

Mentally Healthy WA's Act-Belong-Commit Schools Initiative: Impact Evaluation Report

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TABLE OF CONTENTS	PAGE
1. Introduction	1
1.1 The Act-Belong-Commit Schools Initiative	1
2. Methods	3
2.1 Sampling	3
2.2 Questionnaires	3
2.3 Limitations of this Report	3
3. Results	4
3.1 Sample characteristics	4
3.2 Campaign awareness and understanding	6
3.3 Campaign impact	8
3.4 Staff attitude to the campaign at their school	13
3.5 Students' awareness of implementation activities in the School	13
4. Discussion	14

1. Introduction

Act-Belong-Commit is a comprehensive community-based mental health promotion campaign designed to build population mental health and prevent mental illness. The campaign encourages individuals to engage in mentally healthy activities, while at the same time supporting and encouraging organisations that offer mentally healthy activities to promote and increase participation in these activities. The campaign is directed by Mentally Healthy WA (MHWA) at Curtin University, and implemented through partnerships with health services, local/state governments, schools, workplaces, community organisations, and local clubs.

As the brand name suggests, people can build positive mental health and resilience by: keeping physically, mentally, spiritually and socially active (Act); keeping up contacts with friends and family and participating in community events (Belong); and taking on challenges or causes that provide meaning and purpose in their lives (Commit). There is substantial evidence that these three domains contribute to increasing levels of positive mental health (and in fact, to physical health).

This evidence-based campaign was informed primarily by Healthway-funded research led by researchers at Curtin University into people's perceptions of mental health and the behaviours they believed protected and promoted good mental health, and a subsequent search of the scientific literature on factors influencing mental health.

1.1 The Act-Belong-Commit Schools Initiative

Mental health problems adversely affect behaviour and academic performance, which is especially detrimental for young people of school age. While schools are an important setting for mental health promotion to prevent mental health problems, school mental health promotion is largely under resourced. In response to demand from schools wanting to promote the community-based Act-Belong-Commit message, Mentally Healthy WA (MHWA) developed the Mentally Healthy Schools Framework (MHSF) to enable the promotion of positive mental health in a school setting.

The MHSF enables the promotion of positive mental health using the Act-Belong-Commit message in a school setting by encouraging a whole-of-school approach to mental health promotion through the three domains of the WHO's Health Promoting Schools framework. Schools receive promotional strategies and resources targeting the whole school community. The flexible program is self-sustaining and complements areas of the Australian curriculum, allowing schools freedom to tailor the MHSF to school priorities and needs, thus minimising the burden on staff. Partner schools sign a school partner agreement with MHWA and engage in formal training conducted by MHWA. Schools receive a copy of the Mentally Healthy Schools Handbook, resources, signage and merchandise to the value of \$150 to assist with the delivery of the MHSF. During training, consent was sought for participation in this research.

From 2014-2017, MHWA partnered with Chevron Australia to employ a schools project officer and support the implementation of the MHSF in WA with a focus on the Pilbara and Rockingham/Kwinana regions. The program also received in-principle support from the WA Department of Education and the Mental Health Commission of WA.

From November 2014 to December 2017, a total of 68 schools embedded the program. During this time, the direct program reach was 53,843 young people between the ages of 6-18 years, with an indirect reach of over 130,000 people in the general school community. A total of 49% of the schools

officially signed up to the program were from low socio-economic areas throughout Western Australia.

From 2014-2017, signed schools hosted 724 events and activities linked to the Act-Belong-Commit campaign, that were designed to benefit student and/or staff mental health and wellbeing. In total, 48 school health policies were adapted to include mental health and wellbeing or Act-Belong-Commit, thus facilitating program sustainability. There were 238 presentations or workshops delivered by schools to other staff, students or the wider school community on positive mental wellbeing, and 585 primary and secondary school staff were trained in the Act-Belong-Commit principles and mental health promotion in general based on the Health Promoting Schools Framework. A total of 372 school staff implemented an enhanced curriculum using resources provided through the Mentally Healthy Schools Program.

In addition to these process data, surveys of staff and students at participating schools were undertaken using structured questionnaires. These survey data provide feedback directly from the students and staff in terms of an impact evaluation of the initial implementation of the schools program. The focus in this report is on the obtained reach of the campaign in terms of student and staff awareness of the Act-Belong-Commit campaign, and, amongst those aware, their perceived impact of the campaign on stigma around mental illness and openness about mental health, and their reported impact of the campaign with respect to trying to do something for their mental health and talking about the campaign with others.

2. Methods

2.1 Sampling

This report data collected from 2016 to 2017. Both newly signed and established partner schools were invited to participate in this evaluation. Of the 20 schools invited, nine schools agreed to participate in the time frame allowed for schools to respond to the request. Three of these schools had only recently signed up as Act-Belong-Commit partners and hence completed baseline questionnaires. Six schools had been participating for at least 17 months and completed follow-up questionnaires. Of the three schools participating in the baseline survey, one school returned both staff and student questionnaires, one recruited only staff, and the third school only students. Of the six schools participating in the follow-up survey, three schools recruited both staff and students and three recruited only staff.

Questionnaires were completed by secondary school students in years 7, 8 and 9 at baseline and follow-up schools. As active consent was required from parents for students to participate in the survey - which requires the student to take the consent form home, have the parent read and sign it, and then return the signed form to the school - the level of student completion of questionnaires in the time frame was not unexpectedly limited. The participating schools forwarded the questionnaire plus consent form to their staff via email. The Schools Project Officer attended several staff meetings and distributed and collected a number of completed questionnaires. All survey respondents had the opportunity to go into a draw to win a prize as an incentive for participation.

2.2 Questionnaires

Questionnaire items for both students and staff included a number of questions used in MHWA's annual general population telephone survey, including: campaign awareness; understanding of the Act-Belong-Commit campaign message; whether those aware of the campaign had tried to do something for their mental health as a result of the campaign; whether it had changed the way they think about mental health; whether they had talked about the campaign with others; and whether they believed that the campaign had increased openness about mental health and decreased stigma around mental illness. There were additional questions about staff involvement in activities that enhanced physical and mental health, and staff and student perceptions of wellbeing and connectedness at the school.

This report focuses on the measures of campaign awareness and impact on staff and students. Responses to the other measures will be reported elsewhere.

This research was granted ethics approval from Curtin University's Human Research Ethics Committee (Approval RDHS-216-15) and the Department of Education (Approval D16/0023499).

2.3 Limitations of this Report

As noted above, this report is primarily a process and impact evaluation of the initial implementation of the schools program rather than an outcome evaluation. Within that context, methodological limitations include that none of the baseline schools was included in the follow-up survey, and the follow-up student sample consisted of only $n = 50$ students. Overall, results for each of the baseline and follow-up surveys for students and staff should be looked at independently rather than considered equivalent to a study reporting on the same sample of individuals measured at baseline and follow-up.

3. Results

3.1 Sample characteristics

The numbers of staff and students completing the baseline and follow-up questionnaires from the nine participating schools appear in Table 1. The numbers for each school are shown in Table 2. In total, 140 students from five schools and 223 staff from eight schools participated in the evaluation.

Table 1. Student & staff sample sizes at baseline & follow up

Sample	Students	Staff	Total
Baseline	90	87	177
Follow-up	50	146	196
Total	140	223	373

Table 2. Number of questionnaires completed by staff and students at each school at baseline and follow up.

Baseline			Follow-up		
Schools	Students	Staff	Schools	Students	Staff
A	53		D		36
B		66	E	18	7
C	37	21	F	15	11
			G		33
			H		51
			I	17	8
Total	90	87	Total	50	146

Table 3 shows the age, gender and school year status for the student baseline and follow-up samples. The follow-up sample contains a higher proportion of older and year 9 students, and both samples contain a higher proportion of female respondents, and particularly at follow-up.

Table 4 shows the age, gender and school role for the staff baseline and follow-up samples. These samples were similarly distributed across these characteristics, although the baseline sample was somewhat younger and contained a slightly higher proportion of teachers than the follow-up sample. Females constituted a substantial majority of the samples at baseline and follow-up.

Table 3. Student characteristics at baseline and follow-up.

	% Baseline (n=90)	% Follow-up (n=50)
<u>Age</u>		
11-12	33	14
13	29	24
14+	38	62
	100%	100%
<u>Gender</u>		
Male	38	28
Female	60	72
Not stated	2	0
	100%	100%
<u>Year</u>		
Year 7	33	18
Year 8	29	26
Year 9	38	56
	100%	100%

Table 4. Staff characteristics at baseline and follow-up.

	% Baseline (n=87)	% Follow-up (n=146)
<u>Age</u>		
18-29	34	17
30-49	48	55
50+	17	25
Not stated	1	3
	100%	100%
<u>Gender</u>		
Male	38	29
Female	61	67
Not stated	1	4
	100%	100%
<u>Position</u>		
Teacher	76	67
Other	22	29
Not stated	2	4
	100%	100%

3.2 Campaign awareness and understanding

3.2.1 Campaign awareness

Staff and students at both baseline and follow-up were asked: “Have you heard of the Act-Belong-Commit campaign?”. Those who reported being aware of the campaign were presented with the sources in Table 6 and asked to nominate ‘where they had heard about it’ (note: ‘sources of awareness’ was not asked of staff at follow-up).

Table 5 shows that 62% of baseline students and 77% of baseline staff reported being aware of the campaign, compared to 86% of follow-up students and 92% of follow-up staff. These data indicate that the Schools intervention has increased both staff and student awareness of the campaign. Staff at follow-up who were aware of the campaign were asked whether they were ‘aware that their school was participating in the Act-Belong-Commit campaign’: 83% stated ‘yes’, indicating a high degree of awareness amongst school staff of the school’s adoption of Act-Belong-Commit.

Table 5. Have you heard of the Act-belong-Commit campaign?

	STUDENTS		STAFF	
	% Baseline (n=90)	% Follow-up (n=50)	% Baseline (n=87)	% Follow-up (n=146)
Heard of?				
Yes	62	86	77	92
No	34	14	22	7
Not stated	4	0	1	1
	100%	100%	100%	100%

Table 6. Sources of Act-belong-Commit awareness (amongst those aware of the campaign)

	STUDENTS		STAFF**
	%* Aware at Baseline (n=53)	%* Aware at Follow-up (n = 43)	%* Aware at Baseline (n=67)
Television	70	56	87
Community events	32	28	45
At school	51	86	31
At local club	8	5	3
Newspaper	19	5	24
Other	0	14	2
No response	0	0	0

* Totals exceed 100% as multiple responses were permitted.

** Staff were not asked this question at follow-up

Consistent with the overall increase in campaign awareness at follow-up, more students at follow-up nominated ‘at school’ as a source of campaign awareness relative to baseline: 86% vs 51%. Given that 51% of baseline students and 31% of baseline staff nominated ‘at school’, there was likely some prior mention in those schools of the campaign before signing up, or the signing up announcement per se had some impact on awareness.

3.2.2 Campaign understanding

Students and staff at baseline and follow-up were asked ‘what Act-Belong-Commit means and what the campaign is trying to do’. The responses for students and staff are shown in Tables 7 and 8 respectively. Tables 7 and 8 show that the responses from both students and staff show strong consistency with the campaign messages and goals.

Table 7: Student understanding of the campaign at baseline and follow-up.

	Baseline	Follow-up
	N = 52	N = 39
Be healthier, keep physically and/or mentally healthy	17	18
Be a part of community/group, bring people together	18	13
Help people	10	13
What to do if you need help, encourage help seeking, help with health problems	8	2
Stay active, do what you love, take part in things	4	4
Commit to it/things, commit to a cause/community	5	4
Make good decisions, prepare for future, achieve greatness	4	0
Reduce stigma, anti-bullying	2	0
Don't know, unsure	5	5
Total number of responses	73	59

Table 8: Staff understanding of the campaign at baseline and follow-up

	Baseline	Follow-up
	N = 62	N = 123
Join a club/group, get involved in community	33	68
Be involved, do stuff/something, keep/be active	25	32
Staying healthy, promote wellness, keep physically and/or mentally healthy	19	56
Keep it up, have purpose, commit to goals	17	33
Reduce depression, help young people make choices, act on feelings/situations	5	11
Awareness about mental health	0	19
Don't know, unsure	2	3
Not stated	25	23
Total number of responses	126	245

3.3 Campaign impact

3.3.1 Behavioural impact – did something for their mental health as a result of the campaign

At baseline and follow-up, all students and staff aware of the campaign were asked whether they ‘had done or tried to do something as a result of becoming aware of the Act-Belong-Commit messages’. These responses are shown in Table 9.

Table 9. Whether staff and students aware of the campaign had tried to do something for their mental health as a result of the A-B-C message: baseline vs follow-up

	Students aware of campaign		Staff aware of campaign	
	% Baseline (n=53)	% Follow-up (n=43)	% Baseline (n=67)	% Follow-up (n=135)
Yes	25	30	21	43
No	74	65	79	50
Not stated	1	5	0	7
	100%	100%	100%	100%

Table 9 shows that amongst students aware of the campaign, slightly more report trying to do something for their mental health at follow-up than at baseline: 30% vs 25%. Given a higher proportion aware of the campaign at follow-up, these data indicate that a greater proportion of the total sample at follow-up vs at baseline have tried to do something for their mental health as result of the campaign: 26% of the total sample at follow-up vs 15% of the baseline total sample. Behaviours reported were consistent with the campaign messages and are reported in detail elsewhere. Overall, these data are consistent with a positive intervention impact, but given methodological limitations, require confirmation in a larger more rigorous evaluation.

Table 9 suggests that the campaign has had a notable effect on staff aware of the campaign, with substantially more at follow-up than at baseline reporting trying to do something for their mental health as a result of the campaign: 43% vs 21%. While staff can accept and endorse a message without themselves acting on it, this is a very positive finding in that staff who both internalise and act on a message are then far more likely to promote that message to their students than staff who only endorse the message.

3.3.2 Behavioural impact – talked with others about mental health or the campaign

Students at follow-up who were aware of the campaign were asked whether as a result of the campaign they had talked about *mental health* with their school friends and with their family, and whether they had talked about *Act-Belong-Commit* with their school friends and their family. These responses are shown in Table 10. Table 10 shows that amongst students, the campaign has stimulated some talking with schoolfriends about mental health (24%), but less so with family (14%). Very few (10%) reported talking about the campaign per se with school friends, and 14% reported some talking about the campaign with family (14%).

Table 10: Whether follow-up students aware of the campaign talked about mental health or the campaign with school friends and family

% Students aware at follow-up (n=43)		
	% Talked about mental health	% Talked about A-B-C
With school friends		
Yes	24	10
No	74	88
Not stated	2	2
With family		
Yes	14	14
No	83	83
Not stated	2	2

Follow-up staff who were aware of the campaign were asked whether as a result of the campaign they had talked *more* about mental health with their friends and family and with other school staff, and whether they had talked about Act-Belong-Commit with their friends and their family. These responses are shown in Table 11. Table 11 shows that almost half of the staff at follow-up who were aware of the campaign reported talking more about mental health with friends, family and school staff, and just over 40% reported talking about Act-Belong-Commit specifically with family and friends.

Table 11: Whether follow-up staff aware of the campaign talked more about mental health with friends and family and school staff, and about Act-Belong-Commit with friends and family

% Staff aware at Follow-up (n=135)		
	% Talked more about mental health	% Talked about A-B-C
With friends and family		
Yes	48	41
No	52	51
Not stated	0	8
With school staff		
Yes	45	*
No	47	*
Not stated	8	*

* Not asked about school staff.

Staff at follow-up who were aware of the Act-Belong-Commit were also asked whether they ‘had talked about the campaign to their students’. These results are presented in Table 12 for staff aware of the campaign in general and for those specifically aware of the campaign at their school.

Table 12 shows that amongst staff at follow-up who were aware of the campaign, 39% reported talking about Act-Belong-Commit with their students. Of those aware of the campaign at the school, a slightly higher 45% reported talking about the campaign with their students.

Table 12: Staff aware of the campaign at follow-up reporting talking about Act-Belong-Commit to their students

Talked about campaign to students?	%	%
	Aware of campaign in general (n=135)	Aware of campaign at school (n=112)
Yes	39	45
No	52	54
Not stated	9	1
	100%	100%

3.3.3 Impact on how think about mental health: follow-up staff and students only

Students and staff at follow-up who were aware of the campaign were asked whether they ‘had changed the way they think about mental health as a result of the Act-Belong-Commit message’. Table 13 shows that almost two in five (37%) students responded ‘yes’, as did 43% of staff.

Those who answered ‘yes’ were asked “*in what way?*” These open-ended responses generally related to one or more themes such as an increased awareness about mental health, an increased importance placed on mental health, and their taking up activities for their mental health. Detailed results will be reported in a later report.

Table 13: Proportion of follow-up staff and students aware of the campaign reporting a change in the way they think about mental health as a result of the campaign

	STUDENTS	STAFF
	% Aware at Follow-up (n=43)	% Aware at Follow-up (n=135)
Yes	37	43
No	56	44
Not stated	7	36
	100%	100%

3.3.4 Perceived impact on openness about and stigma around mental health

Openness: Staff and students at baseline who were aware of the campaign were asked whether they ‘thought the campaign has made *people in general* more open about mental health issues, less open, or made no difference’. These responses are shown in Table 14. Table 14 shows that a majority of students (55%) and just over a third of staff (35%) responded ‘don’t know’. However, for both students and staff, most of those having an opinion stated ‘more open’ (30% of all students and 49% of all staff. None stated ‘less open’.

Table 14. Staff and students at baseline: Perceived campaign impact on people in general re openness about mental health issues

	STUDENTS	STAFF
	% Aware at baseline (n=53)	% Aware at Baseline (n = 67)
More open	30	49
No difference	13	16
Less open	0	0
Don't know/can't say	55	35
Not stated	2	0
	100%	100%

At follow-up, both staff and students were asked whether the campaign had made **students** more open about mental health issues, less open, or made no difference’. These results are shown in Table 15. Table 15 shows that almost two-thirds of staff (62%) but only one in four students (23%) believed the campaign had made students more open about mental health issues. However, almost half the students (47%) responded ‘don’t’ know’. None reported ‘less open’.

Table 15. Staff and students at follow-up: Perceived campaign impact on students' openness about mental health issues.

	STUDENTS	STAFF
	% Aware at follow-up (n=43)	% Aware at Follow-up (n = 135)
More open	23	62
No difference	26	13
Less open	0	0
Don't know/can't say	47	24
Not stated	4	1
	100%	100%

Staff at follow-up were also asked whether the campaign *at the school* had made **staff** ‘more open about mental health issues, less open, or made no difference’. Table 16 shows that just under half believed the campaign at the school had made staff more open about mental health issues, none said ‘less open’.

Table 16. Staff at follow-up perceived campaign impact on staff openness about mental health issues.

STAFF	
	% Aware at follow-up (n=135)
More open	44
No difference	21
Less open	0
Don't know/can't say	27
Not stated	8
	100%

Stigma: Staff at baseline and follow-up aware of the campaign were asked whether they thought the campaign (baseline: in general; follow-up: at the school) had reduced, increased, or made no difference to the stigma associated with mental illness (students were not asked this question). Their responses are shown in Table 17. Mindful that the question was asked specifically about the impact of the school campaign, Table 17 indicates a substantial increase in perceived impact on stigma reduction (46% to 65%), and a correspondingly substantial decline in ‘don’t know’ from 36% to 18%. None reported a perception of increased stigma.

Table 17. Staff at baseline and follow-up: Perceived impact of the campaign on stigma around mental illness

	BASELINE	FOLLOW-UP
	% Aware at baseline (n= 67)	% Aware at follow-up (n = 135)
Reduced stigma	46	65
No difference	18	16
Increased stigma	0	0
Don't know/can't say	36	18
Not stated	0	1
	100%	100%

3.4 Staff attitude to the campaign at their school

Staff at follow-up were asked how they felt about their school getting involved in the Act-Belong-Commit campaign and provided with the response categories in Table 18. Table 18 shows strong approval for the campaign by staff: 88% approved (61% 'very much'), with none disapproving.

Table 18: Follow-up staff approval of their school's involvement in the Act-Belong-Commit campaign

	% Aware (n = 135)
Very much approve	61
Approve	27
No feelings either way	10
Disapprove	0
Very much disapprove	0
Not stated	1
	100%

3.5 Students' awareness of implementation activities in the School

Follow-up students aware of the campaign in general were asked whether they 'had participated in any Act-Belong-Commit events at their school', whether 'their teachers or principal had talked about the campaign to students', and, if yes, 'how often they saw or heard something about Act-Belong-Commit at their school'. Their responses are in Table 18.

Table 18: Follow-up students' awareness of and participation in Act-Belong-Commit activities in the School

	% Students aware at follow-up (n = 43)
Participated in A-B-C events	49
Teachers/principal talked about A-B-C	72
How often see/hear A-B-C at school?	(n = 31)
Once a week	7
Every 2 weeks	26
Once a month	35
Less than monthly	32
Total	100%

Table 18 shows that approximately half the students aware of the campaign reported participating in an Act-Belong-Commit event at their school, and almost three quarters (72%) reported that their teachers or principal had talked about Act-Belong-Commit. This is consistent with the percent of staff reporting talking about the campaign (see Table 12). Amongst those reporting their teachers or principal had talked about the campaign, almost one third reported seeing or hearing about Act-Belong-Commit every two weeks or more, one third reported monthly, and around one third reported less than monthly. These data indicate some (not unexpected) variability in campaign intensity in different schools.

4. Discussion

As a result of the campaign in the general community, there was substantial prior awareness of the Act-Belong-Commit campaign in general amongst baseline respondents: 62% of students and 77% of staff. However, amongst follow-up respondents, these showed substantial increases to 86% of students and 92% of staff at follow-up. Further, those aware of the campaign, both students and staff, had understandings of the campaign that were consistent with the campaign messages (e.g., ‘take part in activities’, ‘bring people together’, ‘commit to a cause’, etc). These data indicate that the schools intervention has not only increased awareness of the Act-Belong-Commit campaign in students and staff in participating schools, but also increased mental health literacy in these groups. Hence, if implemented more widely, the schools program has the potential of increasing mental health literacy amongst these segments across the general population.

General population impact evaluations tend to report that 10 – 15% of those aware of the campaign have tried to do something for their mental health as a result of exposure to the campaign. The baseline percentages of these students and staff were 25% and 21% respectively. These figures may reflect a self-selection bias, or an initial impact on the announcement of the campaign in the schools. Regardless of absolute numbers, both students and staff at follow-up showed higher percentages trying to do something for their mental health as a result of the campaign: 30% and 43% respectively. While the absolute numbers may be a result of selection bias, the relative increases can be taken as consistent with and indicative of an intervention effect. As noted above in the report, these figures for staff are very positive given staff are role models for their students, and that staff who both internalise and act on a message are then far more likely to promote that message to their students than staff who only endorse the message.

As in the general population evaluation, the schools intervention is facilitating talking by students and staff about mental health and/or the Act-Belong-Commit campaign with friends, family, student/staff colleagues. Amongst staff, the program has substantially increased staff talking *more* about mental health to others and about Act-Belong-Commit to their students. It may well be that a module dealing with ‘talking to students about Act-Belong-Commit/mental health’ could be provided to staff.

Substantial proportions of students (37%) and staff (43%) at follow-up reported changing the way they think about mental health, and in desired ways such as an increased awareness about mental health, an increased importance placed on mental health, and their taking up activities for their mental health. These data reinforce the conclusion that the schools intervention has the potential to contribute significantly to students (and staff) being proactive about strengthening and maintaining their mental health. This would have considerable long term positive effects as this age group matures.

Similarly, the results with respect to perceived reduction of mental illness stigma and increased openness with respect to mental health issues have longer term implication for increased early help seeking, and hence the prevention of more serious disorders.

None of the staff disapproved of their school’s involvement with Act-Belong-Commit, and almost 90% ‘approved’, with 60% registering strong approval. These data indicate that wider dissemination of the schools program would be looked on very favourably by staff.

Overall, the findings of this initial evaluation indicate that the Act-Belong-Commit schools intervention has considerable potential for having a positive impact on the mental health of students and staff, with considerable flow-on effects for the whole population as each cohort moves beyond school and into adulthood.