Act–Belong–Commit Mentally Healthy Schools Framework

Schools can have a significant role in affecting the mental health and wellbeing of both students and staff, with considerable implications for society as a whole. Hence, there is a need for school-based interventions to both assist those experiencing mental health problems and to implement activities and policies that facilitate the enhancement and maintenance of good mental health. Unlike most school mental health interventions that are focussed on, and specific to, the school setting, the Act–Belong–Commit Mentally Healthy Schools Framework is based on the principles of the Act–Belong–Commit community-wide general population mental health promotion campaign, which has been adapted to the school setting via the World Health Organisation's Health Promoting Schools Framework. The Mentally Healthy Schools Framework is a whole-school approach to enhancing both student and staff mental health.

1. Introduction

Mental health is defined by The World Health Organisation [1] as: "a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". As outlined by Koushede and Donovan [2], an individual's mental health affects their thinking capacity and hence their ability to learn, which in turn affects educational achievement and opportunities for employment. Mental health issues are also significant risk factors for unintentional and intentional injury and the risk of social isolation [1]. Additionally, as noted by Bourke [3], given the substantial period of their lives spent at school, it is self-evident that their experiences at school would have a considerable influence on their wellbeing, and would impact on both overall behaviour and academic achievement [4]. It is also notable that the second principle of the 2012 Perth Charter for the Promotion of Mental Health and Wellbeing states that, "the foundations of social and emotional wellbeing develop in early childhood and must be sustained throughout the lifespan" [5].

Hence, given that many mental health problems and disorders begin in childhood or adolescence [6][7][8][9][10], and that mental health problems adversely affect behaviour and academic performance, there has been an increasing acknowledgement worldwide that schools are an important setting for the prevention of mental health problems [11][12]. This has resulted in an increasing number of mental health and wellbeing school interventions in Australia and countries around the globe [13][14][15][16][17][18][19]; whilst some interventions are broad-based and implemented internationally [20], most interventions are usually specific to the school setting rather than part of a broader, population-wide mental health initiative, and, as indicated in Liao, et al. [15], are often focussed on mental illness awareness raising and encouraging help seeking rather than emphasising positive mental health and building resilience. In a reflection of an emphasis on mental illness rather than positive mental health, many interventions are led by counsellors rather than the teachers [17].

2. Act–Belong–Commit Mentally Healthy Schools Framework

2.1. The Act–Belong–Commit Mental Health Promotion Campaign

As described in Donovan and Anwar-McHenry [21], Act–Belong–Commit is an evidence-based comprehensive population-wide mental health promotion campaign with the objectives of building positive mental health and resilience, and preventing mental illness. The campaign utilises a community-based social franchising approach, supported by paid and unpaid main and social media messaging. The campaign targets individuals to encourage them to engage in mentally healthy activities, and simultaneously targets organisations that offer mentally healthy activities and supports them to promote and increase participation in their activities [22][23]. The campaign originated in Western Australia, where it is directed by Mentally Healthy WA (MHWA) at Curtin University, and is implemented through partnerships with health services, local governments, state government departments, workplaces, community organisations, and local clubs [22].

The campaign constructs appear to be universal and have been adopted and articulated in a local context in a number of countries around the globe, particularly in Scandinavian countries [24][25][26].

The Act–Belong–Commit constructs can be elaborated as follows to promote the message that individuals can build positive mental health and resilience by keeping physically, mentally, spiritually, and socially active (Act); keeping up contacts with friends and family and participating in community organisations and events (Belong); and being involved in challenges or causes that provide meaning and purpose in their lives (Commit). There is a considerable and increasing evidence base that these three behavioural constructs are associated with and contribute to both positive mental health and physical health [21][27][28].

2.2. The Act–Belong–Commit Mentally Healthy Schools Framework (MHSF)

As a result of schools expressing a desire to promote the Act–Belong–Commit mental health message within their schools, Act–Belong–Commit developed the Mentally Healthy Schools Framework (MHSF) [29]. The Mentally Healthy Schools Framework is based on the fundamental constructs of the Act–Belong–Commit general population campaign, adapted to the school setting via the World Health Organisation's Health Promoting Schools Framework, which encourages a whole-of-school approach to mental health promotion through the three domains of the WHO's Health Promoting Schools Framework: (i) Curriculum, Teaching and Learning; (ii) Partnerships and Services; and (iii) School Environment, Ethos and Organisation [30]. Schools who sign up as Act–Belong–Commit partners are provided with a variety of promotional resources that can be applied across the whole school community, including teachers and other staff. The program is self-sustaining and complements areas of the Australian curriculum, giving schools the flexibility to adapt the Framework to their specific requirements and priorities, and hence reducing the demands on staff. Participating schools sign an agreement with Act–Belong–Commit, and staff participate in training activities delivered by Act–Belong–Commit staff. Schools receive a variety of support resources, including a copy of the Mentally Healthy Schools Handbook, various communication materials, signage, and merchandise to assist with the delivery of the program (see https:///www.actbelongcommit.org.au, accessed 1 February 2023). These resources are provided to assist the incorporation of the Act–Belong–Commit constructs into the school curriculum and school policies and guidelines (for example, a student overall wellbeing policy, and specific health and physical education policies). By way of example, Act–Belong–Commit posters are placed in classrooms and around the school, the constructs of the campaign are included in curriculum components and referred to in school assemblies when appropriate to do so, and students engage in activities such as photovoice and developing television commercials or short videos to illustrate the positive mental health constructs of Act–Belong–Commit.

2. Impact of the Act–Belong–Commit Mentally Healthy Schools Framework

Given that the Act–Belong–Commit campaign was being promoted in the general community at that time, almost two-thirds of the baseline students (62%) reported awareness of the Act–Belong–Commit campaign. This awareness increased substantially amongst follow-up students to almost 9 in 10 students (86%). Further, those aware of the campaign reported understandings of the campaign that were consistent with the specific campaign messages (acting, belonging, committing) and/or generally positive associations with and implications for mental health. It is of note that when asked whether they were aware of the campaign in their school, 51% of baseline students stated they were; it appears that the recent announcement of the school adopting the Act–Belong–Commit Mentally Healthy Schools Framework had some impact on awareness at the school.

Given that almost half of follow-up students had participated in an Act–Belong–Commit event at their school, and almost three-quarters reported their teachers or principal talking about Act–Belong–Commit, it appears that the participating schools have been relatively successful in engaging students in their mental health promotion activities, and, perhaps more importantly, that staff at these schools were actively participating in intervention activities and promoting the messages to their students. Given the importance of teachers as role models for students, this is a very important finding (for example, Cheung [31] found that in physical education classes, students were more physically active if their teachers were also more physically active). Nevertheless, the results with respect to frequency of observing Act–Belong–Commit-related activities at their school not only indicate some variability in the extent of campaign activities in these schools, but overall indicate that campaign activities could be increased.

Act–Belong–Commit surveys of the general adult population show that 10–15% of adults aware of the campaign have tried to do something for their mental health as a result of exposure to the campaign. The percentage of baseline students was 25%, which may reflect an additional initial impact of the announcement of the campaign in those schools. A slightly,

but not significantly, higher percentage of students at follow-up reported trying to do something for their mental health as a result of their exposure to the campaign (30%). Of note is that 43% of teachers at follow-up versus 21% of teachers at baseline reported doing something for their mental health as a result of the campaign. These data indicate that implementation of a community-wide campaign in a specific setting can have a substantially increased impact on the behaviour of those exposed to the campaign.

As in the general population evaluations [32][33], the results show that the Act–Belong–Commit Mentally Healthy Schools Framework intervention is encouraging students and staff to talk about mental health and/or the Act–Belong–Commit campaign with friends and family. This facilitation of talking about mental health is consistent with general population findings that the campaign is believed to increase openness about mental health and to decrease stigma around mental illness, which together have implications for increased early help seeking [34], and hence the prevention of more serious mental health problems.

The finding that small but moderate percentages of students believe that the Act–Belong–Commit Framework encourages help seeking is a very positive outcome supporting a reduction in stigma associated with such help seeking. This outcome is noteworthy given that stigma around mental illness constitutes a major barrier to seeking help for a mental health problem [35][36][37].

A substantial proportion of follow-up students (37%) reported changing the way they think about mental health, and in positive ways such as an increased awareness about mental health, an increased importance placed on mental health, and their taking up activities for their mental health. It is noted that these changes are consistent with increased openness around mental health and decreased stigma around mental illness.

Overall, the findings reported here suggest that the Mentally Healthy Schools Framework intervention has not only increased awareness of the Act–Belong–Commit campaign in students but has also increased their mental health literacy and engagement in behaviours that contribute to positive mental health. These data support the conclusion that this Act–Belong–Commit school intervention could contribute significantly to students engaging proactively in activities to strengthen and maintain their mental health, which would have substantial positive individual and societal impacts as this age group matures.

The above findings are similar to those found on the impact of the Act–Belong–Commit Mentally Healthy Schools Framework intervention on teachers, where substantial proportions of teachers reported acting on the campaign's messages, talking more about mental health with friends, family, and other school staff, changing the way they thought about mental health, and believing that the campaign decreased stigma around mental illness and increased openness about mental health issues [38]. It is likely that whole-school interventions such as the Act–Belong–Commit Mentally Healthy Schools Framework that are delivered by teaching staff rather than mental health professionals have a more positive impact because the teaching staff themselves act on the messages and hence act as positive mental health role models for the children. Overall, these findings contribute to Cavioni's [39] call for school mental health interventions to include both students and staff and confirm that whole-school approaches are associated with more positive outcomes than more limited scope interventions [40][41][42]

The positive impact of the Act–Belong–Commit Mentally Healthy Schools Framework on students is also consistent with Liao et al.'s [15] systematic review of school mental health intervention experiments led by teachers. Liao et al. [15] found that the reviewed interventions had a significantly positive impact on increased mental health literacy, and also reduced stigma around mental illness, at least in the short term. However, they found no impact on willingness to seek help. It may well be that sustained interventions such as the Act–Belong–Commit Mentally Healthy Schools Framework would not only increase literacy and reduce stigma, but could also increase help seeking amongst students as the community-wide campaign does in the general population [34].

Overall, There is a positive intervention impact on (i) students' mental health literacy, (ii) students' openness about mental health, (iii) how students think about mental health, and (iv) stimulating students' engagement in behaviours conducive to good mental health. It is noted that these impacts are consistent with positive findings for whole-school interventions [41] and where teachers deliver the intervention rather than mental health professionals [15]. However, these positive effects on students require confirmation in a larger sample and over a longer time period.

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