

Impact on community organisations that partnered with the Act-Belong-Commit mental health promotion campaign

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Abstract

Issue addressed: A primary aim of the pilot phase of the Act-Belong-Commit mental health promotion campaign was to form partnerships with community organisations. As a component of the broader campaign strategy, collaborating organisations promoted their activities under the Act-Belong-Commit banner in exchange for resources, promotional opportunities and capacity building in event management and funding.

Methods: The impact of the Act-Belong-Commit campaign on the capacity and activities of collaborating organisations during the pilot phase was evaluated using self-completed mail surveys in 2006 and 2008.

Results: Collaboration with the campaign had a positive impact on community organisations' capacity, including staff expertise, media publicity and funding applications. Collaborating organisations had strong positive perceptions of Act-Belong-Commit officers and all expressed a willingness to collaborate in future events and activities.

Conclusions: The partnership model used during the pilot phase of the Act-Belong-Commit campaign was successful in creating mutually beneficial exchanges with collaborating organisations.

So what? Community partnerships are necessary for the effective delivery of mental health promotion campaigns at a local level. Successful partnerships involve the provision of real and valuable benefits to collaborating organisations in return for their cooperation in promoting health messages.

Key words: mental health promotion, community partnerships, collaboration, evaluation.

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Introduction

The promotion of mental health, an essential resource for individual and societal well being, is recognised as the concern of everyone because of the fundamental need to create supportive environments for building capacity for good mental health.^{1,2} The creation of supportive environments highlights the importance of partnerships with organisations outside the health sector, and community partnerships in particular, as necessary for the effective delivery of mental health promotion campaigns.^{3–5} Barriers to progressing mental health promotion are, in part, attributable to a lack of common understanding or language for mental health promotion concepts and persistent negative connotations and stigma surrounding the term 'mental health'.^{6–8} However, there is growing evidence that progress can be made by reinforcing common beliefs about what good mental health means, and by promoting and providing opportunities for behaviours that people can and should do to build and maintain their mental health.^{9,10}

Collaborative partnerships are a key strategy to achieving greater reach and depth of impact in health promotion practice.^{11–13} Through the sharing of resources and networks partnerships are not only economically efficient, but also offer new perspectives, innovative solutions and create a shared sense of responsibility and ownership.¹⁴ The potential for partnerships to ensure success of health promotion projects has supported calls to build evidence of its effectiveness through thorough evaluation.¹⁵ Evaluation to date has been criticised for a focus on process issues, such as how well the organisations worked together, rather than project outcomes.¹⁶ Limitations concerning the use of theory and study design have also been questioned.¹⁷

In 2005, Mentally Healthy WA's (MHWA) Act-Belong-Commit community-based mental health promotion campaign was launched in six communities in regional Western Australia. The 2-year pilot program aimed to improve community understanding of positive mental health by encouraging individuals to engage in

activities that would enhance their mental health while simultaneously encouraging community organisations offering such activities to promote their activities under a mental health benefit banner.^{9,18} In exchange, these community organisations were supported by campaign project officers who provided assistance and skills development in applying for funding, publicity and media relations, the promotion of events and activities, and general public awareness raising. The Act-Belong-Commit campaign sought to reinforce and increase people's knowledge that they could maintain and enhance mental health by keeping mentally, physically and socially active (Act), by participating in community activities and membership of formal and informal groups in the community (Belong) and by getting involved in causes, taking up realistic challenges or volunteering (Commit). There is considerable scientific evidence that these three domains of behaviour contribute to good mental health.¹⁸ The execution of this evidence-based campaign was developed primarily from research undertaken by Curtin University into people's perceptions of mental health and the behaviours they believed protected and promoted good mental health.^{18–20}

With joint funding from MHW and the Western Australian Country Health Service (WACHS), one full-time or two part-time project officers were employed in each of the six pilot towns. During the pilot phase, one of the primary target groups was officeholders in organisations that provided or facilitated activities that could enhance people's mental health. The project officers targeted community organisation officeholders to encourage them to form partnerships with the Act-Belong-Commit campaign (and other community organisations) and promote their activities under the Act-Belong-Commit banner. Potential partner organisations, referred to here as collaborating organisations, were offered resources such as merchandise, promotional opportunities and organisational assistance for event planning and sourcing funding in exchange for promoting the Act-Belong-Commit message.²¹ One of the aims of the pilot phase was to transfer knowledge gained from the implementation process to future and larger-scale campaigns. The pilot study also aimed to assess the impact of the campaign on community organisations that collaborated with the campaign. Process evaluation from the first stages of the 2006–2007 pilot phase has been published previously.⁹ The present study reports the impact of involvement with the campaign on collaborating organisations.

Methods

This research was approved by the Curtin University Human Research Ethics Committee (ethics approval number PH082006). Postal surveys of collaborating organisations were conducted in September 2006 and January 2008. A covering letter was addressed to the contact person in the organisation inviting them to complete a questionnaire on their attitudes and opinions about their involvement with the Act-Belong-Commit campaign. Although actual measures of validity and

reliability were not established, standard questionnaire items were used and were piloted to ensure that the questions were relevant to and understood by potential respondents. A reminder letter was sent approximately 1 week after the initial mail outs.

The questionnaire first asked the extent to which the organisation had collaborated with the campaign in running any events or activities. Using standard rating scales,²² respondents were then asked to what extent collaborating with Act-Belong-Commit had increased or decreased their organisation's capacity in the following areas: (1) producing media releases and articles; (2) promoting events or activities; (3) staff level of expertise; (4) public awareness of their organisation; and (5) applying for funding and grants. Items were evaluated on a 10-point scale, where a score of 1 corresponded to 'increased a lot' and a score of 10 corresponded to 'decreased a lot'. Ten-point scales appear slightly more sensitive to differences in experiences than five-point scales.²³ For later analyses, ratings of 1–5 were coded as 'increased', whereas ratings of 6–10 were coded as 'decreased'.

Respondents were then asked to rate their impressions of Act-Belong-Commit as an organisation on four bipolar 10-point scales: easy to work with/difficult to work with; professional/amateurish; an organisation that gets things done/an organisation that does not get things done; friendly/unfriendly. Then, using a 10-point scale, respondents were asked to rate the extent to which they considered collaboration with the campaign had been beneficial (1 = very beneficial; 10 = not at all beneficial). Respondents were also asked whether they would be willing to collaborate in events or activities in the future. Finally, the questionnaire also collected data on the organisation in terms of its size (i.e. number of staff employed), type (e.g. government, non-profit community, non-government health) and primary target groups.

Results

Response rates were fairly consistent by organisation type over the two survey periods with 39 of the 52 organisations returning questionnaires in 2006 (75% response rate) and 25 of the 35 organisations returning questionnaires in 2008 (71% response rate). Approximately half the organisations sent questionnaires in 2008 had been sent questionnaires in 2006. Assuming comparable response rates for 2006 and 2008 respondents, it is estimated that approximately half the 2008 respondents completed both surveys. However, because the questionnaires were promised anonymity, we were unable to identify those who responded to both surveys. The proportion of government and non-government organisations was consistent over the two survey periods, as indicated in Table 1. The primary constituents or target groups of these organisations are listed in Table 2. Most organisations surveyed targeted the general population (59% in 2006; 72% in 2008); however, substantial proportions of these organisations have specific target groups, such as seniors. Approximately one in four organisations in both survey

periods targeted people with mental health problems (i.e. 28% in 2006 and 24% in 2008).

Extent of collaboration between the organisation and the campaign

Collaborating organisations were asked to list the events or activities in which their organisation collaborated with Act-Belong-Commit. There was an average of 2.4 events per organisation in 2006 and 2.7 events in 2008 (ranging from one to five events in the previous year).

Impact of campaign collaboration on capacity of organisations

Table 3 lists the proportion of respondents reporting an increase or decrease in their capacity on each of the five measures, along with the proportion indicating that the measure was not applicable (N/A) to their organisation. Overall, most organisations for which the measure was relevant reported increases in all the measures in both 2006 and 2008. Referring to total sample percentages, the most frequently reported increases in both 2006 and 2008 were for promotion of events and activities (69% and 72%, respectively) and public awareness (62% and 64%, respectively). However, when calculated as the percentage of respondents for whom each measure

was relevant, the percentages reporting an increase on these measures ranged from 78% for funding submissions in 2006 to 95% for promotion of events and activities in 2008.

Echoing the survey responses shown in Table 3, the benefits of partnership with the campaign were expressed by an event coordinator in their annual process evaluation as follows:

The Act-Belong-Commit program and its work with us have provided us with practical experience and guidance that will be of value to the organisation for many years. It has also improved our profile and exposure within our community and highlighted to everyone here the connection between mental health, involvement within the community and how pet ownership can aid mental well being by encouraging companionship, exercise and getting out and about daily.²⁴

That is, the partnership increased public awareness of this organisation's activities and built the capacity of organisational staff while promoting mental health through the organisation's activities.

Impressions of the Act-Belong-Commit organisation

Figure 1 shows the mean ratings of Act-Belong-Commit on the four attributes measured. The mean ratings were very positive on all four attributes (i.e. 8.0 minimum) for both survey periods, with the ratings somewhat more favourable in 2008 relative to 2006.

Overall beneficial rating and willingness to collaborate in the future

Overall ratings on how beneficial the collaboration was perceived to be increased from a mean of 7.9 in 2006 to 8.8 in 2008. With the exception of one respondent in 2008 who did not answer the question, all organisations stated they would be willing to collaborate with the campaign in the future.

Discussion

The findings of the present study indicate that collaborating with the campaign had a positive impact on the organisations involved. There is a strong positive perception of the Act-Belong-Commit project officers and a willingness to collaborate with the campaign in the future. Collaborating organisations believed the campaign offered them significant benefits for their cooperation, including the role of campaign project officers in securing sponsorship and funding for community events and activities, which, in turn, offered greater opportunities for promoting the Act-Belong-Commit message. The

Table 1. Type of organisation

	2006 (n = 39)	2008 (n = 25)
Government organisations (%)	38	32
Non-profit community organisations (%)	26	36
Non-government health organisations (%)	18	16
Country health service (%)	15	16
Commercial organisations (%)	3	0
Total	100	100

Table 2. Organisations' primary target groups

Note, the total percentages in 2006 and 2008 exceed 100% because multiple responses were permitted

	2006 (n = 39)	2008 (n = 25)
General population (%)	59	72
Seniors 55 years and over (%)	49	24
Adults 18–54 years (%)	44	20
Young people 13–17 years (%)	41	16
Aboriginal or Torres Islander people (%)	38	16
People with disabilities (%)	36	16
Socially disadvantaged groups (%)	33	16
Children 0–12 years (%)	31	20
People with mental health problems (%)	28	24

Table 3. Impact of campaign collaboration on the organisation's activities and events

	2006 (n = 39)			2008 (n = 25)		
	Increased	Decreased	N/A	Increased	Decreased	N/A
Promotion of events and activities (%)	69	10	21	72	4	24
Public awareness of your organisation (%)	62	10	28	64	4	32
Media release and/or articles (%)	59	13	28	56	8	36
Staff level of expertise (%)	54	8	38	40	8	52
No. funding and grant submissions (%)	46	13	41	44	8	48

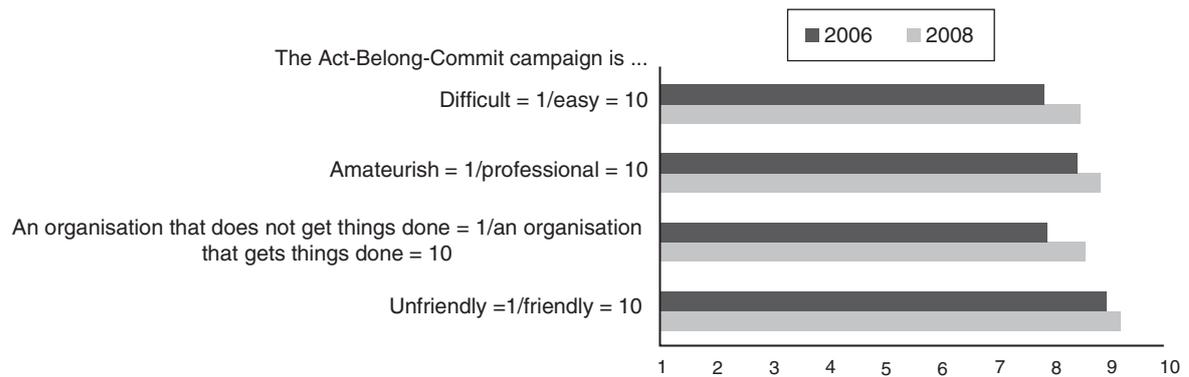


Fig. 1. Perceptions of interactions with the Act-Belong-Commit campaign. Respondents were asked to rate their impressions of the campaign on four bipolar 10-point scales, as indicated.

strength of these partnerships was evident in the substantial amount of media publicity generated through good working relationships with the local media, and the local stories and photo opportunities at collaborating organisations' events.⁹ These data indicate that the partnership exchange model of offering practical assistance in return for delivering the campaign message was fundamental to gaining community collaboration. Although other factors may have influenced these positive impacts, the specificity of the questions relating to involvement in the campaign support that these were, indeed, valid campaign effects.

There were few reported decreases in capacity for the partnership impact on organisations, and although these were minimal they point to several confounding variables and possible limitations of the partnership model. Specifically, partnership success was reliant on establishing working relationships with individuals who not only understood, but embraced the campaign message. Thus, staff turnover, particularly within the more remote and isolated pilot communities, which are characteristically under-resourced with transient low-density populations and limited resources, is a common difficulty that permeates other amenity and service provision within the region.²⁵ The impact of these difficulties on the commitment and consistency of partnership outcomes was acknowledged in one of the survey comments: 'we discuss various ideas; when these don't materialise, it is sometimes our reasons not yours'. There is evidence to suggest that overall campaign impact was strengthened by media advertising and additional resources provided through Healthway sponsorships.²⁶ Thus, some organisations reporting less-than-favourable results may have had less success with media exposure or were unable to apply for Healthway funding. It may also be that non-respondents had less favourable experiences with the campaign.

The partnership model described and evaluated in this paper has implications for the broader cultural change goal of involving the entire community in building positive mental health. Both during and since the pilot phase, a wide variety of organisations has applied to partner with the campaign as a result of the potential mutual benefits.

This has included sporting and recreations groups, health and social welfare non-government organisations, libraries, schools and tertiary education institutions, hobby groups and state-wide government departments. The impact of this partnership model is evident in the commitment of organisations in other Australian states (Victoria, Queensland, New South Wales, Tasmania) and overseas (UK, Japan) that have partnered with the campaign by adopting the brand and values, despite the absence of a local campaign organisational structure or any mass media support. Although this is testament to the relevance and applicability of the campaign, the impact in these areas will be limited in scope without broader promotional support in order to achieve population-wide awareness.²⁷

Conclusion

Community and intersectoral partnerships are a means to meet the challenges of addressing the social determinants of health,^{28,29} and are essential for creating supportive physical and social environments for health behaviours.³⁰ Effective partnerships require trust, leadership and effective communication based on clear roles and responsibilities with mutual goals and benefits.^{11,28} Built on social marketing principles, Act-Belong-Commit is based on the fundamental marketing principle of exchange, which states that establishing strong working relationships with partners, including the media, is dependent on being able to offer partners something of value in return for their support.³¹ All health promotion efforts, but particularly those dealing with small community-based organisations or country town branches of larger organisations, need to ensure that their efforts to engage partners are accompanied by an understanding of the partner organisations' needs.³² The present pilot program indicates that the partnerships increased the capacity of the collaborating organisations while enabling broader campaign reach and fostering community commitment to the campaign message. This community-based approach using existing community organisations is feasible and, indeed, attractive to a variety of non-health-related government, non-government and commercial organisations.

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References

- Oishi S, Schimmack U. Culture and well-being: a new inquiry into the psychological wealth of nations. *Perspect Psychol Sci* 2010; **5**(4): 463–71. doi:10.1177/1745691610375561
- World Health Organization (WHO). Promoting mental health: concepts, emerging evidence, practice. Summary report. Geneva: WHO; 2004.
- Jané-Llopis E, Barry MM. What makes mental health promotion effective? *Promot Educ* 2005; **12**(Suppl 2): 47–55.
- Quinn N, Biggs H. Creating partnerships to improve community mental health and well-being in an area of high deprivation: lessons from a study with high-rise flat residents in east Glasgow. *J Public Mental Health* 2010; **9**(4): 16–21. doi:10.5042/jpmh.2010.0699
- Barnett L, Kendall E. Culturally appropriate methods for enhancing the participation of Aboriginal Australians in health-promoting programs. *Health Promot J Austr* 2011; **22**: 27–32.
- Kazdin AE, Blasé SL. Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspect Psychol Sci* 2011; **6**(1): 21–37. doi:10.1177/1745691610393527
- Annor S, Allen P. Why is it difficult to promote public mental health? A study of policy implementation at local level. *J Public Mental Health* 2009; **7**(4): 17–29. doi:10.1108/17465729200800025
- Donovan RJ, Henley N, Jalleh G, Silburn SR, Zubrick SR, Williams A. People's beliefs about factors contributing to mental health: implications for mental health promotion. *Health Promot J Austr* 2007; **18**(1): 50–6.
- Jalleh G, Donovan RJ, James R, Ambridge J. Process evaluation of the Act-Belong-Commit Mentally Health WA campaign: first 12 months data. *Health Promot J Austr* 2007; **18**(3): 217–20.
- Park N, Peterson C. Achieving and sustaining a good life. *Perspect Psychol Sci* 2009; **4**(4): 422–8. doi:10.1111/j.1745-6924.2009.01149.x
- Jolley G, Lawless A, Hurley C. Framework and tools for planning and evaluating community participation, collaborative partnerships and equity in health promotion. *Health Promot J Austr* 2008; **19**(2): 152–7.
- Roussos ST, Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. *Annu Rev Public Health* 2000; **21**: 369–402. doi:10.1146/annurev.publhealth.21.1.369
- Koné A, Sullivan M, Senturia KD, Chrisman NJ, Ciske SJ, Krieger JW. Improving collaboration between researchers and communities. *Public Health Rep* 2000; **115**: 243–8. doi:10.1093/phr/115.2.243
- Gillies P. Effectiveness of alliances and partnerships for health promotion. *Health Promot Int* 1998; **13**(2): 99–120. doi:10.1093/heapro/13.2.99
- El Ansari W, Phillips CJ, Hammick M. Collaboration and partnerships: developing the evidence base. *Health Soc Care Community* 2001; **9**(4): 215–27. doi:10.1046/j.0966-0410.2001.00299.x
- Dowling B, Powell M, Glendinning C. Conceptualising successful partnerships. *Health Soc Care Community* 2004; **12**(4): 309–17. doi:10.1111/j.1365-2524.2004.00500.x
- Merzel C, D'Afflitti J. Recognising community-based health promotion: promise, performance, and potential. *Am J Public Health* 2003; **93**(4): 557–74. doi:10.2105/AJPH.93.4.557
- Donovan RJ, James R, Jalleh G, Sidebottom C. Implementing mental health promotion: the Act-Belong-Commit Mentally Healthy WA campaign in Western Australia. *Int J Mental Health Promot* 2006; **8**(1): 33–42. doi:10.1080/14623730.2006.9721899
- Donovan RJ, Watson N, Henley N, Williams A, Silburn S, Zubrick S, James R, Cross D, Hamilton G, Roberts C. Mental Health Promotion Scoping Project. Report to Healthway. Perth: Centre for Behavioural Research in Cancer Control, Curtin University; 2003.
- Donovan RJ, Henley N, Jalleh G, Silburn S, Zubrick S, Williams A. The impact on mental health in others of those in a position of authority: a perspective of parents, teachers, trainers and supervisors. *Adv Mental Health* 2006; **5**(1): 60–6.
- Donovan RJ, James R, Jalleh G. Community-based social marketing to promote positive mental health: the Act-Belong-Commit campaign in rural Western Australia. In Hastings G, editor. *Social marketing: why should the devil have all the best tunes* (pp. 336–43). London: Butterworth Heinemann; 2007.
- Malhotra NK, Peterson M. Basic marketing research: a decision-making approach. Upper Saddle River: Pearson/Prentice Hall; 2006.
- Dawes J. Do data characteristics change according to the number of scale points used? An experiment using 5 point, 7 point and 10 point scales. *Int J Mark Res* 2008; **50**(1): 61–104.
- Jalleh G, Donovan RJ, James R. Process and impact evaluation of the Act-Belong-Commit Mentally Health WA pilot campaign: 2007 survey results. Report to Healthway. Perth: Centre for Behavioural Research in Cancer Control, Curtin University; 2009.
- Anwar-McHenry J. 'They'd rather go play footy': an exploratory study of the enjoyment and benefits of the arts in Western Australia's remote Murchison region. *Geographical Res* 2011; **49**(1): 37–46. doi:10.1111/j.1745-5871.2010.00646.x
- Anwar-McHenry J, Donovan RJ, Jalleh G, Laws A. Impact evaluation of the Act-Belong-Commit mental health promotion campaign. *J Public Mental Health* 2012; **11**(4): 186–94. doi:10.1108/17465721211289365
- O'Hara BJ, Bauman AE, King EL, Phongsavan P. Process evaluation of the advertising campaign for the NSW Get Healthy Information and Coaching Service®. *Health Promot J Austr* 2011; **22**: 68–71.
- Jones J, Barry MM. Exploring the relationship between synergy and partnership functioning factors in health promotion partnerships. *Health Promot Int* 2011; **26**(4): 408–20. doi:10.1093/heapro/dar002
- Mitchell SM, Shortell SM. The governance and management of effective community health partnerships: a typology for research, policy, and practice. *Milbank Q* 2000; **78**(2): 241–89. doi:10.1111/1468-0009.00170
- Woolf SH, Dekker MM, Byrne FR. Citizen-centered health promotion: building collaborations to facilitate healthy living. *Am J Prevent Med* 2011; **40**(Suppl 1): S38–S47. doi:10.1016/j.amepre.2010.09.025
- Donovan RJ, Henley N. Principles and practice of social marketing: an international perspective. Cambridge: Cambridge University Press; 2010.
- Egger G, Spark R, Donovan RJ. Health promotion strategies and methods, 2nd edn. Sydney: McGraw-Hill; 2002.