ There is clearly a need for programs promoting positive mental health to reduce the social and economic impact of mental illness.

'Mental health promotion' has been defined as:

*Mental health promotion is any action taken to maximise mental health and well-being among populations and individuals that focuses on improving social, physical and economic environments that affect mental health, and enhancing the coping capacity of communities as well as individuals.*²

1.3 The development phase

In 2002, the Western Australian Health Promotion Foundation (Healthway) funded Donovan and colleagues to conduct a scoping study, consisting of a series of focus group discussions with a variety of individuals to assess their understanding of mental health and mental illness.⁷ This research indicated people had primarily negative connotations of mental health (such as schizophrenia, psychiatry, manic depression, depression). The term 'mentally healthy' however had positive connotations (for example alert, happy, able to cope, socially adept, emotionally stable). Donovan et al suggested that mental health promotion campaigns use the term 'mentally healthy' to re-frame people's perceptions of mental health to encompass well-being. The subsequent campaign was named the Mentally Healthy WA Campaign (WA: Western Australia).

Donovan et al's summary of people's understanding of mental health suggested that, while lay people did not have as sophisticated an understanding as health professionals of mental health concepts, overall lay people's beliefs about causes of vulnerability to mental health problems and the factors that build good mental health were much the same as those of mental health professionals.¹ This finding suggested that people in Western Australia would be responsive to mental health promotion messages if delivered in their language.

The focus group research revealed a number of factors people perceived to make people vulnerable to mental health problems, including: unemployment or job insecurity, negative early childhood experiences and coercive parenting, exposure to violence, alcohol and drug abuse, and being subject to discrimination. They also identified various factors that made people resilient and better able to cope with stressors: positive parenting, educational and managerial practices, good support networks, good self-esteem and self-efficacy. People agreed 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. People also agreed that having opportunities for achievable challenges—at home, school or work, or in hobbies, sport or the arts—is important for a good sense of self. Helping others (including volunteering, coaching and mentoring) was frequently mentioned as a great source of personal satisfaction, as well as providing a source of activity and involvement with others.

Donovan et al (2003) ⁷ suggested a mental health promotion campaign in Western Australia could target individuals to be more proactive about their own mental health, encouraging them to engage in activities that would enhance their mental health (social, arts, and sporting organisation membership, community involvement, physical and mental activities, family socialising, hobbies etc) and simultaneously encourage community organisations offering such activities to promote their activities under a mental health benefit message. The overall recommendation was that mental health promotion campaigns should re-frame perceptions of mental health away from 'mental illness' to the belief that people can (and should) proactively protect and strengthen their mental health.

1.3.1 **The Act-Belong-Commit brand/logo**

"We wanted a campaign slogan that connected directly to the actions we wanted people to take, just as many health promotion/injury prevention campaigns include their basic desired behaviour in their branding or logo." (Donovan et al. 2006 p.36)

Given the complexity of mental health issues, the project investigators also wanted the campaign's primary message to be 'as simple as ABC' to understand and to act on. The three verbs 'act', 'belong', 'commit' were chosen as they provide an 'ABC' and represent three major domains of factors that both the literature and people in general consider contribute to good mental health.¹ That is, the 'Act-Belong-Commit' message demonstrates the three major ways individuals can—and should—take steps to build and maintain their mental health. The three steps actually indicate an increasing contribution to an individual's sense of self and mental health:

Act represents 'being active' in as many ways as possible: physically; socially; and cognitively. At the basic physical and cognitive levels, individuals can act alone or independently of others: reading a book; doing a crossword puzzle; playing solitaire; taking a walk; gardening; taking a correspondence course; and so on. At a basic social level, individuals can interact with salespeople while shopping, talk to their neighbours, maintain contact with family, etc.

Being active is a fundamental requirement for mental health. However, how one is active determines the extent of the activity's contributions to mental health. Most of these 'act alone' activities can be done as a member of a group (e.g., a book club; a walking group; bridge games; etc), Social activities can also be intensified—by joining a dance group, hobby group, professional association, and by maintaining close and regular contact with family and friends, etc.

Belong refers to becoming a member of a group or organisation (whether face-to-face or not), such that an individual's connectedness with the community is strengthened. Furthermore, belonging to a book club, for example, not only adds a socialisation dimension but expands the cognitive activity involved as well; joining a walking group adds a social connectedness dimension and is likely to expand the physical activity also. 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.

Commit refers to the level of effort the individual 'commits' to the activities engaged in. For example, one can be a spectator member of the local theatre group or sporting club; or one can be an active participant; or one can volunteer to be treasurer; or go on a recruiting drive or; in some other way commit themselves deeper to the organisation. Similarly, an individual can enrol in a hobby class that requires little intellectual effort; or a walking group that has a fairly regular route of mild effort; or the individual can take on a challenging (but achievable) educational class; or join a walking group that has an orienteering bent. The greater the level of commitment to one's interest or group, the greater sense of self, the greater feeling of having purpose or meaning in life, and the greater contribution to mental health.

While each of these dimensions helps increase an individual's mental health, these activities also help to increase trust, cohesion and social capital in the community.

1.3.2 **Project structure**

The Mentally Healthy WA (MHWA) Act-Belong-Commit Pilot Campaign was directed by the Centre for Behavioural Research and Cancer Control at Curtin University of Technology, and implemented

through WA Country Health Service (WACHS). The project was funded by Healthway, Lotterywest, Pilbara Iron and the Office of Mental Health.

Project Officers were appointed in the pilot towns (Albany, Esperance, Geraldton, Kalgoorlie–Boulder, Karratha and Northam/York/Toodyay). Selection of these towns provided a mix of communities in which to trial the campaign: three coastal towns (Albany, Esperance, Geraldton); two mining towns (Kalgoorlie–Boulder, Karratha); and one farming community (Northam/York/Toodyay).

In some regions, Health Promotion Officers administering already existing mental health promotion portfolios took on the Act-Belong-Commit Intervention role; whilst in other regions new Project Officers were employed. WACHS employed 0.5FTE Intervention Officers to deliver the Act-Belong-Commit strategies and Curtin University of Technology employed 0.5FTE Evaluation Officers to monitor and evaluate the Campaign strategies.

The primary target groups in the towns were:

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

For individuals in the general population, the primary objectives were to inform and encourage them to engage in activities that would enhance their mental health. For community organisations, the primary objectives were to encourage them to form partnerships with the Act-Belong-Commit Campaign, and other community organisations, to promote their activities with the additional benefit that participation is beneficial to mental health. For journalists, the primary objectives were to establish working relationships to facilitate the use of press releases and coverage of local events held under the Act-Belong-Commit banner.

Project Officers in each of the six participating sites were supported by the Mentally Healthy WA Hub, based at Curtin University of Technology at the Shenton Park Health Research Campus. The MHWA Hub comprised:

Professor Rob Donovan	Principal Investigator
Dr Ray James	Project Manager and Investigator
Geoffrey Jalleh	Research Director
Colby Sidebottom / Jennie Ambridge	Research Associate

The MHWA Hub sourced funding, developed and distributed resources, sent out regular newsletters, managed Healthway sponsorships, facilitated training workshops and provided advice and strategic direction to local Project Officers. The MHWA Hub also conducted the state-wide evaluation of the Campaign.

The MHWA Hub was supported by a Management group consisting of members from:

- Curtin University of Technology, Centre for Behavioural Research and Cancer Control
- Healthway (Western Australian Health Promotion Foundation)
- Lotterywest
- WA Country Health Services
- Ministerial Council for Suicide Prevention
- Western Australian Association for Mental Health
- Rockingham and Kwinana Child and Adolescent Mental Health Service
- Mental Health Division.

The Mentally Healthy WA Hub acknowledges the Australian Health Promotion Association (WA Branch) for awarding a scholarship to the Mentally Healthy WA, Act-Belong-Commit Campaign during the Development Phase. The scholarship winner, Ms Colby Sidebottom, made significant contributions to the Campaign: particularly the development of the initial website and newsletters, the training workshop and materials, merchandise and resources. Colby continued working on the Campaign throughout the pilot phase, first as the Research Associate at the Hub and later as the Project Officer in Karratha.

1.3.3 Implementing the Campaign

After a six-month feasibility study where the principal investigator and project manager visited a number of towns to identify and recruit willing participants, the Act-Belong-Commit Campaign was launched in the six communities between 10 October and 23 November 2005. Each regional launch was opened by a high profile community member and was followed by a community forum. On average, between thirty and fifty people attended the launches and forums.

The community forums provided an opportunity to introduce the Act-Belong-Commit Campaign to the participating communities, identify local partners in the regions, form local action plans and generate media attention (See individual case studies for a detailed summary of each community forum).

Project Officers collaborated with local organisations and community groups to implement the ideas generated in the forums. Partner organisations were encouraged and assisted to promote participation in their activities under an umbrella branding of Act-Belong-Commit. While the objectives for the various partnering organisations varied, a major campaign emphasis was to encourage organisations to undertake activities to increase attendance, participation, membership and volunteerism in their organisations, and to form partnerships with other organisations to achieve these aims.

1.3.4 Evaluation components

A variety of quantitative and qualitative evaluation components ensured comprehensive data collection for analysis. Evaluation components included:

1. Benchmark and two twelve-month follow up telephone surveys of intervention town residents (n=200 per town) and of metropolitan residents and non-intervention rural town residents (n=1000).
2. Comprehensive collection of qualitative data and process data at the town level, including:

Qualitative Data	Process Data
Partnership audits	# branded events
Event reports	# presentations, workshops and seminars
Key stakeholder interviews	# published journals, news item, newsletters
Partner organisation surveys	# sponsorships
	# radio interviews

Each case study provides data in these areas with respect to their town. However, it should be noted that although an attempt was made to implement standardised reporting tools to collect basic process data, a number of local issues mitigated against this. For example, staff changes and workloads meant that some sites did not collect or report on some data for the full two years; Project Officers interpreted some guidelines differently—hence some did not distinguish between briefings and presentations and some reported events and projects together whilst others separated these. Part of this heterogeneity is a result of allowing the sites autonomy and guidance rather than direction from the Hub.

A comprehensive evaluation report can be found at www.actbelongcommit.org.au. This document presents information derived from the qualitative and process data collected by the Project Officers in the regions. A summary of the case studies data follows.

1.4 Summary of major issues and findings in case studies

1.4.1 Overview of intervention activity

All sites implemented a number of strategies to raise awareness of the Act-Belong-Commit message and to encourage individuals to act, belong and commit to improve their own mental health and to build stronger, more cohesive communities.

Paid advertisements and unpaid publicity in the local media supported activities at the community level. Print advertisements were published in local newspapers in each town over the two-year period (\$105,000). In the second year of the pilot, a thirty-second television advertisement was broadcast on regional television station GWN (\$67,000). (See [Appendix 1](#) for examples of print advertisements. Television advertisement can be viewed at www.actbelongcommit.org.au).

In addition to the paid advertising, 231 news items were published in local media—along with a smaller number of radio interviews and announcements (published news items refer to articles with ‘Act-Belong-Commit’ or Mentally Healthy WA within the text and graphics). At the community participation level, 282 events were held during the pilot period where Act-Belong-Commit was co-branded with partner organisations. The Project Officers also assisted local organisations obtain or implement thirty-eight Healthway sponsorships to promote the Act-Belong-Commit health message. Project Officers also conducted a number of briefings and presentations to community and professional groups throughout the pilot (average approximately fifty over the five case study towns).

1.4.2 Local Management Groups

Local Management Groups were effective in some towns, whilst others experienced some difficulties. Esperance, Kalgoorlie and Karratha reported problems such as retention of members, low attendance at meetings, lack of commitment of members and lack of strategic direction in Management Groups.

The Karratha and Kalgoorlie Management Groups disbanded during the second year due to low attendance and the fact that members often met to share ideas and collaborated whilst attending other committee meetings.

Northam and Albany retained most of the original members throughout the pilot period which seemed to positively affect the effectiveness of the committees. Partner organisations in Northam and Albany committed to their involvement in the Campaign by agreeing to nominate a representative to attend meetings and act as ‘spokesperson’ for the partnership. The organisation agreed to send another representative if the committee member resigned or was unable to attend meetings. This provided continuity in membership—an important factor in towns where many people are transient.

Management Groups worked differently and served different purposes in the towns. Some sites preferred to use the term ‘Steering Committee’ to more accurately reflect the role of the group. The Northam Steering Committee members provided links, support, resources and a strategic direction to the local Project Officer. However they rarely played an active personal role in the actual delivery of Campaign strategies. Northam Steering Committee members did however involve their organisation at large and directed other staff members to partner with the Campaign to host events and assist with message dissemination. The Albany Management Committee played a more operational role in message dissemination and event coordination. Members of the Albany committee presented PowerPoint presentations to local community groups and organisation, acted as ‘spokespersons’ for the Campaign and took a more hands-on approach.

The Vic Health Partnership Audit (available at www.vichealth.gov.au) tool was utilised by all regions to monitor and evaluate the effectiveness of the coalition. The partnership tool enabled gaps in the partnership to be identified and appropriate strategies implemented to improve the effectiveness of the coalition.

Positive feedback from management committee members was consistent with results from a survey of partner organisations undertaken by the Hub. This found that all partners felt they had benefited from the partnership (e.g. on a ten-point scale, the overall mean beneficial rating was eight), and that all would continue to work with Act-Belong-Commit in the future (see evaluation report at www.actbelongcommit.org.au)

1.4.3 Working with local media

A major feature of the Campaign was that Project Officers were granted permission by WA Country Health Service to liaise directly with the media in relation to the Act-Belong-Commit Campaign. Without this media policy, Project Officers would have had to gain approval from Line Managers and Population Health Directors which takes considerable time and in most circumstances media opportunities would be lost before approval was granted.

The media policy negotiated with WACHS states that:

“Media contact can occur for the following purposes without prior permission:

- *Promotion of the Mentally Healthy Project or health promotion project for the lifespan of the project*
- *Advertising of project related events*
- *Outlining success stories and achievements associated with the project provided confidentiality of participants is protected.”*

The WACHS media policy for the Act-Belong-Commit Campaign supported efforts to infiltrate local media to raise awareness of positive mental health messages and the Act-Belong-Commit framework.

Paid advertising in the local newspapers helped the Project Officers build rapport with reporters and editors and generate unpaid media ([Appendix 1](#)). By the end of the pilot period, Project Officers had established and sustained a good relationship with local newspapers and radio stations and received a large amount of unpaid media.

However, individual reporters and editors in each of the towns impacted on the number of media items published. Some reporters and editors embraced the positive, community based framework of the Act-Belong-Commit Campaign whilst others seemed to perceive the message as ‘feel-good’ and less newsworthy than topics such as mental illness and associated societal problems such as hospital waitlists and lack of services.

1.5 Lessons learned: facilitators to implementation

1.5.1 Upbeat positive health message

The Act-Belong-Commit message was seen as positive and ‘upbeat’, unlike many other health promotion campaigns targeting issues such as tobacco, alcohol, illicit drugs and domestic violence.

Sonia Commisso, the Project Officer (Intervention) in Esperance (2007) summed up this facilitator in saying that the most enjoyable aspect of the Campaign is:

“Being able to sell a positive message to the community that encourages people to do more of what they enjoy doing and what makes them happy...”

Individuals participating in the pilot program reported identifying with the message and enjoying spreading a positive message. Glen Slee from Karratha’s partner Soroptimist International stated:

“The name—Act-Belong-Commit—Mentally Healthy WA is a fantastic mantra, ethos, slogan; and the ABC logo is brilliant—it is colourful uplifting vibrant, and we splash it around with gay abandon...”

1.5.2 Healthway Sponsorships

Healthway (The WA Health Promotion Foundation) offered Act-Belong-Commit sponsorships to arts, sport and racing community groups and organisations in the six sites during the pilot phase.

Healthway Sponsorships added value to the Act-Belong-Commit Campaign not only by raising awareness of the Act-Belong-Commit message through structural, educational and promotional strategies, but also by:

- Attracting sponsorship money to regions and partner organisations
- Building the capacity of community groups to promote healthy behaviours and provide healthy environments
- Transferring skills in grant writing
- Building partnerships between community groups, health services and Healthway.

The Project Officers were very successful in assisting and encouraging new groups to apply for Healthway sponsorships. A total of thirty-eight Act-Belong-Commit sponsorships were awarded to community groups and organisations during the pilot phase equating to \$420,060 in sponsorship monies to community groups and \$70,350 money in sponsorship support monies. This enabled the Project Officers to act as agents for Healthway in the local communities, thereby extending Healthway's impact in promoting health in WA (visit www.healthway.wa.gov.au for more information about Healthway sponsorships).

1.5.3 The marketing concept of exchange (and reciprocity)

As illustrated in the above facilitators, the overall approach of the Campaign in communities was based on the marketing principle of mutually beneficial exchange: that is, for organisations to partner with Act-Belong-Commit, they needed to see that they gained something of value in exchange for their efforts—and in particular, that their own individual or organisation's goals would be enhanced via collaboration with Act-Belong-Commit. Hence the Project officers assisted organisations apply for and obtain funding; assisted with the promotion and organisation of events that could have been beyond the organisation's capacity; enhanced the promotion of existing events and activities; gained access to the media for organisations who had received little previous attention; and so on. Similarly, at a concrete, practical level, the merchandise was a vital tool in encouraging community groups to get involved. The water bottles, stress balls, t-shirts and hats provided an added incentive (and reward) for groups to partner with the Campaign to promote the message at their activities.

1.5.4 Key individuals in the community who readily identified with the Act-Belong-Commit message

While there were a number of individuals in each town who were willing to join a management group or steering committee, and many others willing to collaborate at an event or activity level, the presence of key leaders in existing community groups and organisations who readily recognised the link between the Act-Belong-Commit concept and their organisational objective and collaboration was a major facilitator to success. Such partners, although having their own individual and organisational objectives, shared a vision to make the community a better, happier more cohesive place in which to live, whether it was through improving recreational facilities, arts programs or seniors activities.

1.6 Lessons learned: barriers to implementation

1.6.1 Recruitment and retention of Project Officers

The recruitment and retention of appropriate Project Officers in regional areas proved more difficult than anticipated. WA Country Health Services agreed to supply .5FTE staff in each of the six pilot towns to deliver the intervention strategies. In some cases these positions were relatively easy to fill with appropriate persons, whilst in other towns it was difficult. In some instances, Health Promotion Officers were simply notified that they would be participating in the Campaign and taking on the mental health promotion portfolio without regard to proper training or experience. Some Project Officers were new to the profession and new to the town, and therefore did not have established networks. Some Project Officers did not have experience in community engagement practices and were not familiar with the concept of population health. A few staff resigned after the first year to pursue other positions or to travel. Six staff left positions prior to the end of the pilot period, and only three replacements were recruited. Considerable time was expended recruiting positions in Karratha and Kalgoorlie. Geraldton did not have a Project Officer (Intervention or Evaluation) working on the Campaign during the second year.

1.6.2 Issues surrounding mental health

The misuse of mental health terminology amongst health professionals and laypeople has resulted in society not understanding concepts of positive mental health, and not perceiving mental health issues to be relevant. Hence many people resisted approaches to collaborate because they thought the campaign was about mental illness. This lack of understanding extended the resources needed to introduce the Act-Belong-Commit Campaign into the community and encourage community organisations in non-health settings in particular to partner with Act-Belong-Commit. In fact, reframing people's perceptions of 'mental health' away from illness connotations was one of the major overall objectives of the Campaign.

Some towns experienced difficulties in engaging the Mental Health Services team in their area. There were many reported reasons for the lack of interest and involvement in the Campaign amongst individuals and teams working in clinical and acute mental health service provision. Mental Health Service teams appeared to view the Campaign as not relevant to them, as they viewed a positive mental health concept as at the other end of the health continuum to acute service delivery for the mentally ill. Furthermore some mental health service staff were disgruntled that money was invested in the prevention campaign whilst there were large waiting lists and resource shortages for the mentally ill.

1.7 Lessons learned: positive outcomes

1.7.1 Shifting perceptions of mental health away from mental illness

Initial attempts in the pilot towns to shift perceptions away from the mental illness model proved difficult. Project Officers worked with health professionals, community groups and other key stakeholders to educate them about mental health and mental health promotion and promote the positive mental health guidelines of Act-Belong-Commit. The World Health Organisation's definition of mental health as 'a state of well-being' and mental health promotion as the processes taken to 'maximise mental health and wellbeing' supported the Act-Belong-Commit framework and added credibility to the Project Officer's endeavours.

The high level of media coverage, including the TV advertisement, print advertisements and the unpaid news items generated by the Project Officers in each of the towns worked concurrently with the Healthway sponsorships, presentations and seminars and branding of community events to shift perceptions of mental health away from mental illness. After twelve months of project intervention, individuals and groups involved with the Campaign understood the positive mental health concept.

"At the end of the first twelve months we found that the community was really starting to understand the concepts of the ABC message and embrace what the Campaign was about. This was partly due to the TV advert starting to screen around the state..." Sonia Commisso, Act-Belong-Commit Project Officer (Intervention) Esperance, 2007.

When asked what thoughts, words or images come to mind when you hear the words 'mental health', a Campaign partner in Northam replied:

"In the past if you thought of mental health you would think of someone who was having mental health issues. I think the understanding from Act-Belong-Commit, it has been that for everyone's mental health, and for the communities mental health is to be part of the community, and not shut away, by yourself." Craig Wall, Recreation Services Coordinator for the Shire of Northam 2007.

This quote is representative of responses given from a range of key stakeholders in all the participating pilot sites, as is the following quote from an Esperance partner:

"When I hear the words mental health I think about looking after yourself not just physically but mentally." Bridget Hurst, Steering Committee Member, Esperance 2007.

1.7.2 Mental health promotion is everyone's business: putting mental health on the agenda in non-health settings

The Act-Belong-Commit Campaign was successful in 'parachuting' mental health concepts and promotional messages into non-health settings. Organisations from a range of settings including arts, recreation, senior social groups, education and sport partnered with the Act-Belong-Commit Campaign to promote positive mental health through active involvement in their activities and events. This shifted the attitudes of organisational representatives and of community groups to consider that they all played a role in the mental health and wellbeing of members, participants and the wider community, not just the health system. Perhaps future intervention strategies could make this message more explicit as the campaign progresses.

1.7.3 Building effective partnerships

Identifying key leaders in the community and partnering with them to host activities and events branded with the Act-Belong-Commit message was **the** essential component integral to the success of the Campaign. Involvement of community leaders enabled the Campaign to capitalise on their endorsements, skills, networks and passion for the community.

Project Officers invested much time and resources with community groups—attending meetings, delivering mental health promotion presentations and seminars, and assisting with events and activities. Project Officers worked closely with local groups and organisations to build their capacity to attract funding, plan and implement events and provide a healthy, supportive environment for members and participants. This enabled Project Officers to develop good rapport with community groups and organisations, which resulted in them being more willing to partner with the Campaign. The time dedicated to developing good partnerships was critical in establishing the foundations for a successful project. Once partnerships were well established, less time and resources were required to maintain the partnerships. Trust and rapport was gradually built and enabled the Project Officer to work with new groups to further expand the Campaign.

The Campaign also created and strengthened links between the health service and the community. The Management Committees in each of the towns provided a forum for organisational representatives to share ideas, resources and links, and to collaborate to strengthen programs and services. The benefit of community links extended to other health promotion and health service delivery areas, thus ensuring that programs were developed with the community and by the community.

1.8 Other Positive outcomes

1.8.1 Nominations for Mental Health Outcome Awards

The Mentally Healthy WA, Act-Belong-Commit Campaign was nominated for two categories in the Office of Mental Health, Mental Health Outcome Awards. The Campaign was announced as a finalist in the Mental Health Promotion and Illness Prevention and the Education and Research award categories. The awards acknowledge the high standard and ongoing commitment demonstrated by those involved in innovative and effective programs which address key mental health issues at a regional or state wide level.

1.8.2 Adoption of Act-Belong-Commit Message by the Mental Health Council of Australia

The Mental Health Council of Australia (MHCA) adopted the Act-Belong-Commit theme for its 2005 national campaign. The MHCA believed that building on the WA campaign and extending its reach was the most effective use of resources and opportunities for 2005 Mental World Health Day. To support MHCA the National Basketball League and Out and About Marketing provided LED signage at two venues for the National Basketball League entire season—Sydney Razorbacks and Melbourne Tigers. The display promoted the Act-Belong-Commit message between September 2005 and February 2006.

The MHCA was given permission to adapt the Act-Belong-Commit logo to be consistent with their existing logo and to name the Campaign source 'Mentally Healthy Oz'.

Act-Belong-Commit remains on the MHCA's website and was used for World Mental Health Day in 2006 and 2007. In 2007 MHWA supplied the MHCA with a national version of the TV advertisement for use as a community service announcement.

1.8.3 Kindling the Flame: Promoting Mental Health and Wellbeing Conference 21–23 February 2007

Nearly all the Mentally Healthy WA Team attended the Kindling the Flame: Promoting Mental Health and Wellbeing Conference and all found it informative and valuable. The state team was involved in a total of fourteen presentations and assisted six other people from partner organisations to submit abstracts.

Mentally Healthy WA also organised a Network meeting for people attending the conference to meet and discuss their programs the day before the formal proceedings. This workshop provided a good opportunity for Act-Belong-Commit Project Officers to meet some of the key people involved in mental health promotion area around Australia.

The Act-Belong-Commit Project Officers commented on the highlights and benefits of the conference:

Amberlee Laws, Northam: *"The conference expanded my thinking of mental health promotion and made me feel as though I am part of a worldwide movement—to embrace mentally healthy concepts and identify ways to achieve and maintain wellbeing. Sometimes working in a rural area you can feel quite isolated. The conference illustrated to me that there are people all over Australia, and the world, working to make individuals, organisations, communities and whole nations happier and healthier. I am now more aware of current programs and innovative strategies to promote mental health and have expanded my personal and professional network."*

Colby Sidebottom, Karratha: *"The Kindling the Flame Conference was an excellent opportunity to meet and network with others working in the mental health promotion field. It was most valuable learning about what has and has not worked in other areas, as well as innovative ideas that could be adapted for different locations and target groups."*

Kylie Ryan, Esperance: *"For me, the most valuable thing I took away from the Conference was the value of 'story telling' for passing on information to others. I also found value in the concept of mental health being related to overall well-being and the fact that mental health should be everyone's business / responsibility."*

Liane Auld, Kalgoorlie: *"I found that the most valuable presentation was the Mental Health Promotion and the Media: Building the capacity of the Mental Health Sector, by the Hunter Institute of Mental Health, NSW. This presentation gave me some ideas and suggestions about dealing with the local media in Kalgoorlie–Boulder. It also gave me an understanding about how mental health issues should be reported in the media and how the Institute is attempting to reduce the stigma related to mental illness among media outlets."*

Phillippa Ives, Karratha: *"The Conference was an energy filled week and a great opportunity to network. It provided me with many fresh program ideas that could be transferred and developed to complement our local health promotion programs. The Tyrell Squirrel Puppet Show was most enjoyable and a wonderful example in approaching mental health promotion issues."*

Sonia Commisso, Esperance: *"One of the highlights of the conference for me was the interactive workshop held by the Victorian Health Promotion Foundation covering mental health promotion and how we do mental health promotion. Throughout the workshop the Victorian Health Promotion Foundation referred to their framework that has been developed for 2005–2007. This framework is something that I can take back to my service and hopefully use as direction for our Mental Health promotion Plan. I hope to use some of their examples and practices within my position as Mental Health Promotion and Illness prevention Coordinator."*

Trish Travers, Albany: *"Being on the Conference Organising Committee for two years enabled me to expand my skills and networks. All feedback to date from the Great Southern attendees has been very positive and reports have been given to the Great Southern Stakeholders Group by those that attended the conference."*

1.9 Project Officers' recommendations and challenges for the future

1.9.1 Staffing

Northam was the only intervention site that employed a full-time Project Officer to implement and evaluate the Campaign. Therefore the person implementing the strategies also evaluated them, which reduced the time invested in communicating with a part-time evaluation officer and enabled the Project Officer to focus fully on strategies to encourage people to Act, Belong and Commit. Furthermore the full-time position made it easier to recruit and retain the staff member.

The Karratha team identified early in the Campaign that the Intervention role was more demanding and time consuming than the Evaluation Officer role. Therefore the Karratha Project Officers distributed the workload and the Evaluation Officer also managed some of the implementation. Albany, Esperance and Kalgoorlie also shared the workload to some extent.

1.9.2 Allocation of resources

Project Officers believe it will be a great challenge to maintain the momentum created during the pilot phase. The major challenge in the next phase of the Act-Belong-Commit Campaign will be to expand the Campaign state-wide whilst not spreading resources too thin.

1.9.3 Impacting 'hard-to-reach' groups

Innovative strategies are needed to engage hard to reach groups. Culturally appropriate strategies could be developed to better suit Indigenous populations and programs specifically designed for youth. Future efforts need to focus on capacity building to ensure sustainability.

1.9.4 Evaluation

Templates need to be developed to standardise data collection and evaluation processes to ensure easy collation of state-wide results. Templates should also be developed for sponsorship procedures and generic Act-Belong-Commit presentations.

1.9.5 Working with the media

As recommended by the Kalgoorlie team, developing an information pack for local media might be a way of educating the media before the Campaign is implemented. A media pack could include Campaign objectives, fact sheets, media releases and merchandise to get local journalists interested in the Campaign and attempt to educate them regarding the difference between mental illness and mental health and wellbeing.

1.10 Concluding comment

Five of the six participating towns were very successful in raising awareness of the mentally healthy message and encouraging individuals and groups to engage in activities to protect and promote mental health. The Campaign was successful in shifting attitudes associated with mental health away from mental illness, to encompass wellbeing and positive mental health concepts.

The successes of the Campaign can be attributed to the passion, dedication, commitment and links of the Mentally Healthy WA team and the communities that embraced the mentally healthy message and worked collaboratively to build a more mentally healthy WA. Project Officers in five of the participating towns exceeded expectations in terms of community engagement, partnerships, and collaborations and hosted a range of Act-Belong-Commit events and activities.

The Campaign appears to be the most comprehensive community-wide mental health promotion intervention reported in the literature. It is clearly distinguished from other mental health promotion campaigns that although labelled 'mental health promotion', focus primarily on early intervention or de-stigmatisation of mental illness. We anticipate that the Act-Belong-Commit Campaign will provide valuable data for future mental health promotion campaigns in other states and nations.

1.11 References

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