



Curtin University

Detailed monitoring and evaluation report: Creating a Mentally Healthy WA: The Act Belong Commit Program Phase VI (2020 - 2022)



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Date: October 2020

Please cite the report as:

Millar, L., & Pollard, C. (2020) Detailed monitoring and evaluation report: File Number: 33355 Creating a Mentally Healthy WA: The Act Belong Commit Program Phase VI (2020 – 2022). Curtin University, Bentley, Western Australia.

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Preamble

This document contains the detailed evaluation plan which meets the requirement of the special conditions (schedule 3) of the Creating a Mentally Healthy WA: The Act Belong Commit Program Phase VI (2020-2022).

The Act Belong Commit Program is the world's first comprehensive, population wide, community-based preventive mental health promotion program. Mentally Healthy WA (MHWA) at Curtin University directs the overall campaign. This long running, far-reaching health promotion program seeks to promote and maintain the mental health and well-being of all Western Australians.

According to the World Health Organization, "Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (1).

The Act Belong Commit program aims to encourage this sense of mental well-being through State-wide social marketing campaigns, partnerships, sponsorships and collaborations, and policy and advocacy that all promote the consistent messaging of:

- **ACT** - Keep active in as many ways as possible - physically, socially, mentally and spiritually. (i.e. *Do something*)
- **BELONG** - Keep connected to friends and family; get involved in groups, join in local community activities (i.e. *Do something with someone*)
- **COMMIT** - Commit to a cause; become a volunteer; learn a new skill; take up a challenge (i.e. *Do something meaningful*)

Introduction

This detailed evaluation plan is a requirement of the conditions of the Creating a Mentally Healthy WA: The Act Belong Commit Program Phase VI (2020-2022).

Act Belong Commit Program Background

The evidence-based Act Belong Commit Program is the world's first comprehensive, population wide, community-based preventive mental health promotion program. Mentally Healthy WA (MHWA) at Curtin University directs the overall campaign. The comprehensive multi-strategy social marketing campaign encourages people to take action to improve and protect their mental health and wellbeing, promotes good mental health strategies at the individual and community level, and encourages the creation of supportive environments for good mental health across a variety of settings including health services, local governments, schools, workplaces, community organisations and local clubs.

The Program has two key elements that are funded by Healthway and the Mental Health Commission:

1. A state-wide mass-media social marketing campaign (the Act Belong Commit Campaign);
2. Supportive strategies that build the capacity of the community, across a range of sectors, to:
 - a. extend the reach of the Campaign; and
 - b. address factors that build and protect good mental health behaviours.

Supportive strategies include the Partnership "social franchising" sub-program for specific settings and target groups, and a variety of resources for individuals and organisations.

The Act Belong Commit Framework was developed in 2005 by Curtin University researchers who reviewed the academic literature at the time, and assessed people's perceptions of mental health and the behaviours they believed protected and promoted good mental health (2, 3). The Campaign was then developed and piloted for two years in six WA regional communities then launched state-wide in 2008.

The Act Belong Commit positive mental health message and approach informs and reminds West Australians of what they can do to keep mentally healthy:

- **ACT** - Keep active in as many ways as possible - physically, socially, mentally and spiritually. (i.e. *Do something*)
- **BELONG** - Keep connected to friends and family; get involved in groups, join in local community activities (i.e. *Do something with someone*)
- **COMMIT** - Commit to a cause; become a volunteer; learn a new skill; take up a challenge (i.e. *Do something meaningful*)

MHWA's Act-Belong-Commit Program aims to improve mental health, achieve an integrated mental health system, build on mental health and suicide prevention plans, and support mental health reform efforts. The Act-Belong-Commit Program is aligned with the key priority area to *Improve Mental Health* in Healthway's Strategic Plan *Healthy Active People 2018 – 2023*. MHWA's 2018 evaluation across its Act-Belong-Commit initiatives demonstrates that it is well positioned to deliver on the following key actions listed in Healthway's Strategic Plan:

- Increase knowledge of strategies for staying mentally healthy

- Shape environments conducive to good mental health
- Create opportunities for social inclusion and connectedness
- Improve public understanding of the catalysts of good mental health, and
- Reduce social harms (bullying, discrimination).

Act Belong Commit Program Phase VI 2020 - 2022

The sixth phase of the Act Belong Commit Program aims to contribute to the longer-term mental health outcomes of the Western Australian community through increased:

- knowledge and understanding of the benefits associated with good mental health
- knowledge about what is good mental health and its distinction from mental illness
- positive attitudes towards the importance of adopting good mental health practices through the Act Belong Commit framework
- population readiness, motivation and confidence to make changes for good mental health
- trial, adoption and maintenance of a range of behaviours through the Act Belong Commit framework
- public and professional engagement concerning the promotion and protection of mental health in the WA community.

The three main activities relevant to the evaluation of Phase VI are the:

1. State-wide Social Marketing Campaign

Delivery of a state-wide social marketing Campaign based on formative research, evaluation, evidence, best practice approaches and consultation with key stakeholders and experts. The Campaign will include creative advertising materials, mass-media campaigns, the generation of unpaid media, website and digital strategies.

2. Partnerships, Sponsorships and Collaborations

Build and sustain capacity in Western Australia to promote and protect mental health, across multiple sectors and with a range of organisations. Act Belong Commit will focus on ways to strengthen new and existing partnerships, sponsorships and collaborations.

3. Policy and Advocacy

Contribute to the development and implementation of mental health public policy in Western Australia through public education, professional and public capacity building, partnership building, participation in mental health networks, and leadership development in mental health promotion.

Evaluation Plan

This detailed evaluation plan gives an overview of the frameworks used for health communication, the logic model driving the elevation of the Act Belong Commit Program Phase VI (2020-2022). The model includes, inputs, activities, pre-evaluation, outputs, outcomes, evaluation.

Framework 1: Health communication frameworks

The Act Belong Commit program is based on Centre for Disease Control Framework for Health Communication (4) (Figure 1). The framework used to develop the original program comprised 10 steps that, together, formed a communication cycle (5). These included an environmental scan of the factors that affect successful planning and implementation of the program; surveillance, trend extrapolation, and monitoring of the scientific and mass media; critically reviewing background information through systematic and scoping reviews to inform communication objectives. Clear communication objectives set the strategic agenda for the implementation and evaluation of the program. The health communication objectives promote changes in awareness, knowledge, attitudes, beliefs, and, if appropriate, changes in certain behaviours. The target audience was specified to ensure the program reached the appropriate groups. Message ideas and concepts were then developed and pre-tested.

Formative research and evaluation is essential to determine what health message ideas or concepts will "connect" with the target audience and influence health choices. Literature review, in-depth interviews, and focus groups are examples of formative research which can be helpful in identifying key message concepts. In addition to having the 'right' message, determining the optimal combination or "mix" of channels through which to send a specific health message is equally important. A good mix of channels increases the opportunities for the target audience to be exposed to the message a sufficient number of times to absorb and remember it.

After selecting the best mix of channels communication formats to fit the channels (for example, brochure, public service announcement, poster) are chosen which will in turn affect the content and delivery of messages. Methods for pretesting include members of the target audience. Pre-test results are used to revise messages and materials before proceeding with "finished" products.

The framework and promotion plan tied to the communication objectives in the context of the broader prevention agenda are then completed. The comprehensive promotion plan described the target audiences and channels, activities and events to promote and broaden the communication effort methods to disseminate materials, mechanisms to store and track quantities of materials used, and the logistical support for all of the above tasks, and the implementation timetable.

Implementation and impact evaluation follows the planning stages to answer the following question, what worked for whom and why?

Feedback from evaluating the effectiveness of health communication activities can help identify both strengths and weaknesses and suggest a course of action for improving the activities where

necessary. By design, feedback is ongoing, action-oriented, and leads to improved decisions about effective use of communication in both the planning and implementation of prevention programs.

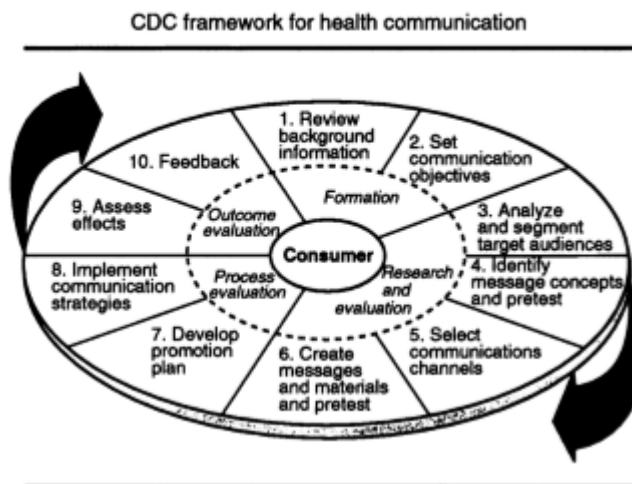


Figure 1 CDC framework for health communication

Framework 2: The communication–persuasion model

For optimal impact, implementation of communication strategies should be underpinned by theory. Communication strategies need to induce the public to change their health behaviours through increasing their knowledge, attitude, and skills towards that issue. The Act Belong Commit campaign broadly follows the communication persuasion model for health communication. The communication persuasion model sets out steps for achieving the goals of communication campaigns (6, 7) (Figure 2).

Input Communication Factors		
	<i>INPUT</i>	<i>Factors in this 'input' section include:</i>
1	Source	Demographics, credibility, attractiveness etc.
2	Message	Appeal, organization, style etc.
3	Channel	Type of media used, i.e. television
4	Receiver	Demographics, social/psychological factors
5	Destination	Immediacy/delay, prevention/cessation
Output Persuasion Techniques		
	<i>OUTPUT</i>	<i>Description of what happens at each step:</i>
1	Tuning in	Exposure to the message
2	Attending	Paying attention to the message
3	Liking	Liking and being interested in the message
4	Comprehending	Understanding the message
5	Generating	Related cognitions
6	Acquiring	Gaining the appropriate skills to act on the message
7	Agreeing	Agreeing the message is correct
8	Storing	Saving the message to memory
9	Retrieval	Retrieval of the message from memory when needed
10	Decision	Acting on the message
11	Acting	Performing the action
12	Post-action	Integration of the action into behaviour
13	Converting	Advising others to behave likewise

Figure 2 McGuire's communication-persuasion model

The communication–persuasion model is characterised as an input-output matrix that can be manipulated and measured to achieve change (6). The communication 'input' factors contain five separate stages of communication: source, message, channel, receiver and destination. These input

variables provide options to select and manipulate and are the main step in achieving the 'output' variables. Figure 2 illustrates the five 'Input' variables and 13 'output' variables. Originally criticised as having an overly restrictive number of steps and a prescriptive linear order for a behaviour change (8), it is not recognised that behaviour is not a linear process and that all steps do not need to be followed sequentially or be included each time (6).

The evaluation of the Act Belong Commit mass media campaign, partnerships, sponsorships, collaborations, and advocacy has been based on the frameworks presented above. The evaluation includes process and impact evaluations that utilise qualitative and quantitative methods. These will be detailed more fully in the following sections.

Evaluation logic model for Act Belong Commit, 2020 to 2022

The evaluation logic model is presented in Figure 3 and explained in more detail in Table 1. The model is read from left to right.

The inputs include all of the staff and organisations that contribute to developing, implementing and evaluating various parts of the overall Act Belong Commit program of work. The program is underpinned by evidence which is always being updated through reviews of the literature.

Moving right, Act Belong Commit comprises three key activities 1) a state-wide social marketing campaign, 2) partnerships, sponsorships and collaborations and 3) policy and advocacy.

Pre-evaluation consists of quantitative data collection through a population survey, the development of campaign strategies and materials, and logo testing. The agreed upon outputs relate to all the activities and are detailed in Table 1.

The outcomes correspond to health communication theory that predicts the effectiveness of mass media campaigns (see Figure 2 above). It is expected that campaign exposure and reach will relate to behaviour changes. Long-term healthful behaviour changes will eventually lead to improved mental health and well-being. The follow-up population health survey will provide data to test these associations.

The combination of all the evaluation methods (including process reports and policy audits) will provide evidence of what worked, for whom, and why. These findings will be shared with the wider public health and health promotion communities via journal articles and conference presentations. Additionally, findings will be disseminated to partners, key stake holders and community via reports, workshops and other online messaging.

Table 1 describes, in detail, the components of the evaluation plan. The sections have been colour coded to match the logic model, Figure 3. The columns headed outputs and outputs evaluation should be read together and the other three; outcomes (short or medium), key evaluation questions, and quantitative indicators, should be read across the rows also. The table is divided into three parts:

- State-wide social marketing campaign
- Partnerships, sponsorships, collaborations
- Policy and advocacy

Each section contains outputs and output evaluations, outcomes and key evaluations questions, and quantitative indicators. All of these were developed and agreed upon by the Act Belong Commit team and representatives of Healthway.

EVALUATION FRAMEWORK 2020 - 2024

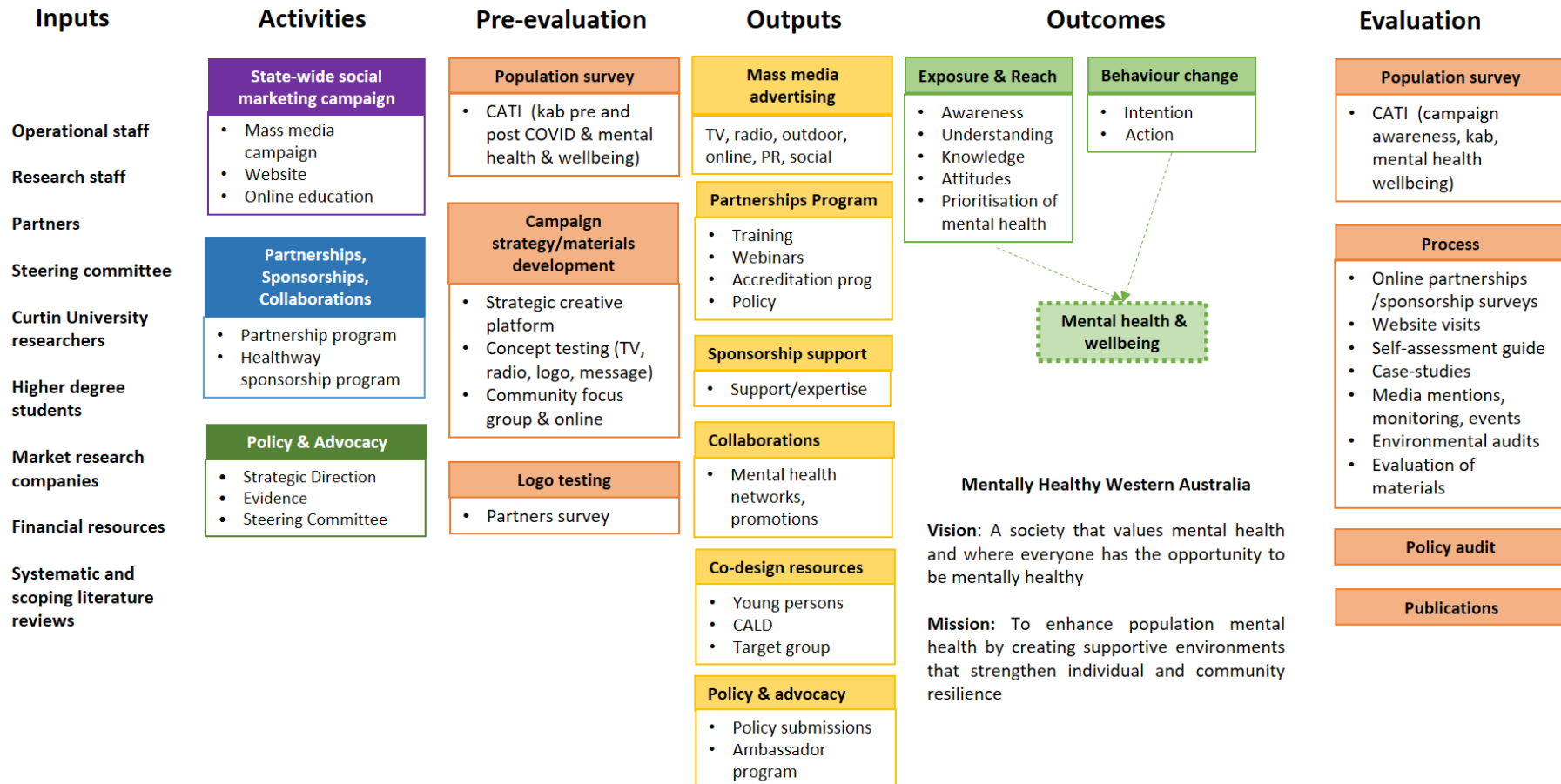


Figure 3 Act Belong Commit evaluation framework for the period 2020 to 2024

Table 1 Act Belong Commit evaluation plan details by program

State-wide social marketing campaign				
<ul style="list-style-type: none"> • Mass media campaign: Digital and print & Unpaid media • Website • Online education 				
Long-term outcome: Increased mental health and wellbeing				
Outputs	Output evaluation	Outcomes (short or medium)	Key evaluation questions	Quantitative Indicators
			<i>How effective has the program been in:</i>	
Produce at least one new creative advertisement and supporting campaign material. This may include television, radio, outdoor and/or online executions	Concept testing and development (focus groups, CATI, literature review) Process evaluation	Increased awareness, understanding, knowledge and attitudes (short)	Increasing awareness and understanding of strategies to keep mentally healthy in the primary target group	Population survey pre-post (CATI)
Deliver at ≥1 wave of mass media advertising per annum	Completed/not completed Process evaluation		Increasing knowledge about what is good mental health and its distinction from mental illness	Population survey pre-post (CATI)
Invest at least 5% of the overall media budget on regional and rural media strategy.	Budget expenditure report		Increasing the proportion of the population exposed to the Campaign that perceive the Campaign to reduce stigma associated with mental health issues by at least 5%	Population survey pre-post (CATI)
Develop/deliver ≥3 visual resources/annum to support the mass media campaign, e.g. infographics and digital videos	Completed/not completed Process evaluation		Increasing openness about mental health and mental illness by at least 5%	Population survey pre-post (CATI)

State-wide social marketing campaign

- Mass media campaign: Digital and print & Unpaid media
- Website
- Online education

Long-term outcome: Increased mental health and wellbeing

Outputs	Output evaluation	Outcomes (short or medium)	Key evaluation questions	Quantitative Indicators
Generate at least \$50,000 of unpaid media coverage per annum related to Act Belong Commit messages, activities and issues.	Report \$ value of unpaid media coverage per annum	Behaviour change (medium) <ul style="list-style-type: none"> • Intention • Acting 	Increasing readiness/motivation and confidence to make changes for good mental health.	Population survey (CATI)
Deliver at ≥ 2 media notes/media releases generated per month.	Report number of media notes/media releases per month Process evaluation		Increasing the proportion of the population exposed to the Act Belong Commit Campaign that are doing something to improve their mental health by at least 3%	Population survey (CATI)
Generate at ≥ 8 media mentions per calendar month related to Act Belong Commit mental health promotion messages.	Report number of media mentions per calendar month related to Act Belong Commit mental health promotion messages			
Develop and/or update at ≥ 1 online tool.	Completed/not completed			
Develop and/or update at ≥ 2 online resources, in consultation with relevant stakeholders.	Completed/not completed Process evaluation			

State-wide social marketing campaign

- Mass media campaign: Digital and print & Unpaid media
- Website
- Online education

Long-term outcome: Increased mental health and wellbeing

Outputs	Output evaluation	Outcomes (short or medium)	Key evaluation questions	Quantitative Indicators
Ensure all tools and resources have an online component and stored on the website	Completed/not completed			

Partnerships, sponsorships and collaborations

- Partnership program
- Healthway sponsorship program

Long-term outcome: Increased mental health and wellbeing

Outputs	Output evaluation	Outcomes (short or medium)	Key evaluation questions	Quantitative Indicators
			<i>How effective has the program been in:</i>	
Develop and distribute a new training video for Partners	Completed/not completed	Exposure and reach (short)	Increasing the number of partners and stakeholders that can influence vulnerable populations by at least 10 agencies	Process evaluation # of partners and stakeholders at end of phase compared with the # at the beginning
Deliver at least three training webinars for Partners per annum	Completed/not completed		Increasing the number of partnerships and networks that co-design and co-deliver	Process evaluation # of partners and networks that co-design and co-deliver

Partnerships, sponsorships and collaborations

- Partnership program
- Healthway sponsorship program

Long-term outcome: Increased mental health and wellbeing

Outputs	Output evaluation	Outcomes (short or medium)	Key evaluation questions	Quantitative Indicators
			mental health promotion activities at the local level by at least 5%	mental health promotion activities at the local level at end of phase compared with the # at the beginning
In Year 2, deliver a professional training and networking event for Partners to build mental health promotion capacity	Completed/not completed Pre/post training and event measures of changes in mental health promotion capacity	Increased awareness, understanding, knowledge and attitudes (short)	Increase the proportion of partners who report an increase in health promotion skills and knowledge among staff and volunteers by at least 5%.	Measure of health promotion skills and knowledge among staff and volunteers pre/post relevant training provided by Act Belong Commit staff
Develop and trial an accreditation/recognition program for Partners	Completed/not completed Process evaluation including effectiveness of the accreditation program			
Increase the number of mental health policies in Partner agencies based on Act Belong Commit by 5%	Establish baseline with policy audit in Partner agencies in Year 1 then compare to follow-up audit in Year 3			
Provide in-house support and expertise for Healthway	Completed/not completed			

Partnerships, sponsorships and collaborations

- Partnership program
- Healthway sponsorship program

Long-term outcome: Increased mental health and wellbeing

Outputs	Output evaluation	Outcomes (short or medium)	Key evaluation questions	Quantitative Indicators
sponsorships allocated to MHW by Healthway				
Develop, maintain and/or actively participate in at least two partnerships and networks dedicated to mental health prevention and promotion	List partnerships and/or networks dedicated to mental health prevention and promotion in which MHW is an active participant Process evaluation			
Co-design and co-develop appropriate resources for parents, carers, and agencies that work with children and young people including but not limited to family centres, childcare centres, playgroups, early childhood centres, parenting groups and support services	Completed/not completed Process evaluation including list of resources co-designed and co-developed and participating organisations			
At least one piece of qualitative research conducted with target group to inform, update and develop tools/resources	Completed/not completed Research report that describes development			

Partnerships, sponsorships and collaborations

- Partnership program
- Healthway sponsorship program

Long-term outcome: Increased mental health and wellbeing

Outputs	Output evaluation	Outcomes (short or medium)	Key evaluation questions	Quantitative Indicators
	of tools and resources aimed at CALD communities			
Consult with relevant stakeholders and experts for the development of Act Belong Commit tools and resources	This would be included in the research with the CALD communities			

Policy and advocacy

- Inform strategic direction

Long-term outcome: Increased mental health and wellbeing

Outputs	Output evaluation	Outcomes (short or medium)	Key evaluation questions	Quantitative Indicators
.			<i>How effective has the program been in:</i>	
Where appropriate, develop and deliver policy submissions related to improving mental health in Western Australia and Australia	Report any opportunities, how these were managed and the resulting outputs	Exposure and reach (short)	Increasing participation in the number of publications of peer-reviewed journal articles related to the promotion of mental health by 5%	# of peer reviewed journal articles submitted for review

Policy and advocacy

- Inform strategic direction

Long-term outcome: Increased mental health and wellbeing

Outputs	Output evaluation	Outcomes (short or medium)	Key evaluation questions	Quantitative Indicators
Where appropriate, work with state and local agencies to co-design and co-develop mental health policy, plans and strategies	Report any opportunities, how these were managed and the resulting outputs			
Increase the number of media mentions related to mental health promotion and policy issues	Actively pursue opportunities for media mentions. Report change in media mentions related to mental health promotion and policy issues from the previous to the current years			
Participate in and facilitate the development and leadership of mental health promotion networks and collaborations in WA to help set a common mental health agenda	Actively participate in networking opportunities and pursue collaborations with mental health groups. Report on the contribution made to setting a common mental health agenda			
Develop, implement and monitor an online Ambassador Program	Process evaluation on development, and implementation of the program including			

Policy and advocacy				
<ul style="list-style-type: none"> Inform strategic direction 				
Long-term outcome: Increased mental health and wellbeing				
Outputs	Output evaluation	Outcomes (short or medium)	Key evaluation questions	Quantitative Indicators
	monitoring and effectiveness			

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