



***“You lent a hand,
now lend an ear...”***

QUEENSLAND MENTAL HEALTH WEEK 2011

A report by



NOVEMBER 2011





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1.0 Executive Summary

The following report has been prepared for Queensland Alliance for Mental Health's key stakeholders, including the Queensland Government, the State Council and our membership.

The report contains a summary description and analysis of the activities undertaken by the Alliance in organising Mental Health Week 2011.

The Mental Health Week campaign was an overwhelming success and the report explains why this was the case, providing evidence with regards to the range of activities undertaken, regional penetration and media coverage. Particular achievements included:

- Securing the Choir of Hope and Inspiration (formerly the Choir of Hard Knocks) as the Mental Health Week Ambassadors for 2011
- Unprecedented levels of media mentions (223 hits) and online traffic (5500 unique users)
- Walk of Pride
- Activities organised in every Local Government Area in Queensland
- Penetration of all media markets in Queensland, even in the absence of formal advertising
- Developing a suite of planning and governance tools, adaptable for future campaigns

This success was achieved despite the absence of funding. Additionally, statistically orientated documentation regarding previous campaigns was not made available to Queensland Alliance for Mental Health. The Alliance transformed this challenge into an opportunity to create project infrastructure that will assist planning for future campaigns.

This year's Mental Health Week campaign took place following the devastating natural disasters that shook the State in early 2011. Whilst this may have contributed to some of the interest in Mental Health Week activities, it also meant that many community organisations were sorely stretched. Despite this, the Alliance is pleased to report that the Mental Health Week campaign supported other work currently undertaken with regards to stigma reduction and resilience building. The relationships forged provide a strong platform on which to build our reach to regional members and other allied organisations.



2.0 Recommendations

As has been demonstrated throughout this report, Mental Health Week 2011 will serve as a touch stone for campaigns of this nature.

Factoring in the limitations outlined in Section 2.3, this campaign successfully reached hundreds of thousands of Queenslanders across the state and did so through a variety of platforms – ensuring penetration into numerous communities, socio-economic and regional demographics and age specific sections of our community.

The recommendations outlined herein will serve to directly counter the limitations this current campaign has faced and serve to improve the approach taken for future campaigns. To run a state wide, public campaign with essentially no money and very little time is an extraordinary ask and it is envisaged discussions and negotiations with government regarding these recommendations will enable all stakeholders involved – the community mental health sector, government, media and the private sector - enhanced capacity for future mental health promotion activities and Mental Health Weeks.

Recommendation 1

That the Mental Health Week campaign be further aligned with anti-stigma campaigns and mental health promotion activities, with specific emphasis on community engagement across Queensland's many and varied regions, and to this end:

- Queensland Alliance for Mental Health acts as lead agency to auspice any future state-based Mental Health Week campaign;
- That Queensland Alliance for Mental Health obtains funding in order to minimise in-kind contributions including staffing, to expand merchandising, and financially support local community events.

Recommendation 2

That the Mental Health Week campaign is supported each year by a Steering Committee and a part-time project worker; both to be activated in February/March allowing for a seven to eight month lead to develop the campaign:

- Other governance requirements, including project planning documents to be adapted from those developed this year by Queensland Alliance for Mental Health.

Recommendation 3

Future evaluation of Mental Health Week campaigns use the same or similar metrics to those included in this report in order to track the reach and influence of the campaign. These metrics include:

- Media Mentions
- Website Analytics
- Registered Events
- Social Media Analytics
- Merchandise Throughput
- Registered Event Organiser Survey



Recommendation 4

That as lead agency Queensland Alliance for Mental Health investigates options for developing national messaging for Mental Health Week. While each state and territory would continue to run their own activities, national messaging and the process for developing it, would enable greater penetration due to nationally consistent messages. This would also offer a platform for campaign coordinators across the country to develop relationships, share ideas and experiences, with a view to ascertaining the viability of a National Mental Health Week campaign in future years.

Recommendation 5

That the composition of the Mental Health Week Steering Committee emulates that of a skill based Board of Directors. This would include representation from consumers, carers, service providers, government and the private sector, but would also focus on attracting a variety of views and practical skill sets capable of a strong, community driven campaign.



3.0 Situational Analysis

Mental Health Week is a national awareness event held each year to coincide with World Mental Health Day, which falls on 10 October. The campaign is a national week, however at present each state and territory in Australia develops and executes its own campaign and messaging.

Lead agency for Queensland Mental Health Week 2011 was Queensland Alliance for Mental Health (the Alliance), peak body for the community mental health sector. This is the first time the Alliance has been charged with executing this particular campaign.

3.1 Objectives

The objectives of Mental Health Week are to:

- Help raise awareness of the prevalence of mental health in the community.
- Contribute to the normalization of mental illness in an effort to reduce the stigma associated with being mentally unwell.
- Actively encourage proactive, help seeking behaviours by educating the general public about mental illness and individuals about what to do if they experience mental distress.

3.2 Governance

As this was the first campaign lead by the community mental health sector in some years, no governance structures, systems or procedures were in place. No documented processes or governance approaches were provided by previous campaign coordinators. Similarly, no previous market analysis, campaign evaluation or strategic media engagement statistics existed or were provided to the Alliance.

For this reason the Alliance developed governance structures, planning instruments and tools to facilitate the campaign, develop content and collect campaign statistics, indices of market saturation and segmentation.

The following instruments were developed to ensure a strategic approach was taken for the campaign and systematic communications tools were in place to facilitate collaboration and engagement:

- Campaign Plan
- Communications Strategy
- Media Plan
- Social Media Plan
- Industry Engagement Plan
- Website Creative Brief and Project Plan

Procedures and templates for the 2012 campaign have now been created. This governance structure will enable a far smoother and systematic approach for future campaigns and offer a platform for other mental health campaigns conducted by the Alliance, such as the Stigma Reduction Campaign.

This report is itself the product of this strategic approach and will form the basis of planning and analysis for future campaigns.

3.2.1 Steering Committee

As lead agency for the 2011 campaign the Alliance convened a Mental Health Week Steering Committee to provide experienced direction and advice for the 2011 campaign. This committee met monthly in the lead up to the Week and more frequently as the Week drew near. Terms of Reference were developed and approved by the Committee.



Providing an opportunity for the sector's many different stakeholders to participate and contribute is a hallmark of the Alliance culture. This is reflected in the composition of the Mental Health Week 2011 Steering Committee as outlined below:

- Queensland Alliance for Mental Health Inc
- Open Minds
- Mental Health Association Queensland
- ARAFMI Qld
- Queensland Health
- Department of Communities
- Aboriginal and Islanders Community Health Service Brisbane
- Townsville Intercultural Centre
- Brook RED
- Toowoomba Clubhouse
- Centre for Rural and Remote Mental Health – Queensland
- Mental Health Resource Service Centacare Cairns
- Office of Minister for Mental Health

3.3 Limitations

Two key limitations existed for the coordinators of Mental Health Week 2011:

- **Time** – the Alliance and the Steering Committee were afforded some 3.5 months to create and execute this campaign; as opposed to the usual 12 months provided previous campaign coordinators. This is due to the timing of the hand over from Queensland Health to Queensland Alliance for Mental Health. This hand over also came at a time when Ministerial responsibilities were being defined in a Memorandum of Understanding between the Minister for Health and the Minister for Mental Health. As such, there was no clarity regarding the overall responsibility of or funding for Mental Health Week. A lack of time significantly inhibited the Committee's capacity to develop new branding, engage more broadly or raise adequate funds.
- **Funds** – compared to previous campaigns, and that of campaigns in other states, Queensland Mental Health Week 2011 was inadequately funded. As outlined in 2.4 below, Queensland Mental Health Week 2011 cost a total of \$27,039 (not including in-kind costs incurred by the Alliance for staffing, administration etc). Of this, \$10,000 was provided by the state government in support of the campaign and was receipted three weeks prior to the commencement of the Week. These funds were granted only to purchase merchandise. Neither the Steering Committee nor the Alliance was successful in attempts to secure funds for the campaign itself, an Official Launch or other activities. As such, the campaign was impeded and did not achieve its full potential or reach.



3.4 Budget

As outlined above, no funds were provided for Queensland Mental Health Week 2011. Neither the Alliance nor the Steering Committee was provided with funding to execute the campaign and government funding was not forthcoming.

\$10,000 was provided by the Queensland Department of Communities to purchase merchandise and was received by the Alliance on 19 September, 2011.

The main cost considerations incurred by the Alliance for this campaign include:

Website	\$15,124
Jumba (hosting)	\$421
Merchandise	\$9459 (wholesale cost, merchant fees and postage)
Media Monitoring	\$652
Walk of Pride	\$1,083
Poster Design	\$300
TOTAL	\$27,039 (not including in-kind contribution*)

All figures exclude GST.

All costs outlined above, apart from the merchandise funds provided by Department of Communities, were met by the Alliance.

*Another considerable input cost was the in-kind implications also met by the Alliance. These expenses were critical for the success of this campaign and included items such as several staffing positions, administration, infrastructure, utilities and logistics. This has been a significant draw on the organisation's resources and must be budgeted in to future Mental Health Week planning.

The most significant in-kind cost was staff time. Both members of the Marketing and Communications team were engaged on an almost full-time basis in the weeks immediately prior to the campaign. A dedicated part-time project officer assisted with organising the Walk of Pride and other members of Alliance staff provided assistance with varied associated administrative tasks.



4.0 Awareness & Reach

Mental Health Week 2011 was a public relations campaign, which was nonetheless conducted without an advertising budget or funding for a marketing campaign. The campaign would have achieved greater reach and higher levels of efficacy if the public relations activities were complimented by mainstream advertising – as evidenced around the world and by the pending Queensland Stigma Reduction Campaign.

To execute a public relations style campaign requires not just strategic planning and funds but moreover demands a solid narrative, clear and relevant messaging and capable spokespeople. These elements must then be leveraged to achieve maximum media penetration and appeal for different media markets and news mediums.

Queensland Mental Health Week 2011 successfully created and implemented all these components and achieved a highly regarded and credible public campaign.

The theme for the Week was *Be Active. Get Connected. Stay Involved.* This message and its associated branding were retained from previous years as inadequate time and resources were made available for a 2011 refresh.

However, given that the 2011 Week would have to take on a public relations approach, campaign messaging needed to engage journalists and news practitioners. A message could do that if it met some basic journalistic parameters such as timeliness, currency and proximity. As such the following key media message was developed:

You lent a hand, now lend an ear...

The rationale for this message included:

- Particular emphasis to be placed on contextualizing mental health around the recent summer of natural disasters which devastated Queensland in the early part of 2011. The community spirit on display following these tragic events offered an insight into the sincere opportunity that exists to open people's hearts and minds to the needs of others, and the Steering Committee's aim was to capture and leverage some of that spirit for Mental Health Week 2011. In essence, we lent a hand by cleaning out a stranger's house after it had been flooded, and now we need to lend an ear to continue to assist the recovery.
- Much evidence based research highlights the fact that psychological recovery from traumatic events can take many months, and for some people, years. There is particular awareness in the sector regarding a period some 10 to 12 months after an event. As such, drawing the broader communities attention to this fact through news media outlets (essentially free third party endorsement) in October following a January/February incident was timely for the those still dealing with their own recovery and for journalists in that it met that particular criteria for what actually constitutes a news story, namely timeliness, proximity and the human interest element.

4.1 Official Ambassador

A new concept implemented for Queensland Mental Health Week in 2011 was the use of an Official Ambassador.

This approach was taken for two key reasons:

- Running a public relations campaign is impossible without a spokesperson as journalists, reporters and broadcasters don't have anyone to interview



- Securing an appropriate Ambassador or spokesperson, if leveraged astutely, can form the basis of news coverage in and of itself – therefore contributing to the overall campaign by default (this occurred numerous times in this campaign)

In 2011 the Alliance secured the Choir of Hope and Inspiration (formerly known as the Choir of Hard Knocks) and their Artistic Director, Dr Jonathon Welch AM.

Jonathon is an experienced, professional performer and has years of exposure to news media. He has lived experience with mental ill health, has loved ones with lived experience of mental ill health and has demonstrated for some years his genuine commitment to this issue and the sector.

The overarching narrative of the Choir, as shared through the ABC Television documentary some 5 years ago, also aligns with the message of resilience, connectedness and lending an ear.

The Choir performed on the Gold Coast and in Brisbane as part of their tour of Queensland and having Jonathon on board most certainly contributed to the significant media mentions achieved by this campaign.

4.2 Reach

In an effort to reduce the stigma associated with mental illness, among other things, the central goal of Mental Health Week is to raise awareness of mental health in the broader community and engage individuals in conversation.

Hence measuring awareness, engagement and reach is critical to ascertain the effectiveness of such a campaign.

Campaign coordinators applied online and other low-cost methods of capturing and collating accurate and measurable data as a means of tracking activity throughout the 6 week campaign.

Metrics used to assess the effectiveness of this campaign include:

- Media Mentions
- Website Analytics
- Registered Events
- Social Media Analytics
- Merchandise Throughput

Please Note: For purposes of brevity and readability, each section in this report contains key statistics and graphs to communicate or illustrate central themes or concepts. More detailed information on each section is available by request.

4.2.1 Media Mentions

Direct media mentions topped 223 across the state, 103 of which before the Week commenced 114 during the Week and a further 6 after the campaign came to an end. As illustrated in Figure 1, these mentions were consistent across the entirety of the 6 week campaign with peaks in the graph representing the efficacy of the campaign's media engagement strategy as these are consistent with direct media distributions and story pitching.

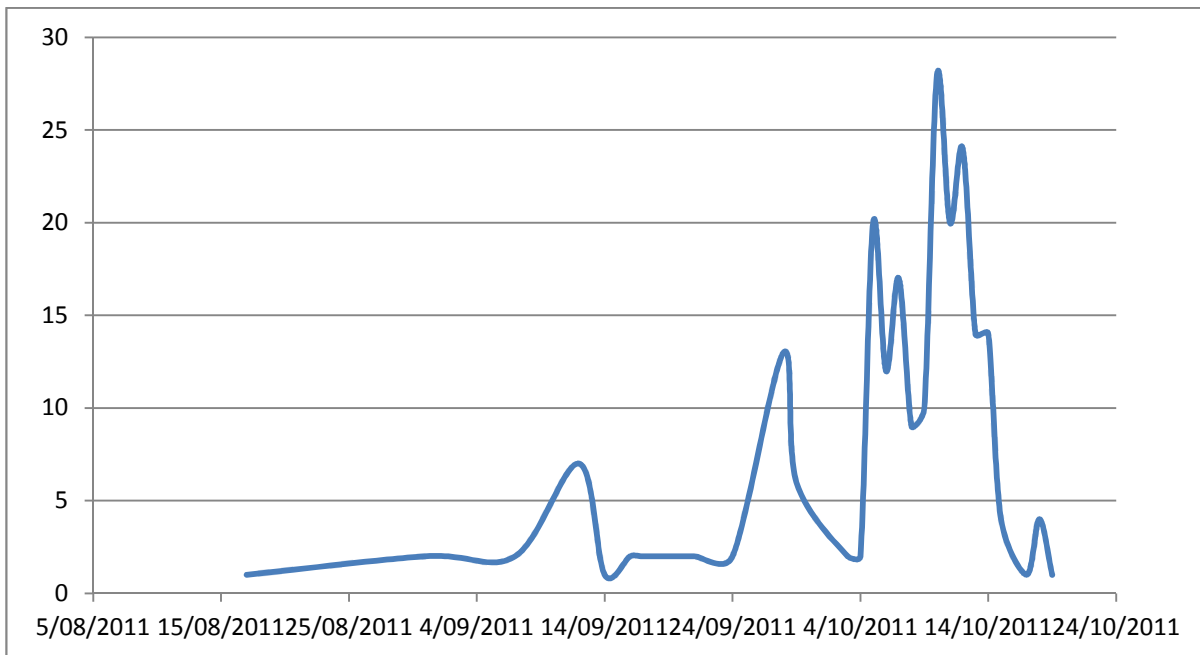


Figure 1 – media mentions by date

Incorporating all four key news mediums – television, radio, newspapers and online – Queensland Mental Health Week 2011 reached a national television audience through the ABC’s 7.30 program (averaging 870,000 viewers nightly) and radio coverage that canvassed the entire state.

Further testament to the effectiveness of the campaign’s messaging and strategic approach is the fact that Mental Health Week 2011 achieved a staggering print media penetration totalling 4,343,278 in newspaper circulations.

As demonstrated in Figure 2, print media was the dominant medium, followed by online, radio and television respectively.

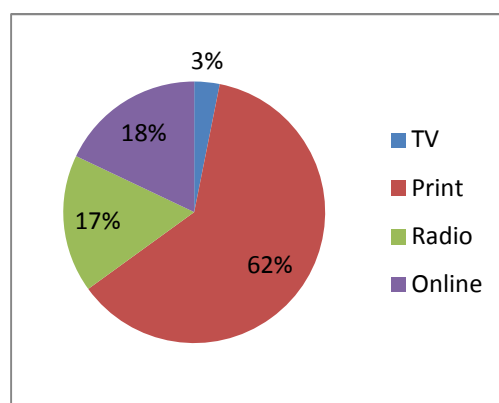


Figure 2 – media mentions by medium (TV, Print, Radio or Online)

As referenced in other sections of this report, rural and regional Queensland was a specific focus for this campaign. This was for two key reasons 1) in an attempt to support those communities still reeling from last summer’s natural disasters and 2) the known pre-existing prevalence rates in rural and regional parts of Australia (1 in 3 according to a recent Medibank report).

On this front, 2011 was again a very effective campaign. So much so, that media mentions in regional Queensland actually topped that of the South East (Figure 3).

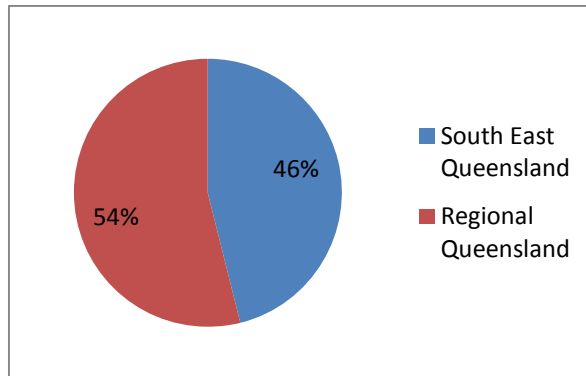


Figure 3 – media in South East Qld vs. media in Regional Queensland

Within the spread of media coverage in regional Queensland, Figure 4 highlights specific locations of mentions with each region securing media reportage.

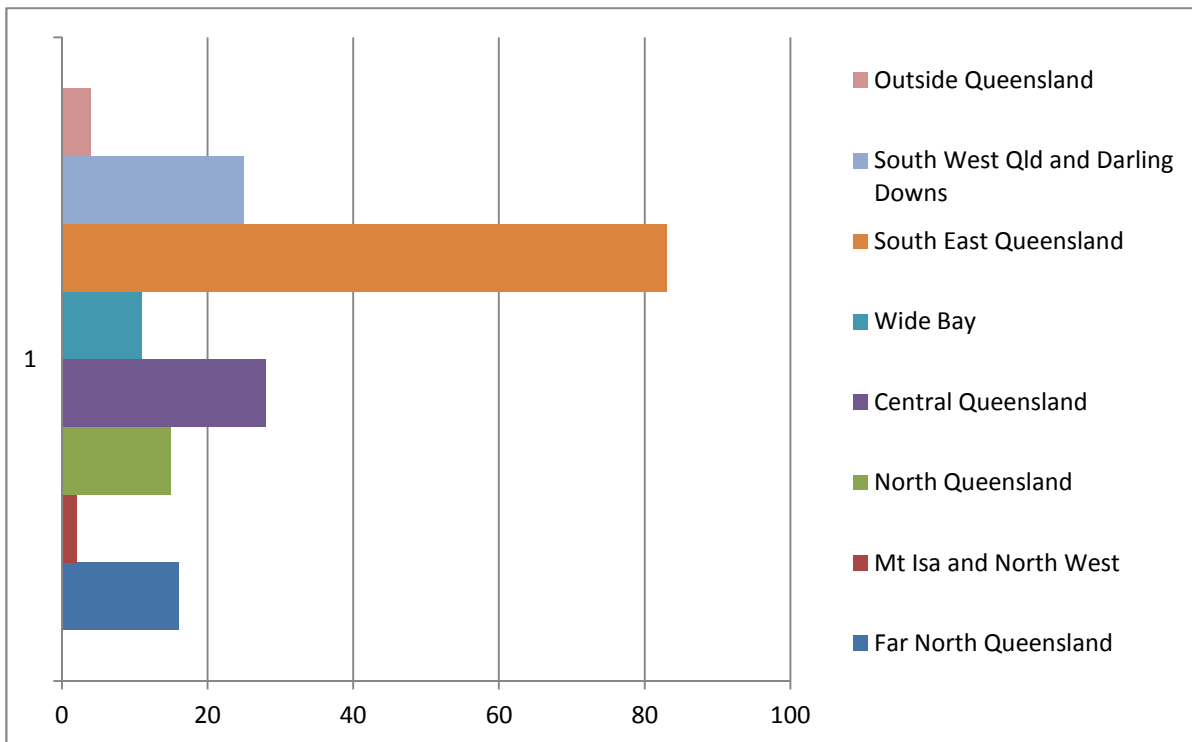


Figure 4 – media mentions by location

An important consideration in assessing the effectiveness of a public relations campaign is to place a monetary value on the newspaper column width and television/radio air-time secured. Unfortunately, under-resourcing prevents a best-practice or evidence based analysis of this metric for this report. Suffice to say, 223 direct media mentions state wide would incur considerable costs for campaign funders. Securing a six and a half minute national television piece in prime time, blanketed radio reportage and 138 print articles and photographs would easily incur hundreds of thousands of dollars in advertising expenses.



The statistics outlined above clearly demonstrate the widespread success and effectiveness of the 2011 Queensland Mental Health Week campaign. To achieve 223 direct media mentions – that does not include flow on effect for other general mental health pieces not pertaining specifically to Mental Health Week – and to have done so across all four news medium and all regions of Queensland not only lays bare the success of this campaign, but also bodes well for Mental Health Week 2012 and other mental health promotion initiatives.

4.2.2 Website Analytics

A central pillar of any successful public campaign in the modern era is a website. Mental Health Week 2011 benefited greatly from the generosity and skills of Red Suit Advertising in this regard. Red Suit, following a pitch from Queensland Alliance for Mental Health, offered to construct a website with a market value of \$41,000 when it had been clearly communicated the budget available for the project was only \$15,000. Red Suit's contribution above and beyond that value was on a pro bono basis and their staff were instrumental in this important campaign.

The Alliance viewed the construction of this website through the prism of capital expenditure – i.e. web infrastructure developed with future campaigns and other adaptable uses in mind.

Feedback has drawn attention to the fact that the site was slow to load in the early weeks of the campaign. This was due to the fact that an adequate hosting package for the site could not be afforded. This was enhanced later in the campaign and significantly increased the site's loading capacity.

This component of the campaign was absolutely critical to our success. This website drew attention from across the country, with media interest spiked from as far a field as Perth, Hobart, Orange and Melbourne – all journalists under the impression, based on the professionalism of the website, that Queensland Alliance for Mental Health was coordinating a national campaign.

In this context, it was no surprise that the website received 5353 unique user hits and 7180 visits. This traffic equated to 27,255 page views, with 17,098 of these unique views – a high, individual traffic volume for a site with only 6 pages and 6 weeks of live activity.

As outlined in Figure 5, while there were peaks and troughs in overall traffic volumes, the website was consistently frequented throughout the entirety of the 6 week campaign – reaching a high of 1013 users on World Mental Health Day, 10 October. The lulls in traffic actually fall during off-peak times, predominantly weekends.



Figure 5 – visitors to www.mentalhealthweek.com.au (12/09/2011 – 14/10/2011)

As is evident when comparing these statistics with overall media mentions above, there is a direct correlation between the campaign's strong media presence and engagement strategies and the numerous peaks of traffic volume on the website.

Another indicator of heightened brand awareness for the campaign and the reach of promotional activity pertaining to the site domain – www.mentalhealthweek.com.au – is the fact that almost 40% of the traffic referenced above was drawn from direct activity – that is, as illustrated in Figure 6, 38.84% of individuals who visited the site did so by typing the domain directly into the address bar in their internet browser.



This is important as it highlights the brand awareness of the domain address as a marketing tool in and of itself and serves as an entry point, or removal of a barrier to entry, for the target market.

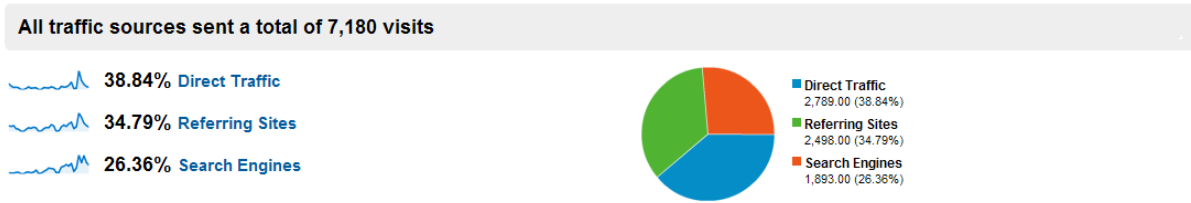


Figure 6 – TRAFFIC SOURCES to www.mentalhealthweek.com.au

In an effort to engage interested parties in Electronic Direct Marketing (EDM), the campaign incorporated an email marketing platform into the website. This platform captured subscribers totalling 197. These individuals, along with hundreds of others from across the mental health sector and the media, received material via email in a systematic manner – once a week in most cases – leading up to the campaign with linkages to the website, social media platforms and other online content. This approach secured a 39% open rate – almost double the accepted rate for EDM activity in the health sector (20.96%).

From the perspective of Search Engine Optimization (SEO), this Mental Health Week website ranks number 1 in current Google search activity – above all other state and territory online platforms and those of state or federal government departments.

4.2.3 Registered Events

International experience and research demonstrates that to effect behavioural change, awareness campaigns must engage individual people and communities in valued and credible activities. In this regard, Mental Health Week 2011 achieved widespread engagement.

Registered events – at www.mentalhealthweek.com.au – reached 84 and canvassed the entire state. There is also anecdotal evidence highlighting the fact that a couple of dozen other Mental Health Week events took place across the state but for one reason or another – usually time constraints - they were not registered on the central website. Many Queensland Health staff were also disappointed they were unable to register their numerous initiatives which was due solely to the Department’s use of an internet browser not compatible with widely used current software. These events ranged from workplace morning teas, school information sessions and street marches through to hospital based activities and formal functions.

The most encouraging statistic from this evaluation is the geographic scope of registered events. As illustrated in Figure 7 each and every region of Queensland hosted and participated in Mental Health Week events. The strong presence of South East Queensland in this graph is clearly due to the fact that approximately half the state’s population resides in this region.

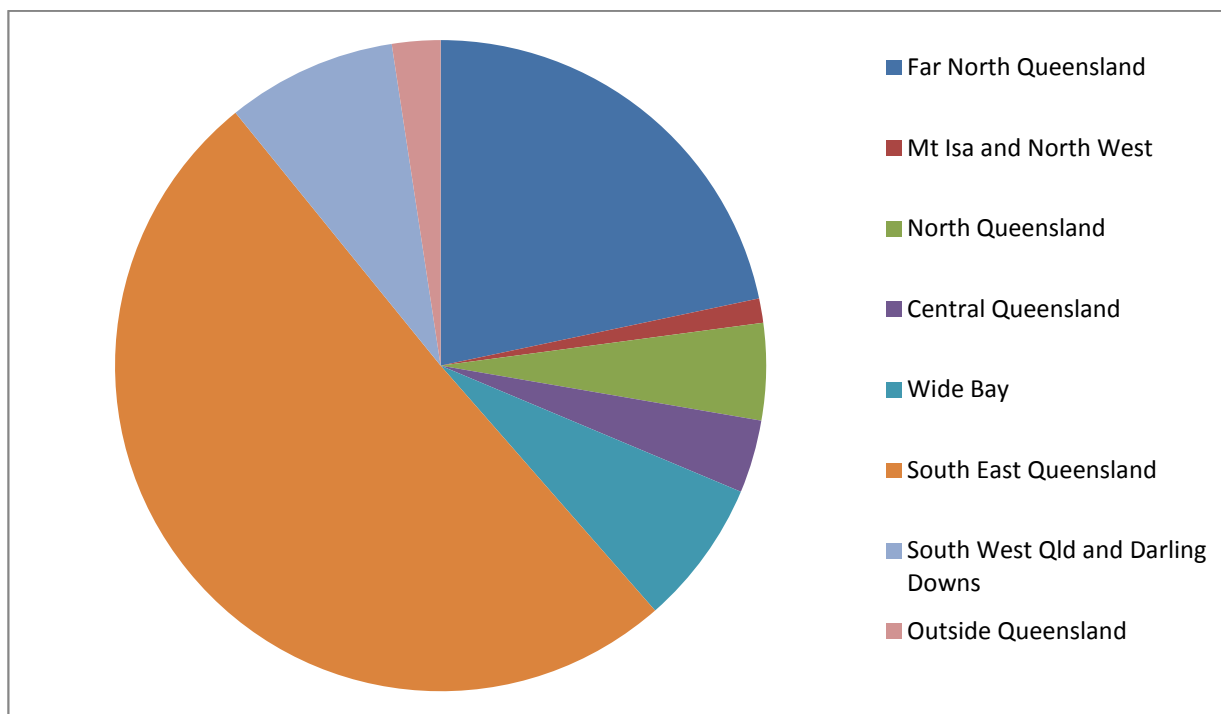


Figure 7– locations of registered events

Similarly, as outlined in the relevant section above, media mentions reported correlate with registered events and this further demonstrates the success of local event organisers promoting their activities and the campaigns capacity to strategically leverage off these events for media engagement.

4.2.4 Social Media Analytics

To engage the market – particularly young people – the 2011 Mental Health Week campaign created social media platforms in the three leading brands – Facebook, Twitter and YouTube.

Social media was not seen as an add-on or plug-in for this campaign, but central to generating interest and starting conversations. As such, key social marketing messages and other content (such as videos) were developed and published strategically in the lead up to the Week. Users were actively encouraged to share this content and engage in the campaign. All social media content was distributed through EDM channels and cross linked back to the central website and social media platforms.

- **Facebook**

The Mental Health Week Facebook page has 303 'Friends', sharing content with their own networks totally 92, 031 with a weekly total direct reach of 1460 people.

The composition of these 'Friends' can be found at Figure 8 below.

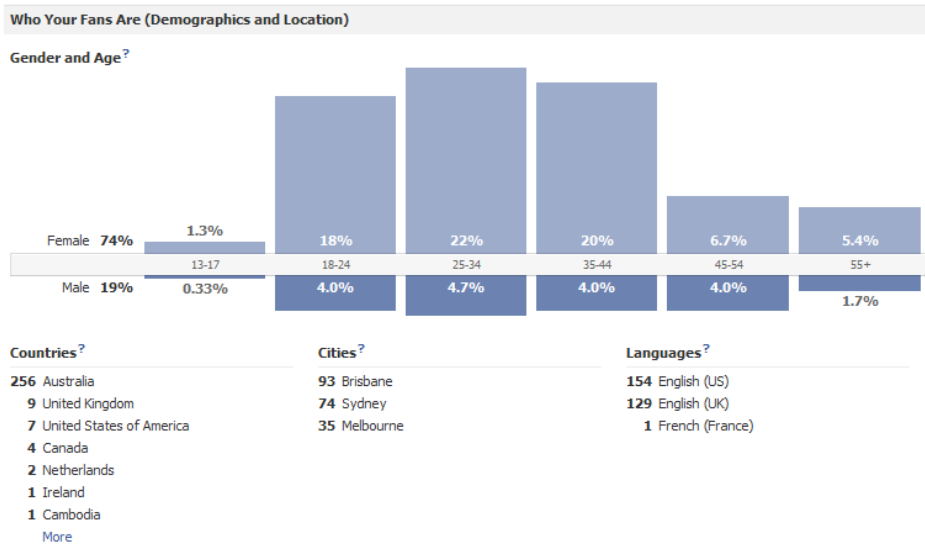


Figure 8 – composition of Facebook ‘friends’

Reach through Facebook – that is, who we reached with our material and messaging – is illustrated in Figure 9 below.

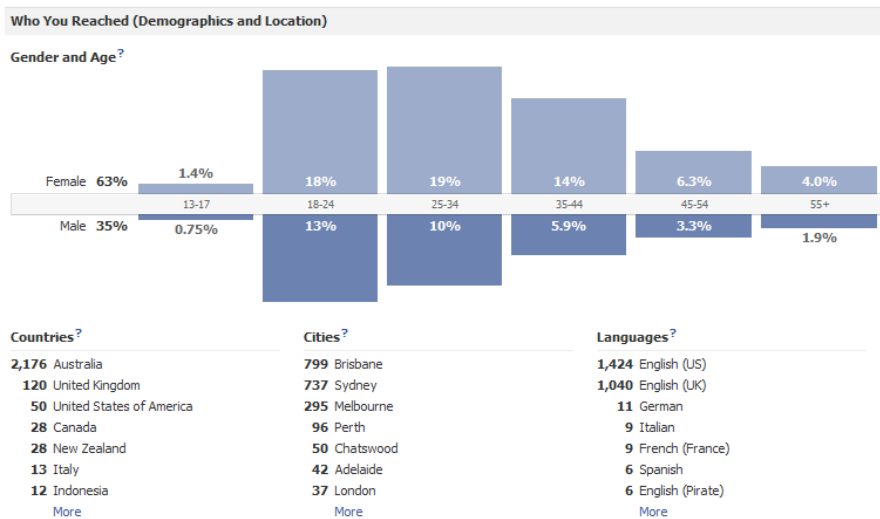


Figure 9 – demographics and location of who we reached

An encouraging finding in the figures outlined above is the percentage of young men (18 to 34) reached by our campaign through Facebook. Totalling almost a quarter of those engaged at 23%, it is heartening to discover young men participating in – even if just by sharing content or commenting on others’ activities – took part in the campaign.

One key driver for engaging with social media is its capacity for viral dissemination. As outlined in Figure 10, the campaign’s Facebook initiatives reached some 300 odd users per day at the height of the campaign through direct conversation and approximately 3800 users per day through viral reach.



- **Facebook Reach**

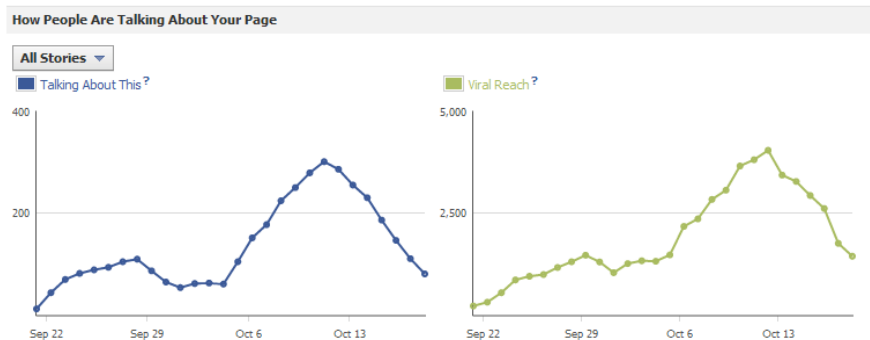


Figure 10 – people talking about MHW and viral reach

- **Twitter**

The Mental Health Week Twitter account has 175 followers sharing 128 'tweets'. Across the 6 week campaign, the Twitter account achieved average daily tweets of 25. This is illustrated in Figure 11.

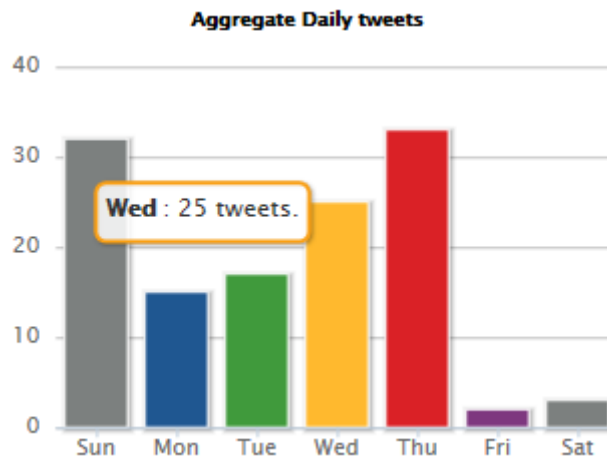


Figure 11 – daily tweets

Our Twitter platform also served as a reliable source of traffic for the campaign's website and other social media pages and messages.

- **YouTube**

YouTube was a particularly useful platform for this campaign. As a public relations exercise, Mental Health Week 2011 was reliant on creating and distributing powerful and engaging content for online consumers.

As illustrated in Figure 12 the Mental Health Week YouTube Channel reached a high of 240 users at the commencement of the Week. It is important to note that this statistic represents registered and logged in YouTube users, not all online consumers of the campaigns videos.



Figure 12 – YouTube users

While the Mental Health Week Facebook page registered a larger representation of younger users, interestingly the campaigns YouTube channel actually reached more individuals in the 45 to 64 year old bracket (Figure 13).

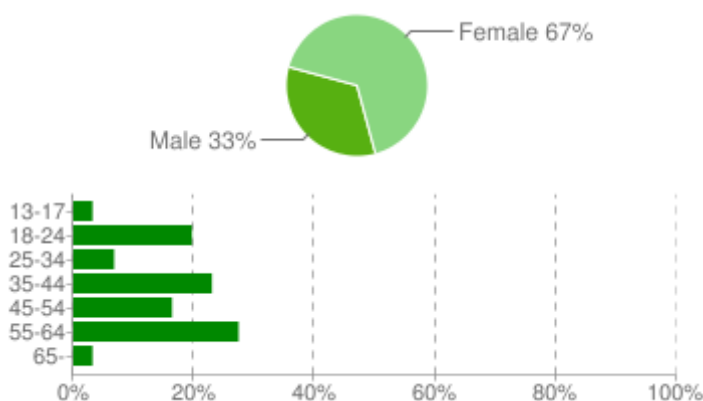


Figure 13 – demographics of YouTube users

4.2.5 Merchandise Throughput

To support the many events organised across Queensland for Mental Health Week, a variety of merchandise products were made available through an e-commerce platform housed within www.mentalhealthweek.com.au. This platform needed to be constructed as previous campaigns were afforded the opportunity of using existing government infrastructure.

This included:

- T-Shirts (standard and indigenous)
- Pens
- Pins
- Bumper stickers
- Balloons
- Chatter boxes
- Tattoos

T-shirts were available for individual purchase, and all other products formed the contents of a Merchandise Pack.



This range was decreased from previous years due to a lack of funds, time and resources.

Queensland Mental Health Week 2011 made merchandise sales of \$17,500.00. The geographic distribution of this merchandise is outlined in Figure 14 below.

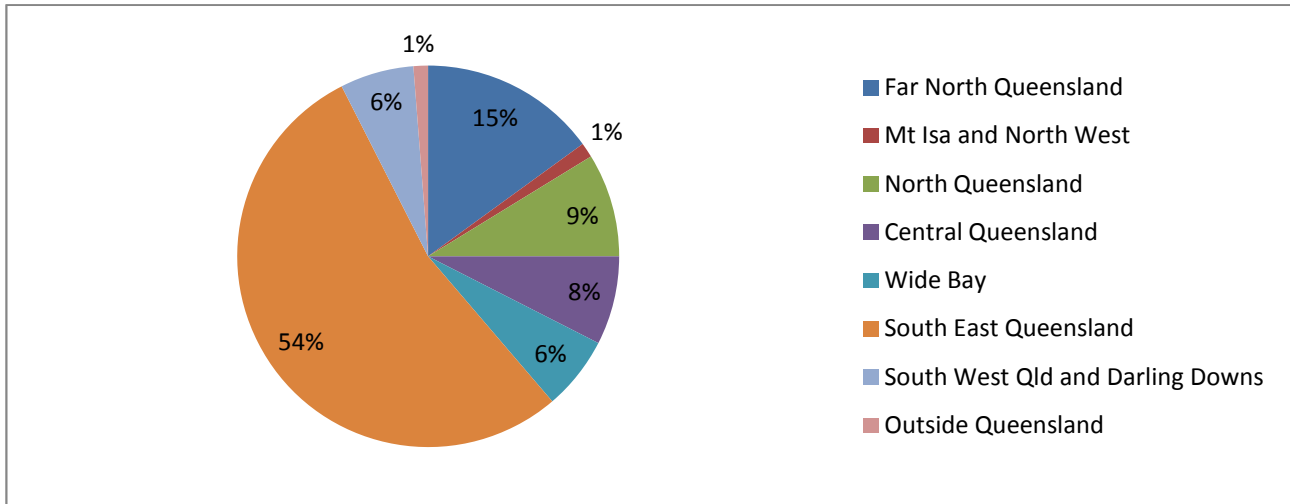


Figure 14 – geographic distribution of merchandise

Based on anecdotal evidence and feedback provided through the official Mental Health Week Participant Survey, increased sales would be possible in future campaigns.

Feedback from event organisers highlights the fact that by offering a wider range of products and delivering more choice regarding product type and characteristics (colour etc.) increased sales could be achieved.

However, to achieve this would require an adequate investment. Funds to cover the increased production of merchandise, modifying www.mentalhealthweek.com.au e-commerce platform to house an expanded product line and the significant costs incurred to increase organisational capacity regarding storage, human resources and administration/logistics must be factored in to future planning and resourcing.



5.0 Collaboration & Coordination

As the peak body for community mental health, the Alliance identified and fostered opportunities for collaboration and coordination across the Mental Health Week campaign. This started with the composition of the Steering Committee, continued with the development of a professional website serving as a central repository and filtered down to event organisers and media engagement. Leveraging off one another's capacity, skills and resources enables individuals and organisations – and not just non-profit organisations – to better deliver events and activities that reach a wider audience and achieve best possible value for money.

Event examples of this can be found in the Fair Day, hosted by the Southside Collaborative at Mount Gravatt Show Grounds, the Walk of Pride in the Brisbane CBD and the Stress Less Day luncheon run in Cairns. All these events, among others, involved a number of service providers working collaboratively, both in event management and with regards to engaging local media and other stakeholders. This demonstrates the important opportunity to share knowledge, resources and capacity.

As the peak and a non-government organisation, the Alliance was well placed to facilitate a collaborative approach. The flexibility afforded the organisation due to its structure and non-government status, enabled a quicker, more agile approach to coordinating public campaigns. The Alliance facilitated collaboration by offering local event organisers free online functionality to cross-promote their events, news rooms with access to a range of materials and the broader community with general information about the campaign and mental health broadly. Our organising strategies actively encouraged many to not only get involved in the campaign but to do so collaboratively within their local community or region.

Consistent with the Government's stated objectives for the development of the community mental health sector in *Supporting Recovery*, establishing sustainable, collaborative relationships across the sector is key to sectoral development. Under the direction of the Alliance, the organisation of Mental Health Week provided an occasion and vehicle to develop such relationships. The Alliance viewed its Mental Health Week leadership as an opportunity for widespread sector development, and said as much when discussing story opportunities with journalists and coordination responsibilities with event organisers. The establishment or enhancement of these relationships will definitely serve the sector well in future.



6.0 The Regions

A key focus for Mental Health Week 2011 was regional Queensland. This was for two key reasons 1) in an attempt to support those communities still reeling from last summer's natural disasters and 2) the known pre-existing prevalence rates in rural and regional parts of Australia (1 in 3 according to a recent Medibank report).

The dispersed geographical nature of many parts of Queensland and their smaller media markets makes it increasingly difficult to penetrate these communities. However, through targeted strategic communications and existing relationships, the campaign was successful in leveraging strong event participation and media engagement across each region of Queensland.

As evidenced in Figure 7 above, each geographical area hosted a number of events across their region.

Similarly, media penetration across these regions is illustrated in Figure 4 above. Programs such as ABC Regional Drive, syndicated across all of Queensland except the South East, and reportage by local radio stations and newspapers in all parts of the state further support the success of the campaign.

Having the Alliance as lead agency for this campaign also served as a scoping and planning platform to enhance the knowledge base and experience for two other mental health promotion initiatives 1) the Stigma Reduction Campaign Complimentary Activities and 2) Resilient Places Project.

The statistics captured throughout Mental Health Week will serve as invaluable knowledge for targeted and tailored community engagement initiatives for these two projects. As mentioned above, international experience and research demonstrates that to effect behavioural change, awareness campaigns must engage individual people and communities in valued and credible activities.

Both the Stigma Reduction Complimentary Activities and Resilient Places projects now have an existing baseline or starting point upon which to deliver their initiatives with relevance and an evidence base.

Regional Queensland was well represented in Mental Health Week and, as such, is equally well represented in this report.



7.0 Evaluation

Mental Health Week 2011 was an overwhelming success. The professionalism of its web presence, high volume of online traffic, diversity of demographics reached and significant media mentions clearly demonstrate that 2011 was a great campaign.

Given that there is no previous statistical analysis or market research against which any form of comparative study or examination can take place, this Evaluation Report should be viewed as the establishment of a baseline or evidence base.

In an effort to gauge the effectiveness of Mental Health Week 2011, the following metrics were implemented:

- Media Mentions
- Website Analytics
- Registered Events
- Social Media Analytics
- Merchandise Throughput

Against these measures, this campaign was a resounding success. Securing over 220 direct media mentions, over 5500 unique website users and 17,000 page views demonstrates the broad reach of Mental Health Week 2011.

The fact that the campaign achieved 54 percent of these media mentions in regional Queensland is also a clear illustration of the capacity of event coordinators to target specific media markets with key messaging.

7.1 Survey Feedback

To ensure the views and experiences of local event organisers and campaign participants was captured a Feedback Survey was distributed immediately following Mental Health Week.

The Survey was sent directly via email and delivered through a secure, online platform.

Each local event organiser and registered campaign participant and interested person (primarily through the subscription function on the website) was sent the survey.

A total of 52 responses (mostly on behalf of organisations) were received from a total of 194 recipients, equating to a 26.8 percent response rate. Through prompting participant's to provide their postcode, coordinators can report that each region of the state was represented in these results.

Of these, almost 70 percent (67.3) believed the campaign was effective with just over 71 per cent stating the website, resources and social media platforms met their needs.

Encouragingly, as outlined below in Figure 15, every respondent said they would want to be involved in future campaigns, with 92.3 per cent stating they would happily tell a friend or colleague about the campaign.

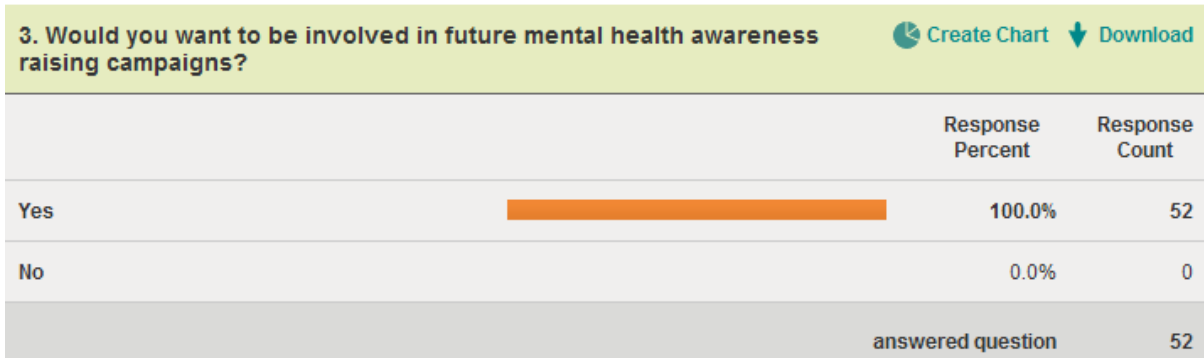


Figure 15 – 100% would like to be involved in future campaigns

Survey participants were also provided with a free text opportunity to voice their thoughts and ideas regarding the campaign.

Responses were overwhelmingly positive. Some examples of these were:

“I congratulate the organisers on what was achieved under difficult circumstances. A lot more lead up work needs to be done to promote MHW to ensure its success in the future.”

“The great thing is that this raises awareness for an illness still considered taboo to discuss the sad thing is that in rural and regional areas not enough was done to promote mental health awareness.”

“Good to be able to advertise our event online - would be good if there were statewide TV commercials directing people to the website for events in their area”

“More media this year - good media strategies - Ambassador great idea - public marches really important and have great potential. Use mental Health week as an opportunity for people in the community to talk about mental health”

On the other side of coin, people made observations that centered on two key themes for improvement in 2012:

“More media ads promoting mental health awareness”

“The range and access to MH week merchandise was an issue in planning our local event. If this can be available earlier and with more variety next year it would be much better.”

Overall, this survey yielded positive and constructive feedback and for the first time afforded local event organisers the opportunity to input directly into future planning.