



## **Seniors peer based mental health promotion project: Act-Belong-Commit theme**

The Council of the Ageing (COTA) and Mentally Healthy WA will work collaboratively to develop a peer based mental health promotion education and training package for seniors.

The package will be based around the positive mental health message of Act-Belong-Commit. Messages will be targeted to the whole senior population in order to provide a practical tool for individuals optimise their mental health and prevent the onset of mental health problems, and assist individuals that may be at risk of; or experiencing mental health problems, to become more mentally healthy.

The Act-Belong-Commit message encourages individuals to take action to protect and promote their mental wellbeing, and encourages organisations and groups to provide mentally healthy activities for participants and members.

**Act** refers to individuals being physically, mentally and socially active. At the basic physical and cognitive levels, individuals can act alone or independently: take a walk; read a book; do a crossword puzzle; garden; take a correspondence course; and so on. At a basic social level, individuals can interact with salespeople while shopping, talk to their neighbours, maintain contact with family, etc.

**Belong** refers to becoming a member of a group or organisation (whether face-to-face or not), such that an individual's connectedness with the community is strengthened. Belonging to a book club not only expands the cognitive activity involved, but adds a social dimension as well; joining a walking group is likely to expand the physical activity, and adds a social connectedness dimension. Overall, the more an individual is 'connected', the greater contribution to mental health, and the greater the availability of assistance in coping with the vicissitudes of life and threats to mental health.

**Commit** refers to the level of effort an individual 'commits' to the activities engaged in. For example, one can be a spectator member of the local theatre group or sporting club, or one can be an active participant; one can volunteer to be treasurer or go on a recruiting drive or in some other way commit to more engagement with an organisation. Similarly, an individual can enrol in a hobby class that requires little intellectual effort, or a walking group that has a fairly regular route of mild effort, or, the individual can take on a challenging (but achievable) educational class or join a walking group that has an orienteering bent. The greater the level of commitment to one's interest or group, the greater sense of self, the greater satisfaction from one's efforts, and the greater contribution to mental health.

A small group of seniors will be selected from three different locations in the metropolitan area and trained to deliver one-hour education sessions to their peers on how to keep mentally healthy.

The peer educators will link individuals with Act-Belong-Commit Project Officers and other relevant groups, organisations and service providers in their local area to identify suitable hobbies, projects and events that will improve social connections, increase physical activity levels and provide individuals with a sense of purpose and meaning through their involvement in community activities.

The session content could look like:

- What is mental health?
- What makes a person mentally healthy?
- What contributes to mental health problems and illnesses?
- What is depression? Is it a normal part of ageing?
- How to cope with stressors
- Keeping mentally healthy – the Act-Belong-Commit guide
- Community tool box
- Where to go for help

A mentoring program could compliment the peer based education program and facilitate the uptake of activities amongst older adults.

The project will be piloted in the three selected communities and pending positive results may be rolled out state-wide.

## **Research Design**

There are two evaluation components:

1. A pre-post session questionnaire to measure the immediate impact of the sessions on mental health literacy; and
2. A three month follow-up questionnaire to measure the longer term impact of the sessions – and particularly on behaviour change.

## **Pre-Post Session Questionnaire**

Prior to the peer based education session, participants will be asked to complete a short questionnaire to indicate their knowledge of activities that can protect and promote mental health and their current involvement in mentally healthy activities. We will also measure their current state of mental wellbeing.

Immediately following the education session, participants will be asked to complete a questionnaire to assess the extent to which the education session increased their knowledge of ways to keep mentally healthy. The questionnaire will also measure reaction to process variables such as delivery of the session, duration, adequacy of topics covered and perceived relevance and usefulness of the material covered. The questionnaire will also measure participants' intentions to engage in activities that will enhance their mental health.

### **Follow-up Questionnaire**

Three months after participation in the session, respondents will be asked to complete a mailed self-administered questionnaire. The questionnaire will again measure mental health literacy, current involvement in activities conducive to good mental health and mental wellbeing.

Respondents will then be asked a set of questions specific to the impact of the session, and primarily whether they had changed the way they thought about mental health as a result of the session, whether they had changed any behaviours, whether they had discussed the session's topics with other people (and if so, with whom), and whether they had recommended the session to other people (and if so, to whom).