



# Take a minute.



## Evaluation of the **Take a minute** Campaign

Interim Report

April 2024

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# Executive Summary

The Take a minute campaign, led by the Mental Health Council of Tasmania (MHCT), aims to enhance mental well-being literacy in Tasmania. Developed from a thorough needs analysis, the campaign's multifaceted approach incorporates literature review, community engagement, and targeted strategies to promote mental health literacy.

## Evaluation Methodology

Structured into three phases, the campaign underwent meticulous design, implementation, and preliminary evaluation. Phase 1 focused on needs analysis and theory development, while Phase 2 involved campaign implementation and data collection. Phase 3 encompasses evaluation and reporting to provide comprehensive insights and recommendations for the future delivery of the project.

## Needs Analysis

The needs analysis highlighted the shift towards wellbeing promotion over simply risk reduction in mental health campaigns. Emphasizing individualized wellbeing literacy and community participation, the analysis underscored the importance of tailored, personally relevant and empowering approaches to mental health education.

## Campaign Collateral Testing

Six focus group sessions provided iterative feedback on campaign collateral, ensuring clarity, accessibility, and cultural alignment. Participants favored simple, locally-driven initiatives, emphasizing the importance of engaging, enjoyable content.

## Testing the Campaign

The campaign was launched on 15 November 2023, with dissemination largely relying on partner organisations. Participants could join through those organisations as well as via publicly available registration links. Initial feedback from participants indicates promising outcomes, with the 7-minute challenge fostering self-reflection, empowerment, and community connections. The campaign's flexible delivery, incorporating diverse platforms and settings, facilitated broad participation across different demographics across Tasmania.

## **Key Themes and Lessons Learned**

Stakeholder engagement reflects widespread recognition of mental health's significance, endorsing the campaign's relevance and potential impact. Early results suggest a positive impact on literacy, enjoyment, and awareness of wellbeing factors among participants. Implementation lessons highlight the feasibility of our partner organization dissemination stream, as well as the impact of local champions and the campaign's adaptability for widespread adoption.

## **Conclusion**

The Take a minute campaign demonstrates early success in promoting mental well-being literacy in Tasmania. Through collaborative efforts and tailored strategies, the campaign has engaged diverse stakeholders and facilitated meaningful behavioral change. Moving forward, sustained momentum and targeted interventions will further solidify the campaign's impact, fostering a culture of mental well-being across the community.

## About SAHMRI Be Well Co

The evaluation team are employees of the South Australian Health and Medical Research Institute (SAHMRI), South Australia's flagship independent not-for-profit health and medical research institute, and its mental health spin-off Be Well Co. Be Well Co develops tools based on SAHMRI's scientific research to build mental health and wellbeing.



Our experienced team have an established track record including high quality academic research, wellbeing campaign design and impact evaluation, development of digital technologies for mental health, mental health sector consultation, and community engagement.

Dr Matthew Iasiello is Senior Researcher at the SAHMRI Be Well Co. Matthew's research is focused on the most effective ways to promote mental wellbeing, and the relationship between mental wellbeing and psychological distress. Matthew is passionate about the development of high-quality wellbeing programs designed to improve mental wellbeing and integrating these interventions into real world settings.

Dr Joep van Agteren is the co-lead of the SAHMRI Be Well Co. Joep's expertise relates to behaviour change and mental health research, and he has a keen interest in evidence-based intervention development, using formative research via systematic reviews and qualitative research to underpin research projects, and the use of technology in improving health and wellbeing.

## About the Mental Health Council of Tasmania

MHCT is the peak body for community managed mental health services in Tasmania. They represent and promote the interests of their members and work closely with government and agencies to ensure sectoral input into public policies and programs. They advocate for reform and improvement within the Tasmanian mental health system. MHCT's purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and their vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

The project team are employees of MHCT and comprises of the project manager: Bree Klerk, project coordinator: Laura Cini and the community capacity building project officers: Amanda Aitken and John McNamara.

Bree brings a background in project management, social science and mental health policy to the project team. Her work includes a focus and interest in system improvement particularly in advocating for measures that improve population mental health and wellbeing and early access to mental health supports and services.

Laura has a strong background in health science, health promotion and preventative health. She has broad experience in community engagement, project and program management, client management and education and training both for Government and not-for profit organisations in Hobart.

John has experience across the community sector working within Government and Non-Government in community partnership, project management, funding and quality roles as well as in direct service provision. John also has experience in quality management systems with a passion for making information and services accessible.

Amanda has a background in promoting health literacy and in customer service and consumer engagement. She holds qualifications in marketing and counselling and is an active volunteer in her community.



# Project Brief

The project aims to develop mental wellbeing literacy content and information in Tasmania by reviewing existing literature and programs, identifying community groups, and creating accessible materials. It seeks to promote consistent language, reduce stigma, and encourage prevention and early action for mental health issues. Additionally, a whole-of-population campaign was launched to attract Tasmanians to a mental health check-in website, focusing on engaging individuals out of curiosity. Alongside, targeted community engagement will involve developing a plan to reach diverse population groups and providing training to community leaders for educating their communities about mental wellbeing literacy. Three components of the project include:

## 1. Development of Mental Wellbeing Literacy Content and Information

- ▶ Conduct literature review and environmental scan of mental wellbeing literacy and existing programs in Tasmania.
- ▶ Identify community groups involved in mental health and wellbeing.
- ▶ Aim to promote consistent language and understanding, reduce stigma, and encourage prevention and early action for mental health issues.

## 2. Whole-of-Population Campaign

- ▶ Develop a campaign strategy to attract Tasmanians to a mental health check-in website.
- ▶ Focus on engaging people out of curiosity and general interest, not just when seeking help.

## 3. Targeted Community Engagement

- ▶ Develop a community engagement plan, considering diverse population groups and engagement methods (online, phone, face to face).
- ▶ Support community leaders in educating their communities about mental wellbeing literacy through various training options.

*Adapted from: Mental Health Council of Tasmania Project Brief [www.mhct.org/mental-wellbeing-literacy-project-brief/](http://www.mhct.org/mental-wellbeing-literacy-project-brief/)*

## Evaluation Methodology

The campaign was structured into three Phases: Phase 1 focused on campaign design and evaluation strategy, Phase 2 on campaign implementation and data collection, and Phase 3 on evaluation and reporting.

In **Phase 1** (Campaign design and evaluation strategy), the team clarified campaign needs through a needs analysis and developed a theory of change to address them. This involved combining existing knowledge from rapid literature reviews by the Be Well Co team with insights from Tasmanians on mental health and wellbeing, as well as from existing solutions such as checkin.org.au. Behavior change techniques were then mapped to the theory of change to guide project intentions. Collaboration with MHCT, key stakeholders, and end users ensured alignment with campaign goals, with feedback sessions conducted to refine the design and summarise themes for consideration. All aspects of the campaign design were conducted with MHCT, key stakeholders, and end users.

**Phase 2** (campaign implementation and data collection) built upon Phase 1 outcomes, with MHCT, alongside Before Creative and SAHMRI Be Well Co, designing campaign collateral aligned with the established needs analysis and theory of change. Evaluation tools were developed to monitor the intervention's impact, informed by Phase 1 findings. These tools incorporated both quantitative and qualitative methods to assess progress and inform decision-making. Initial feedback from partners was collected and summarized.

In **Phase 3** (evaluation and reporting), the team will finalize the analysis and produce a comprehensive report evaluating the project's impact and real-world behavioral outcomes. This report will provide recommendations for the project's sustainability moving forward.

## Needs Analysis

This document summarises a needs analysis to clarify the considerations required when considering a campaign designed to improve the wellbeing literacy across Tasmania. This was informed by a review of the academic literature, grey literature, and focus groups with and insights from various mental health and community stakeholders across Tasmania.

### Theme 1: The need for campaigns that focus on wellbeing promotion and resultant benefits.

Mental health campaigns have traditionally adopted a risk-reduction model, designed to target and prevent risk-factors of mental illness. Depending on the target audience, these prevention campaigns can be classified as Universal (no specific target audience), Selective (aimed to one or more subgroups of a population determined to be at risk or vulnerable) or Indicated (aimed at individuals showing specific risk signs or symptoms) (Barry, 2019). Recently, mental health campaigns have started shifting to the promotion of mental health and wellbeing (as opposed to solely reducing the risk of illness) as an alternative and potentially more effective strategy, in line with a parallel shift in focus that can be seen in mental health promotion in general (Slade, 2010). These newer campaigns adopt a competence/enhancement model focused on the promotion of competencies and positive mental health (Herman & Jané-Llopis, 2005).

### Theme 2: Wellbeing literacy must be personally defined.

Mental health literacy was first defined by Jorm (1997) as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”. This concept poses a clear contradiction with models that emphasis competence building and hence indicates a lack of utility in building population mental health. Reflecting the paradigm shift to include positive mental health, some modern definitions of mental health literacy now include wellbeing, for example from the Queensland Mental Health Commission, “Good mental health literacy is about having the knowledge, understanding and skills needed to promote mental health and reduce the impact of mental illness” (Queensland Mental Health

Commission, 2023). Regardless of an apparent change in focus, what realistically remains in contemporary approaches to mental health literacy is an almost exclusive focus on recognising and preventing pre-established ‘symptoms’ of mental illness, and a lack of focus on the individual nature of wellbeing, therefore not suiting the brief of the project.

More suitable to a campaign based on empowerment and competency is the concept of wellbeing literacy (Oades, 2021) referring to the capability to comprehend and compose language around wellbeing, across different contexts, ultimately serving to help improve the wellbeing of individuals and the people around them. In this concept wellbeing is an actual experience, beyond simply an idea or a construct. Language influences experiences, as it allows people to construct meanings of those experiences, thereby also affecting wellbeing (Brothers, 2005). There needs to be very deliberate use of language, steering away from a heavy reliance on language that may result in less uptake, e.g. because of stigma or defensiveness.

### Theme 3: The need for public participation using a de-centralised, flexible campaign (individualisation at the population level).

Although the above themes highlight the need for individual freedom in wellbeing literacy, a universal mental health campaign ultimately has the aim to be used across the state of Tasmania. The individualisation element therefore needs to be able to occur at the population level. To facilitate this successfully, the campaign can draw on learnings from scientific and grey literature on previous campaigns, both within and outside of health promotion, combined with insights from the focus groups, to straddle the delicate balance between individual relevance and flexibility and a design that can facilitate population-level impact

Research has investigated mechanisms of public participation, particularly in the context of understanding the reasons why content is shared, or goes viral, online. For instance, research has investigated important topics such as online advocacy (Guo & Saxton, 2014) and public engagement (Lovejoy & Saxton, 2012), as well as key desirable outcomes such as giving

behaviours (Saxton & Wang, 2014) and viral behavioural intentions to engage with or share pro-social messages (Alhabash & McAlister, 2015). Berger (2013) has proposed a model with six key elements that can be utilised to improve sharing of messages and public participation, being: social currency, trigger, emotions, public, practical value, and stories, which together form the acronym STEPPS.

#### Theme 4: Building wellbeing literacy requires motivation, capability and opportunity.

The success of a wellbeing literacy campaign ultimately should be reflected in real behaviour change as a consequence of improving literacy. It is for this reason that the campaign uses Intervention Mapping as a framework, which uses behaviour change principles to help guide the design of initiatives to improve health. The framework is an ecological framework ensuring that solutions can leverage different levels to their advantage. These include the individual, interpersonal, organizational, community and governmental level:

- Individual factors describe the ability for an individual to increase control over one's life (autonomy and empowerment), to manage thoughts and feelings, acquire social and emotional skills, resilience, and the ability to cope with stressful circumstances.
- The interpersonal level describes the relationships we have with people around us, acting as resources or threats to our wellbeing.
- The organisational level describes any factors relating to organisations that play a role in our lives, e.g. work/life balance policies.
- The community level factors include a sense of belonging, social support, a sense of citizenship, social inclusion, and participation in society.
- Finally, governmental level factors include environmental, social, economic, and cultural factors that support positive mental health, including good living conditions, housing, education, employment, transport, and political and social structures.

# Stakeholder and community feedback on Needs Analysis

Following sessions in March 2023 the following themes were identified.

What won't work:

- **One size fits all:** The consensus was against employing a one-size-fits-all message and approach, emphasizing the need for tailored strategies in promoting wellbeing.
- **Top down:** Participants rejected a top-down approach, advocating for community involvement and not imposing solutions from above.
- **Not giving agency to individuals:** The group stressed the importance of empowering individuals, highlighting the need for initiatives that allow people to take control of their own wellbeing.
- **Using boring engagement methods:** The session identified a strong aversion to dull and uninspiring methods, emphasizing the necessity of creative and engaging approaches to promote wellbeing.
- **Proposal - Meet people where they are:** The suggestion to meet individuals at their current level of understanding and engagement resonated, underlining the importance of tailoring initiatives to the existing context of each person.

Individualisation at the population level:

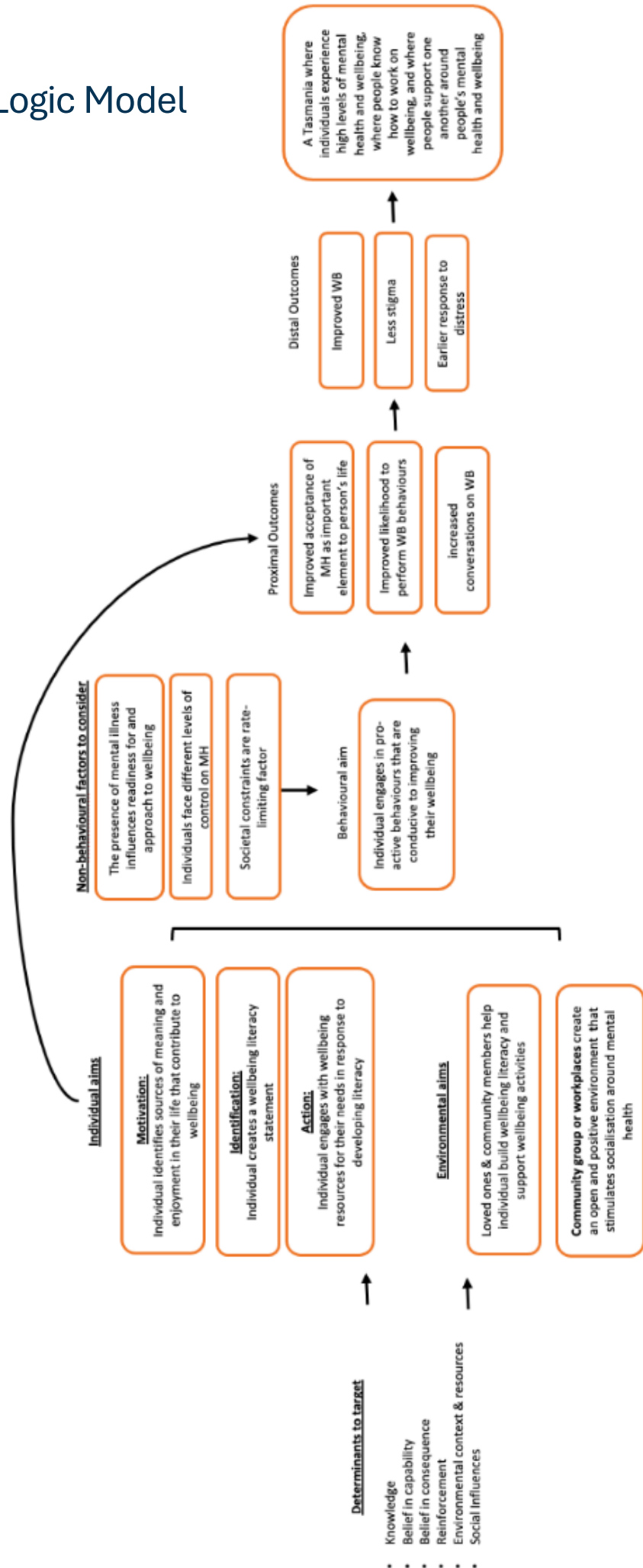
- **Wellbeing is personal:** Participants recognized the personal nature of wellbeing, emphasizing the need for strategies that acknowledge and cater to individual preferences and needs.
- **We need language that can be tailored:** The importance of a universally adaptable language for discussing wellbeing emerged, ensuring that communication resonates with diverse Tasmanian communities.
- **Development of a wellbeing literacy statement:** A proposed initiative involved creating a wellbeing literacy statement, guiding individuals to reflect on aspects important to their wellbeing and encouraging actionable steps.

- ▶ **Meaningful pictures received** significant support as an enjoyable activity that promoted communication: Utilizing visual aids and enjoyable activities was suggested as an effective means to facilitate meaningful discussions and support in the community.

Key considerations:

- ▶ **Equitable access:** The need for equitable access to wellbeing initiatives was emphasized, with considerations for both online and phone-based resources to cater to diverse preferences and situations.
- ▶ **Tasmanians are local:** Recognizing the local identity of Tasmanians, participants stressed the importance of incorporating local elements and a variety of meeting places to enhance community engagement.
- ▶ **Community driven:** Participants favored initiatives led by locals, expressing a preference for authentic community-driven programs over external interventions.
- ▶ **Mental health by stealth:** Advocacy for a subtle approach to mental health promotion - becoming creative in the way we use language and focusing on flow-on effects or drivers of mental health to increase its relevance. This would be combined with directly asking individuals about their needs, was highlighted, along with the importance of engaging reflection exercises to make the process interesting, enjoyable and impactful.

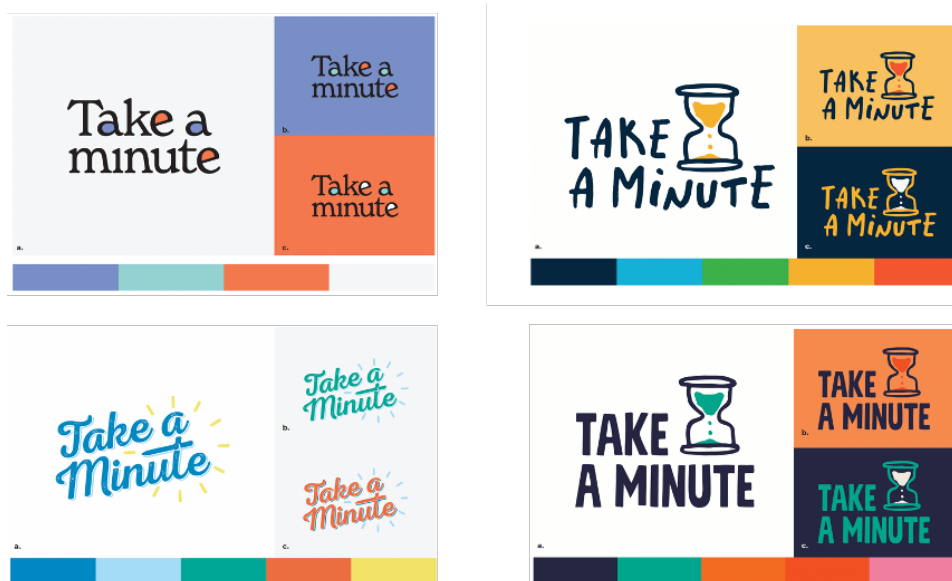
# Evaluation Logic Model





## Campaign collateral and stakeholder feedback

Six focus group sessions were held online and face-to-face. These were to test some initial campaign collateral and artistic styles produced by Before Creative. Sessions were iterative, as saturation was reached, and different concepts were presented to the focus groups to narrow in on different aspects of the collateral.

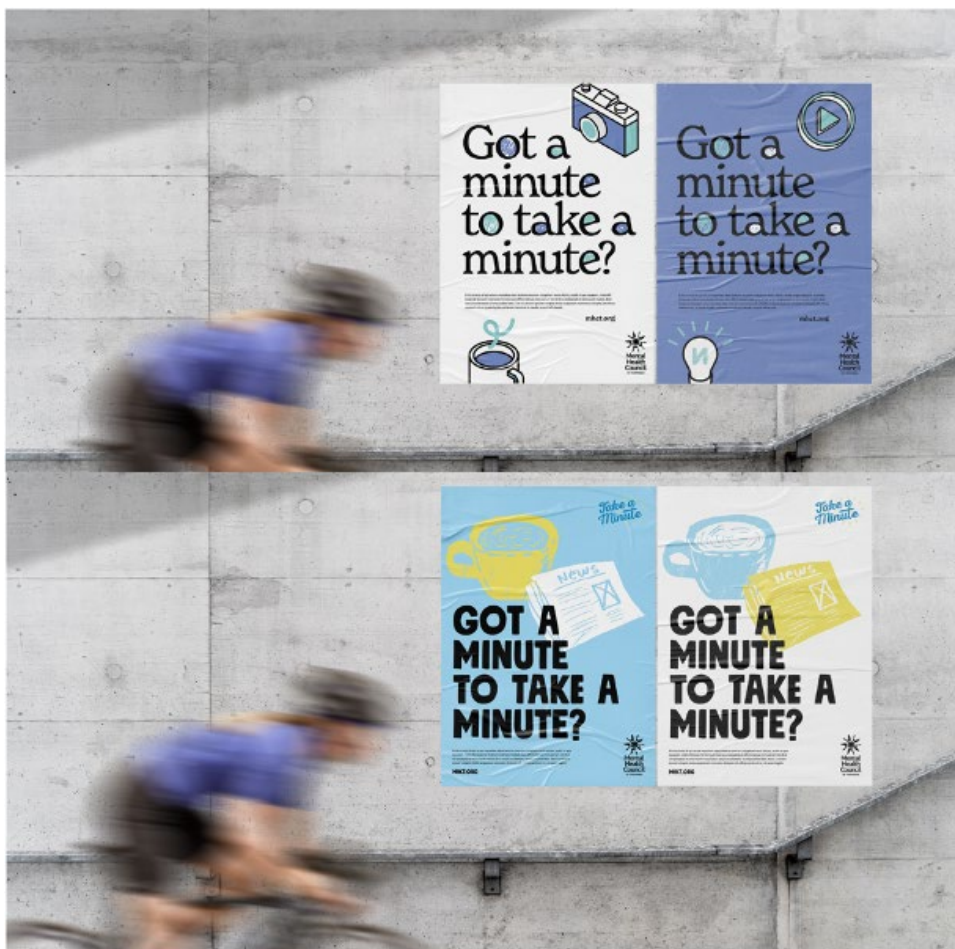


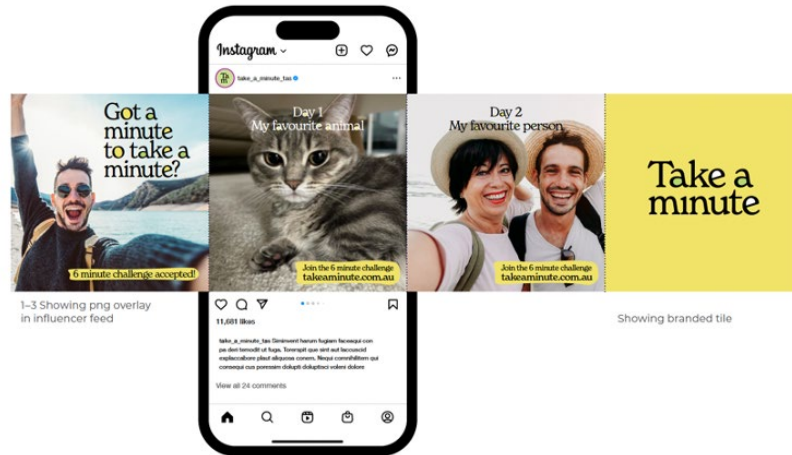
### Session 1

After comparing various options, participants expressed that child-like fonts were not popular, and the use of contrasting colored lettering made reading difficult. The discussion delved into the existential and other issues raised by a logo that resembles a timer (i.e. time may be running out). In evaluating two contrasting options, concerns were raised about fonts that looked too youth-focused or playful, with a preference for clearer fonts with appropriate contrast in yellows. Participants discussed the use of uppercase versus lowercase letters, expressing caution about squashed capitals while praising the effectiveness of vibrant colors. Personal associations with colors, such as red being perceived as angry, were noted. The proposal emphasized the need for a clear font tailored to the literacy rate and the consideration of different demographics.

## Session 2

In the second session, participants highlighted that the bottom-right option was clearer, making it more accessible for individuals with visual impairments. They noted that the colors in the bottom-left option were more noticeable, while the top options were easily overlooked. Challenges with color and accessibility were emphasized, particularly regarding the difficulty of reading colored letters. Respondents indicated the icons needed to have clear relevance to the campaign, meaning the top left icon (camera, referring to taking pictures as a key vehicle in the campaign) had more relevance than the lower left icon (newspaper and coffee).





### Session 3

The third session focused on individual perspectives on mental health self-care, with considerations of generational differences in sharing personal experiences. Participants discussed the potential success of initiatives among youth, suggesting a "Photo Dump" as a way to gain traction. Concerns were raised about the accessibility of tech-based solutions, with suggestions for community-focused activities like men's sheds and walking groups. The importance of making printing available for wider community engagement and the necessity of clarity about the purpose were highlighted. Despite considerations for digital literacy and accessibility, the use of photographs to identify 'resources of wellbeing' was considered highly engaging, enjoyable, and practical.

### Session 4

Session 4 revolved around the importance of locally-oriented champions and the need for cultural alignment in messaging. Participants emphasized the value of simple, well-executed, and locally championed initiatives with no competition. The importance of personal stories addressing local needs and connections within the community was emphasized, along with tailoring initiatives to specific contexts, such as workplaces and rural areas. Participants expressed a preference for challenges like "Big Freeze" and raised concerns about excessive tagging reminiscent of chain letters.



## Session 5

The final session touched on the optional nature of sharing and the potential confronting aspect of photos that were too-much focused on positives. Participants did however highlight the importance of joy, happiness, in general, and making the campaign stress-free and enjoyable. Suggestions included a word cloud collage, quick and easy visible reminders, and leadership authorization to continue conversations throughout the day. The value of real Tasmanian photos and individuals was stressed, cautioning against the potential patronizing nature of cartoons. The session concluded with considerations for the final collateral, emphasizing the need for real images that resonate with the identity of the target market.

From the feedback from these sessions, the campaign's creative agency developed the below logo and branding for the campaign.



## The 7-minute challenge

The Take a minute campaign centres on the 7-minute challenge, developed by the researchers and the MHCT campaign team. This challenge activity encourages people to just take a minute each day over seven days – with the ability to adjust to different time periods, see section below - to consider the people, places and things that are important to them and give their life purpose and meaning.

Tasmanians can engage with the challenge solo, in a group, in an organisation or in a workplace. Once registered, participant/s follow the daily prompts over seven days. The campaign is unique in that it uses on-the-ground project officers who do community outreach across the state to directly engage communities. Once engaged, these project officers support and guide the communities to implement the campaign so as to best suit and reach their target audience.

## Testing the Campaign

Testing of the campaign was conducted using a combination of focus groups, interviews, and online surveys. There has been consistent feedback from individual and group participants that the 7-minute challenge was enjoyable, simple, through provoking, flexible, and helped people reconnect with their interests. Campaign partners (including workplaces and community) have been content with the support that they have received from MHCT to deliver the campaign, and appreciated the collateral provided.

We have evidence that the 7-minute challenge has helped individuals to adopt new behaviours. Some example quotes include:

- *“It has helped me realise things I am able to do to help myself feel better if I’m not feeling great”*
- *“It was good to have a week to reflect on positive mental health, and is a new train of thought that I aspire to continue”*
- *“Gratefulness journal”*
- *“Fitness”*
- *“I now set aside 30 minutes a day to work and brush my horse”*
- *“Gratitude at the forefront of everyday”*
- *“It prompted me to think about different aspects of my wellbeing, and increase my awareness of things in my life that I already do to maintain my wellbeing”*
- *“Take time for me”*
- *“Yes, it has inspired me to do more of the activities I love”*
- *“Confirmed existing ideas”*
- *“Everyday mindfulness”*
- *“To take more photos to reflect on at quiet or low points”*
- *“It has helped me bring together what matters to my health and wellbeing”*

Participants expressed some of the enjoyable aspects of the campaign:

- *“Reflecting on positive mental health I also thought it brought our group closer together”*
- *“I liked seeing the other responses that people did we shared photos of our cats and I thought that was cool”*
- *“It was like a mini check-in with myself”*
- *“It was fun and gave me a break from my work tasks”*
- *“Making me think about what makes me happy and how I can bring these back into my life”*
- *“Thought provoking on the everyday things that keep us going”*
- *“It was quick and easy to engage with, and I like taking time to take photos of things that bring me joy. I have saved the emails so I can reflect back on them”*
- *“Simple idea I could share with students”*
- *“It was quick and easy to do. It focuses on what makes us mentally happy rather than mentally ill”*
- *“Short and simple daily reminders”*

## Key Themes of evaluation to date

### **Mental health is a community priority, and mental wellbeing viewed as an important solution**

In Tasmania, mental health and well-being literacy have emerged as crucial focal points in community engagement efforts. MHCT has undertaken extensive outreach, engaging with over 230 stakeholders throughout the state. Feedback consistently highlights mental health and well-being as significant concerns among Tasmanians. While recognizing that well-being literacy isn't a standalone solution or treatment for mental illness, stakeholders agree on the value of empowering individuals to identify actionable steps for self-care.

MHCT's outreach efforts have yielded broad interest and support across very diverse sectors in Tasmania. From local councils and non-profit organizations (including Volunteering Tas, Lifeline Tas, Asthma Tas, Relationships Tas, Royal Australian Doctors Service Tas) to community service providers (Anglicare, Baptcare), state government departments, and private businesses, child and family centres, community centres, neighbourhood houses, private businesses, psychologists, sporting clubs, peak bodies, and the University of Tasmania, stakeholders from all walks of life have shown enthusiasm and engagement. This widespread support underscores the community's recognition of mental health's relevance and importance. It reflects a collective commitment to addressing mental health challenges and promoting well-being throughout Tasmania.

This broad stakeholder support is also testament to a unique aspect of Take a minute: the two Community Capacity Building Project Officers, who cover the state as the campaign's 'boots-on-the-ground.' Both Project Officers prioritise face-to-face engagement with stakeholders where possible (in addition to the usual email and telephone contact). When organisations join Take a minute as a campaign partner, they receive ongoing support from their Project Officer. This unique and personal approach has resulted in very high stakeholder engagement with the campaign and multiple organisations signing on to be campaign partners.



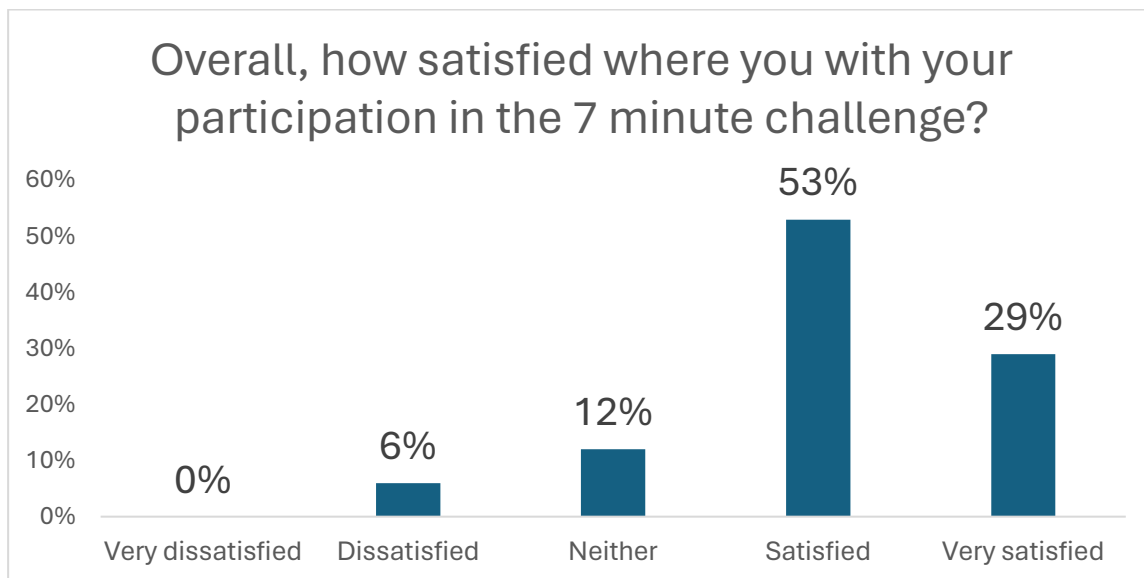
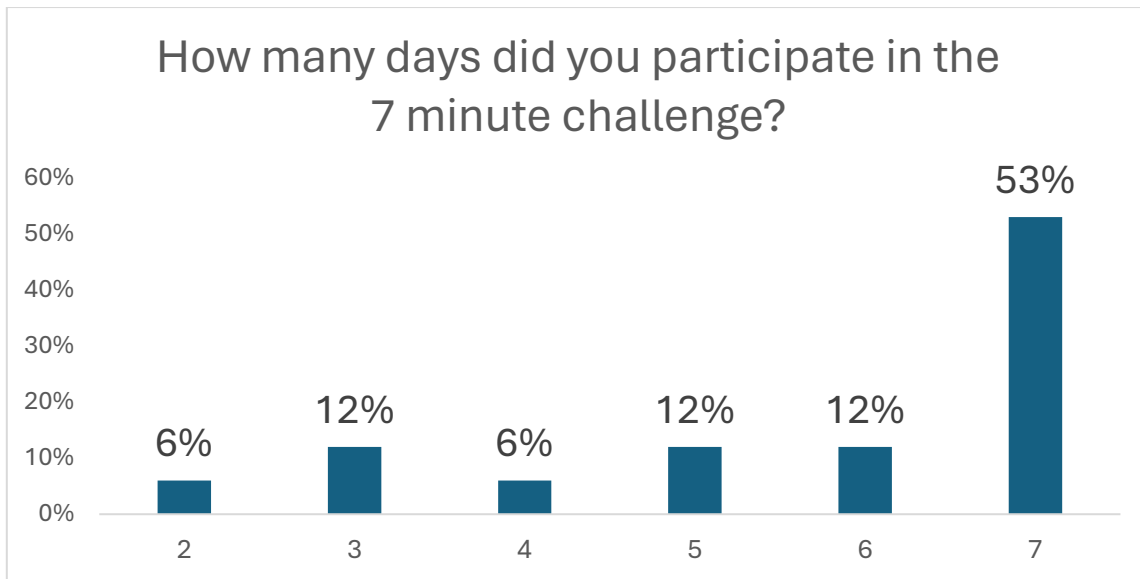
Stakeholders responded to the initial campaign ideas as exciting and novel, with many organisations volunteering to partner with MHCT to deliver the campaign with their staff or communities. There have been more than 2,000 hits to the campaign website, with more than 430 requests for the campaign collateral since November 2023.

**Result:** This stakeholder engagement indicates a positive result for the project design, which aimed to create a campaign which was broadly applicable and attractive across the state of Tasmania. Consensus across the state has endorsed the importance of mental health and the valuable role wellbeing literacy can play.

### **Promising Initial Results of the Campaign**

While comprehensive data collection to assess the effectiveness of the Take a minute campaign is ongoing, early feedback indicates a positive response. The campaign's delivery has demonstrated flexibility across various partners, adapting to different settings both online and offline. Utilising platforms such as WhatsApp groups, Teams, email, and Facebook, as well as physical prompts in cafes and face-to-face group meetings, has allowed for widespread participation.

To date, over 420 individuals have registered online for the 7-minute challenge. From these 420 participants, 17 have completed the post-challenge survey. Of note, the large majority of participants (65%) completed 6-7 days of the challenge and were either satisfied or very satisfied with their participation in the campaign (82%).



Both individual and group participants have reported that engaging in the 7minute challenge has helped them identify everyday activities that contribute to their well-being, often overlooked amidst busy schedules. Many have expressed a sense of empowerment, granting themselves permission to prioritize these activities as essential components of their overall mental health rather than mere indulgences. In group settings, participants noted that the challenge facilitated deeper connections with fellow members, particularly colleagues.

The campaign has reached diverse demographics across Tasmania, with no apparent exclusions based on factors such as technology access. Initial feedback suggests promising outcomes, including improved well-being literacy, heightened enjoyment and enthusiasm for

participation, and increased awareness of factors contributing to personal well-being. These early indicators bode well for the campaign's potential impact on fostering a culture of well-being within the community.

**Result:** Initial results are promising, with participants describing many of the designed and desired outcomes of the campaign. Evidence of improved literacy, enjoyment and excitement to participate, which participants describing an increased awareness of the aspects of their life that help them to feel well.

## Quotes

*“I haven’t ever been asked these questions before, but actually answering the questions but thinking about them WAS useful for me”*

[Referring to campaign collateral] *“that’s good because I want to put it on the fridge and ask myself every couple months what’s changed.”*

*“number one it sort of makes you think about what are those things that gets you out of your normal headspace of day-to-day stuff, where you can sort of relax and have time out. And you know an awareness of making more time for doing those things. Conscious thinking about that and making more time.”*

*“I think this is a great exercise / process to complete. I was able to identify areas that I use, without sometimes realising and photos that are important to me and then share with others. It helps with my own resilience.”*

## Implementation Lessons

The next stages aim to broaden implementation of the campaign across Tasmania, which will start with further engagement of existing stakeholders and a social media campaign. It was observed that having ‘local champions’ improved campaign uptake and facilitation, which is the intended outcome of enabling local social media influencers and community champions to model the challenge. Some participants reported being initially hesitant to participate in the campaign, but after observing others participate, desiring to get involved themselves.

Some organisations were not able to run the campaign due to time availability and resources, so further support to make this campaign as simple to adopt will be considered.

There was evidence that the language of the campaign was well pitched, being generic enough to allow for local settings to adopt and tailor for their use, while the concept of ‘mental health by stealth’ was appreciated as it was viewed as a ‘sidestep’ of stigmatising conversations while allowing participants to engage in something worthwhile for their wellbeing. An exciting,

unintended opportunity comes from training organisations and mental health sector organisations who are working to embed this campaign into their existing services, facilitating sustainable implementation across the state.

**Result:** MHCT is well placed to expand the campaign delivery across the state, with useful feedback on improved approaches for dissemination and adoption. The campaign is achieving the desired objective of broadly reaching into the Tasmanian community, with a broad range of partners expressing interest in participating from small art galleries, rural cafes, local councils, sports clubs, service providers, and large business.

**Quote:**

*“I’ve not seen this approach to anything to do with mental health before. I thought it was quite innovative. Its simplicity made me think is it really worth doing? But eventually the more I return to look at it, yes. It is worth doing”*

## Next Steps

Evaluation of the Take a Minute campaign will continue, with a focus on implementation and attempts to broaden the reach of the campaign through multiple diverse avenues of engagement. The focus of the campaign will shift from design testing and acceptability to implementation and outcomes for the remainder of the evaluation.

# Contacts

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# References

- Alhabash, S., & McAlister, A. R. (2015). Redefining virality in less broadstrokes: Predicting viral behavioral intentions from motivations and uses of Facebook and twitter. *New Media & Society*, 17(8), 1317–1339
- Barry, M. M. (2019). Concepts and principles of mental health promotion. *Implementing mental health promotion*, 3-34.
- Berger, J. (2013). *Contagious: Why things catch on*. London: Simon & Schuster.
- Brothers, C. *Language and the Pursuit of Happiness: A New Foundation for Designing Your Life, Your Relationships & Your Results*; New Possibilities Press: Naples, FL, USA, 2005.
- Guo, C., & Saxton, G. D. (2014). Tweeting social change: How social media are changing non-profit advocacy. *Nonprofit and Voluntary Sector Quarterly*, 43(1), 57–79
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). “Mental health literacy”: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical journal of Australia*, 166(4), 182-186.
- Lovejoy, K., & Saxton, G. D. (2012). Information, community, and action: How nonprofit organizations use social media. *Journal of Computer-Mediated Communication*, 17(3), 337–353.
- Queensland Mental Health Commission. (2023). Mental health literacy. Available at: <https://www.qmhc.qld.gov.au/awareness-promotion/prevention-initiatives/mental-health-literacy>
- Saxton, G. D., & Wang, L. (2014). The social network effect: The determinants of giving through social media. *Nonprofit and Voluntary Sector Quarterly*, 43(5), 850–868
- Slade M. (2010). Mental illness and well-being: the central importance of positive psychology and recovery approaches. *BMC health services research*, 10, 26. <https://doi.org/10.1186/1472-6963-10-26>
- Herman H, Jané-Llopis E. Mental health promotion in public health. *Promotion & Education*. 2005;12(2\_suppl):42-47. doi:10.1177/10253823050120020107

