

Mayo Be Well
Campaign
Evaluation

INTRODUCTION

This Report presents the findings of an evaluation exercise into the *Mayo Be Well* campaign developed by the Mayo Suicide Prevention Alliance. The task of the research was to evaluate the effectiveness of the *Mayo Be Well* campaign and to make suggestions for the conduct of a future campaign.

The evaluation was conducted during November 2013 using a methodology of discussion group-based encounters. In total, nine separate discussion groups were held. Each discussion group was composed of selected representatives of diverse population groups.

There is no suggestion that this methodology provides a definitive account of concerns nor encompasses all relevant groups worthy of engagement. The research reflects rather a qualitative approach possible within a one-month research period designed to elicit a flavour of possible responses from a representative cross-sample of the Mayo population.

The discussion groups were comprised of representatives of:

- Male Travellers
- Young adult third-level students
- Community development activists
- Professional workers
- Migrants
- Older people
- LGBT representatives
- Secondary School pupils
- People with lived experience of emotional distress

The Report's contents are presented as follows:

- A summary account of the main findings (page 2)
- A presentation of the main points of evaluation and the main points of suggestion for a future campaign (page 3)
- A presentation of concerns raised by specific discussion groups (page 7)
- A brief number of Recommendations (page 9)
- Acknowledgements (page 10)

1. A Summary Account of the Main Findings

The issue of 'mental health' is a highly complex and contested topic. Devising a general, all-purpose awareness message to a county-wide population is a very challenging undertaking as there are multiple audiences with diverse needs and levels of understanding. These needs range across issues such as access to services, ethnic prejudice, racial discrimination, sexual orientation and identity, stigma, social exclusion, personal and social silence surrounding domestic abuse, and poverty.

A key and consistent message from many of the discussion groups was that the lack of mental well-being should not be framed as an 'illness' issue but rather as a social phenomenon with specific causes which manifests in varying ways among specific individuals. The critical finding is that an awareness campaign should centre not on fixing 'problems' but on creating a Mayo of maximum tolerance, diversity, openness and equality. The way to address personal emotional distress is through appropriate familial and communal *responses* to emotional distress and to those who are in distress. For Mayo to be well, healthy and supportive attitudes and responses to human emotional, ethnic and sexual diversity is essential.

General Findings:

1. The *Mayo Be Well* campaign is very worthwhile and helpful. It communicates generally positive messages and acts as a signalling device that people care about each other's well-being.
2. There are two critical audiences to be addressed – those in emotional difficulties or crisis and those who consider themselves to be well. These audiences require different approaches.
3. Critical is to communicate a helpful and accurate understanding of what is meant by mental health and mental 'illness'.
4. A key issue is to frame emotional distress not as an inherent 'illness' but as a response to identifiable personal, social, economic and cultural stresses.
5. A renewed *Mayo Be Well* campaign should operate on two dimensions:
 - i) micro – initiating and encouraging *talking and listening capabilities* at local, family and community level;
 - ii) macro – supporting and advocating a culture of equality and openness to human diversity and to the full range of human emotional experience.

Mayo Be Well requires all the people of Mayo to be open, tolerant, and engaging collectively to improve social and psychological conditions. Mayo Be Well involves us all.

2. A presentation of the main points of evaluation and the main points of suggestion for a future campaign

2.1 Main Evaluation points

There was general and widespread recognition of the *Mayo Be Well* campaign. For many, the Tips and Helplines served as helpful information resources. For example, a team of students in a local school had used it to create a positive mental health campaign within the school during Mental Health Week.

However, virtually all participants regarded the two-page leaflet/brochure as too 'busy', with too much information. This would act as a discouragement to people to read it. The one-page leaflet was regarded as far better.

Inserting the leaflet into locally distributed newspapers was generally regarded as positive as it didn't 'highlight' a person who wished to read the leaflet.

A number of specific issues were identified regarding the leaflet / brochure:

It assumes a good level of literacy. For those not able to read being presented with the leaflet adds to confidence problems;

The leaflet won't work if you are in a crisis. This is not a time when one can read tips for being well. Giving someone a leaflet is not an effective response at this time. The tips are for keeping positive – it assumes you already are;

The Leaflet's tips may in fact be counter-productive. First, the messages may be too positive and therefore perceived as patronising – e.g. 'this too will pass'. This assumes a transient stressor or trigger. Second, the presentation of positive tips may merely show someone in crisis the things that they cannot or will not do. This may reinforce feelings of inadequacy and shame. Third, it may be used by people not in crisis as a toolkit for how to solve the problems another may be experiencing. This may lead to a simplistic and unhelpful understanding of mental 'illness'. They may therefore be used in a directive, imperative manner. Finally, the tips may imply that there is a formula for being well and if you follow this you will be in good mental health but if you don't you will not. This may imply that good health is a matter of free choice and may, however unwittingly, be a reversion to the old message of 'you can snap out of this if you choose';

The two-page Leaflet seems to suggest a link between not following the tips and the risk of suicide. This link is indicated through the use of the voice bubble. This was seen by most as an unhelpful association as it reinforces suicide as the key issue and may also create anxiety around the implications of not following the keeping positive tips;

The leaflet conveys an adult-centred message and may not directly appeal to younger people.

It was therefore felt that in designing a positive mental 'health' campaign a good understanding of what is meant by mental health was important. The key issue was not so much ill individuals but the level of openness, tolerance, and diversity exhibited in the community. Breaking the silence surrounding individuals' emotional experiences is essential. Problems should not be medicalised;

Helplines are not always culturally appropriate. For example, Traveller and migrant representatives stressed that they would not use such services because they require eye-to-eye contact in order to converse in a trusting manner with another. They would rather have recourse to directly accessible figures within the community, e.g. pastors, doctors, older family figures;

The real issue is not a deficit of information. Most people know the things they need to do. The campaign may assume that information is needed, and that with better information all is well. But information deficits are not the issue. Campaigns centred on information plus exhortation are not effective in themselves. The central concern for those in crisis is not *what* must I do but *how* do I do it? Who will help me? How do I eat well, sleep well, smile each day;

Creating a culture of talking and listening is the single most helpful message presented. This requires everyone to be authentic and open. It is essential to be heard.

2.2 Main Suggestion points

Most discussion groups stressed that the central ingredient in developing positive emotional well-being was in building a culture of dialogue. Trust and safety in talking about one's emotions was seen as requiring direct dialogue which overcomes the potential shame of acknowledging personal difficulties. Thus, while leaflets and advertisements were helpful they were not enough. An important key message should be – mental health is for all not just those with 'problems', it is for everyone. It is important to start at the very micro level – family, community. Denial of the existence of emotional challenges is so strong. Simple discussion is needed. While people may not go to formal meetings because of stigma fears, nonetheless, the best campaign is that involving direct human contact;

Practical communication suggestions included the following –

- Use of IRadio to reach younger people
- The need for a single, interactive web-site that was available for texting and messaging so safe communication could occur. This was seen as particularly important and useful for younger people

- Apps would also be helpful with simple information and interactive features
- The development of a poster campaign that would use big punchy and snappy words that will catch attention
- Produce a small flyer with local information and give it to pharmacies to put in with every prescription
- Have something smaller that could be used with a fridge magnet or in public bathrooms
- screens in public buildings
- Use of the church newsletter
- Enhance the telephone initiative of the Social Services Centre so that those living alone have some regular contact
- Encourage participation in coffee mornings and setting up of regular small groups meeting after Mass or at other times during the day or week
- Encourage the establishment of men meeting for coffee as has started in Castlebar
- Change the colours on the leaflet to the gay rainbow flag
- Put the national Gay Helpline / website on leaflets
- Avoid focusing on 'tips' because a problem is implied – be positive or else, be positive because you've a problem
- Have a regular positive day where there is lots of music and fun and let off yellow balloons. Use local and student musicians and have some messages of positive ways of living as part of the event
- Use the film 'It's a good Life' to give a message that life is ok
- Bring the message that the problems pass – for teenagers who are hormonal and always changing
- Use slogans of hope
- The big message is to help young people to talk when they need help
- Create a day for young people where there are counselling services available in a way that young people can use in confidence and anonymously
- Have counselling services available in school where every pupil goes and tells of three things that are going well and three that are challenging. If it is compulsory for every pupil to talk with someone it ensures anonymity
- Use social media to get information to young people e.g. Facebook and twitter
- Use Ask Me to leave messages for those who have problems
- Have a billboard campaign with positive messages

Practical suggestions for a renewed broader campaign included the following:

- Start with local people in the community
- Have community involvement and involve them in the design and delivery of the campaign – start dialogue in the community – similar to the Men's Shed
- Start local and integrate the campaign with a regional and/or national campaign
- Create a campaign that is culturally friendly – migrants, Travellers
- Integrate other languages into the campaign
- Have a Facebook page with tips for the day – tips for the week and link to exercise classes or wellness events in Mayo
- Create a card for youth that is fun, friendly, invites participation and integrates the local community
- Work with the schools – perhaps bring a big name and create involvement
- Integrate in to Mental health Awareness Week and / or World Mental Health Day – October 10th
- Collaborate with a variety of agencies

- Ensure all mental health organisations are on the mailing list e.g. community groups, LGBT helpline
- Whatever the campaign integrate it with somebody coming to talk to people – make it people focussed – a keynote speaker – community, schools with poster or radio
- Keep it local
- events, sports, activities which reflect each positive tip e.g. healthy food, exercise,

Some technical advice regarding marketing included the following:

- Know your audience – need to target by making the campaign as inclusive as possible. Examples would be to include a picture of young people to signal it's for them, and the use of the Gay Pride colours on all leaflets and advertisements. Each audience needs to feel that the message is addressed to them.
- Clear objective – what are we trying to achieve?
- Need a call to action – e.g. check out a website
- Need to be more personal, engaging
- Need a strategic approach – use one instrument to lead to something else e.g. leaflet leads to website, website leads to a one-to-one engagement.

A core message should be – ‘You are not alone. There is someone who can help.’ Campaigns can have too much talking *at* – not enough listening. Isolation is the biggest issue. Thus, a simplified campaign could be -

You are not alone.

Here is who you can talk to NOW:

One telephone number / one website / or please, select one friend you trust.

There also needs to be a celebration of diverse human emotions and experiences. These should not be problematized. This is a central issue for Travellers, migrants, LGBT people and those with a lived experience of emotional distress. They need to be affirmed and celebrated as a full part of the human family and not a category whose ‘difficulties’ can be addressed through a series of lifestyle or behavioural changes.

3. A presentation of concerns raised by specific discussion groups

As noted above it is very challenging to devise an awareness campaign targeting a general population cohort. Each population segment – whether divided by age, gender, ethnicity, sexual orientation and identity, or social class – has distinct needs. Some of these have been identified above. However, the discussion groups have revealed a number of specific mental ‘health’ issues that are worthy of specific attention. These can be listed as follows:

The key issue determining **Traveller** mental health is social discrimination. This leads to exclusion, loss of confidence, and isolation from society. Other issues include bullying, violence (physical and emotional), and poor quality accommodation.

Travellers therefore must be directly involved in awareness-raising. Traveller-led discussion and initiatives are the most appropriate and effective in addressing issues for them. Ultimately, a wider engagement with social discrimination and prejudice offers the optimum solution.

The key issue determining mental health for **migrants** is residency. The lack of residency causes insecurity and instability. Those living in Direct Provision accommodation face extraordinary and unacceptable mental health challenges. Tips such as eating well or talking to family are meaningless and patronising in a Direct Provision context.

Migrants also need to be directly involved in awareness-raising within their cultural communities. Mental health issues need to become visible and recognised. Once again, addressing discrimination and social prejudice are critical factors in improving migrants’ psychological circumstances.

The key issue identified by **older people** in shaping their mental health is isolation. Many older people live alone or in institutions of care. They can be deprived of intimate or meaningful contact with others. There are additional issues of financial security.

Older people require quality social contact and relationship within local social networks.

The situation for **LGBT people** in Mayo remains fraught and constrained. LGBT people suffer from isolation, fear and social prejudice. To counter isolation visibility is needed. Mental health campaigns need to highlight the lived reality of LGBT people and make it safe for each person to express and be comfortable with their sexuality. This requires *everyone* to be accepting and open-minded.

Younger people are faced with the conventional challenges of identity and growing into adulthood in a very challenging economic and social world. They require safety and acceptance and a culture in which they can be themselves without judgement or ridicule.

People who have recovered from emotional crises focused on the need to emphasise wellness not on treating illness. This requires attitudinal changes from everyone in order to create a culture that embraces diversity including the reality that some people, some of the time, are in emotional difficulties. This needs to be accepted and supported rather than treated and 'fixed'. The tips for keeping positive can be seen as a set of imperatives – instructions on being 'normal'. This is potentially dangerous and betrays an inadequate understanding of mental health issues.

4. Recommendations

In devising a new *Mayo Be Well* campaign the following recommendations may be helpful:

1. The core message of *Mayo Be Well* needs to be understood as meaning that everyone in Mayo can help create a culture of well-being by exercising tolerance, openness to diversity, willingness to listen to others and embracing and celebrating the ethnic, sexual and emotional diversity of all who live in County Mayo.
2. In devising a new campaign attention must be paid to clarifying the underlying meaning of 'mental health'.
3. In devising a new campaign it is important to recognise that there are diverse audiences with diverse needs. This requires a nuanced and complex mode of communication through local dialogue and engagement. This may require a series of micro campaigns and initiatives.
4. In devising a new campaign it is especially critical to engage directly with those with specific lived experiences. In particular, this should include those who have recovered from emotional distresses and representatives of ethnic and sexual minorities. It may also be of benefit to seek out and engage directly with those who have survived attempted death by suicide. This will permit the creation of informed and sensitive campaign messages. Thus, possible allies should include Mayo Recovery College, Mayo Traveller Support group and LGBT support organisations.

Acknowledgements

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