Design and Evaluation of the Take a minute Campaign

Dr Matthew Iasiello, Dr Joep van Agteren. March 2025

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Executive Summary

The **Take a minute** campaign, developed by the Mental Health Council of Tasmania (MHCT) in partnership with Be Well Co, was launched in November 2023 to address situational distress and promote mental wellbeing literacy across Tasmania following the COVID-19 pandemic. Funded by the Tasmanian Government, the campaign responded to data collected over 18 months from March 2020, which highlighted widespread distress and the need for a population-based mental health initiative. The project aimed to: (1) develop accessible mental wellbeing literacy content, (2) implement a whole-of-population campaign, and (3) engage diverse communities through targeted outreach.

The campaign was designed using the **Intervention Mapping (IM)** framework, a six-step, theory-driven process that included a needs analysis, setting change objectives, selecting behaviour change techniques, developing the program, planning implementation, and evaluating outcomes. A key finding from the needs analysis was the shift toward promoting positive mental health rather than solely reducing illness risk, leading to the adoption of **wellbeing literacy**—empowering individuals to define and enhance their wellbeing using personal language and resources. The campaign, named "Take a minute," utilised the **7 minute challenge**, a photovoice-based activity where participants photographed six daily prompts (e.g., sources of joy, meaning, and self-care) over a week, culminating in a personalised wellbeing literacy statement on day seven. This approach encouraged reflection and empowerment without prescriptive messaging, aligning with stakeholder feedback favouring community-driven, flexible, and engaging methods.

Implementation involved collaboration with creative agency Before Creative and extensive stakeholder input through focus groups, refining campaign collateral to ensure accessibility and cultural relevance. A partnership model supported community organisations in tailoring the campaign, with project officers providing hands-on assistance. The website (www.takeaminute.com.au) facilitated registrations and resource access, achieving over 26,000 hits, 1.5 million social media interactions, and participation from approximately 7,100 Tasmanians between November 2023 and February 2025.

Outcomes were evaluated against three behavioural outcomes (BO) and one environmental outcome (EO): BO1 (interest in wellbeing engagement) saw widespread enthusiasm across 161 stakeholders and diverse sectors; BO2 (understanding wellbeing resources) yielded positive feedback on reflection and reconnection with personal strengths; BO3 (determining wellbeing needs) inspired tangible actions like hobbies and social engagement; and EO1 (community support) was endorsed by 94% of facilitators for its relevance. The campaign built knowledge, reinforced capability beliefs, and leveraged social influences, though help-seeking awareness remained limited, reflecting

its strengths-based focus. Barriers such as time and competing priorities hindered some participation.

Next steps include an app to enhance accessibility and extend the campaign to youth, starting in Devonport. Overall, Take a minute successfully fostered wellbeing literacy, engagement, and community connection, offering a scalable model for mental health promotion.

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 managers: Connie Digolis and Bree Klerk, project coordinator: Laura Cini and the community capacity building project officers: Amanda Aitken, John McNamara and James Weir.

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.

James holds a Bachelor of Business majoring in Marketing and has experience in business development, stakeholder engagement, and strategic communication. He is passionate about creating value through collaboration and is dedicated to fostering strong relationships that support growth and positive outcomes.

Be Well Co

The evaluation team are employees of Be Well Co, a social enterprise of Camp Quality. Be Well Co is a spinout company from South Australian Health and Medical Research Institute (SAHMRI), South Australia's flagship independent not-for-profit health and medical research institute.

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 the Head of Data and Research Translation at Be Well Co, and a post-doctoral researcher at the University of Adelaide. 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 CEO of Be Well Co. Joep's expertise relates to behaviour change and mental health research, with 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.

Project Brief

In response to the impacts of the COVID-19 pandemic on the mental health and wellbeing of Tasmanians, the Mental Health Council of Tasmania (MHCT) collected data for an 18-month period (starting March 2020) to monitor and review the impacts of COVID-19 on people with a known mental illness, on the community-based workforce providing services, and the population reaching out for support. Through these regular reports, it became apparent that situational distress was widespread and warranted a different response to that of an individual experiencing increased anxiety – that is, to seek professional support.

In an interest to address concerns regarding Tasmanians' mental health, the Tasmanian Government sought advice and acknowledged the need for a population-based response and subsequently funded the MHCT to design and deliver a campaign to promote mental wellbeing literacy in the community. The project was commissioned to: (a) develop mental wellbeing literacy content and information, (b) whole-of-population Campaign, and (c) targeted community engagement. MHCT project staff partnered with researchers at the Be Well Co to assist in the design and evaluate the campaign.

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/

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. Behaviour 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 summarised.

In **Phase 3** (evaluation and reporting), the team finalised analysis and reporting, evaluating the project's impact and real-world behavioural outcomes.

Phase1: Campaign Design

Phase 1 campaign design used the Intervention Mapping approach which supports the methodical design of theory-based interventions. The process involves: i) a needs analysis, ii) writing change objectives, iii) selection of practical applications, iv) developing the program, v) implementation strategy, vi) evaluation (Fernandez et al., 2019). We describe the development, implementation, and initial evaluation of the 'Take a minute' campaign through the steps of the Intervention mapping process.

The resultant campaign was named 'Take a minute', which focused on empowering individuals and communities to develop wellbeing literacy by considering their unique resources and capabilities to maintain their own wellbeing. The campaign used the Intervention Mapping approach which supports the methodical design of theory-based interventions. The process involves: i) a needs analysis, ii) writing change objectives, iii) selection of practical applications, iv) developing the program, v) implementation strategy, vi) evaluation (Fernandez et al., 2019). We describe the development, implementation, and initial evaluation of the 'Take a minute' campaign through the steps of the Intervention mapping process.

Needs Analysis

Step 1: Determine the Problem That Needs to Be Solved by the Intervention via a Thorough Needs Analysis

The first step of IM involves performing a needs analysis related to the problem that the program aims to solve, and subsequently defining the exact scope of the campaign. The needs analysis firstly drew on an extensive literature review on mental health and wellbeing literacy promotion, followed by consultation with mental health promotion stakeholders across Tasmania. The needs analysis identified four key themes which were relevant for the campaign:

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 (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 modern 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.

Reflecting the paradigm shift to promote positive mental health, modern definitions of mental health literacy now include the promotion of mental wellbeing, in addition to recognising the symptoms of psychological distress and building knowledge on sources of mental health information and appropriate help-seeking (Sampaio et al., 2022). More suitable to a campaign based on empowerment and competency is the concept of wellbeing literacy (Oades, 2021). This refers to an individual's 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. Embedded within this approach to literacy lies a capability model: we can learn and use language to grow

our capability to experience wellbeing in our own unique way. This understanding of wellbeing literacy argues that wellbeing is a personal experience, and campaigns should empower individuals to define and identify what's important for their wellbeing within their contexts. Wellbeing literacy campaigns should avoid the 'top down' use of language, rather allow participants to share their own language to define wellbeing.

Theme 3: The need for public participation using a de-centralised, flexible campaign.
The previous themes highlight the need for the freedom of campaign participants to express their unique wellbeing language and capacities, which might be considered a challenge for a universal campaign designed to reach a large population. Research has investigated mechanisms of de-centralised public participation in health promotion campaigns. Examples such as the ALS ice-bucket challenge reflect campaigns that can be de-centralised, allowing participants to customise the messaging and ensure the language is contextually appropriate.

Similarly, other successful campaigns have used partnership models which provides partners with campaign collateral and guidelines, with flexibility for co-branding and modification required by the partner (Donovan et al., 2006)

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 Theoretical Domain Framework is a model that outlines evidence-based determinants that we can use to evaluate behaviour change as well as implementation (Atkins et al., 2017). The determinants can be clustered under three headings of motivation, capability and opportunity, see Table 1.

Stakeholder and community feedback

Table 1. Examples of how motivation, opportunity, and capability can be considered at the wider campaign level as well as the individual level.

	Campaign	Individual
Motivation	Does the person want to engage with the campaign?	Does the person want to work on their wellbeing?
Opportunity	Do we create an environment where we can reach a person?	Are the circumstances right for the person to make positive changes to their wellbeing?
Capability	Is the person able to engage with the content?	Do we provide the tools to improve literacy and work on their wellbeing

Stakeholder feedback on needs analysis themes

Following focus groups with mental health stakeholders in Tasmania in March 2023, many concerns for 'what will not work' were expressed, with an endorsement for many of the themes identified in the needs analysis (summarised in Table 2).

Table 2. Themes identified from stakeholder consultation regarding needs analysis

Design aspects	Description
To Avoid:	
One-size-fits all	The consensus was against employing a one-size-fits-all message and approach, emphasising the need for tailored strategies in promoting wellbeing.
Top-down approach	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.
Boring engagement methods	The session identified a strong aversion to dull and uninspiring methods, emphasising the necessity of creative and engaging approaches to promote wellbeing.

Endorsed:

Equitable access	The need for equitable access to wellbeing initiatives was emphasised, with considerations for both online and hard copy resources to cater to diverse preferences and situations.
Health literacy considerations	There was concern for consideration of low health literacy across Tasmania, such that intervention instructions should be simple and clear.
Tasmanians are local	Recognising 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 favoured 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.

The result of Step 1 is a logic model of change that summarises the problem, the outcomes and the determinants, using the PRECEDE-PROCEED model (Gielen et al., 2008) which will be used to underpin the intervention. Simply, the model requires a clear rationale for: 1) the key problems that the needs analysis identified, (2) the overarching behavioural and environmental outcomes (or targets) one needs to meet to improve the problem, and (3) the underlying determinants of those behavioural and environmental outcomes (here using the Theoretical Domain Framework mentioned above). The final logic model is displayed in Figure 1.

Evaluation logic model

As described in the design process and Logic Model (Appendix 1), the campaign was structured to achieve three behavioural outcomes (BO) and one environmental outcome (EO). These are:

BO1: Individual develops an interest in engaging in a campaign around wellbeing.

BO2: Individual forms an understanding of the sources of meaning and enjoyment that contribute to their wellbeing.

BO3: Individual determines their wellbeing needs in response to developing literacy in this area.

EO1: Community groups, organisations, and workplaces (collectively referred to as the community) create an open and positive environment that stimulates action around mental health.

According to the logic model, if these four outcomes are achieved, the program will have met its behavioural aim: "Individual engages in proactive behaviours that help them improve their wellbeing."

To achieve these behavioural and environmental outcomes, the campaign was designed to promote behavioural change in the following domains:

- Build knowledge
- Belief in capability
- Belief in consequences
- Support environmental contexts and resources
- Promote positive social influences

To evaluate the success of the campaign, evidence of success across each of these behavioural and environmental outcomes will be considered, focusing particularly on the

behavioural change domains listed above. Finally, the available evidence will be used to assess whether the broader aims of the campaign were met, as per the original requirements set by the Government.

Figure 1: PRECEDE-PROCEED logical model describing the determinants, individual aims, considerations, and proximal and distal outcomes of the 'Take a minute' campaign.
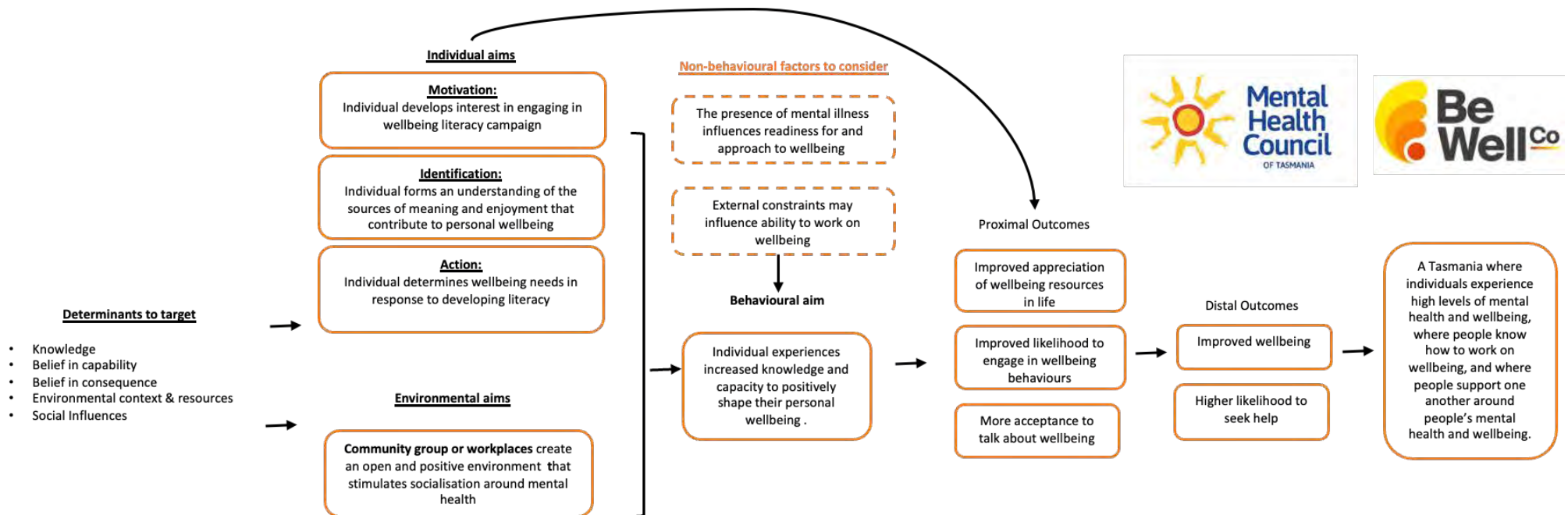
Step 2: Define the Objectives the Intervention Needs to Meet and What the Intervention Needs to Change to Meet Those Objectives

After determining the problem that needs to be addressed, IM continues to delineate what needs to change to solve the problem. Firstly, each target area identified in the needs analysis were rewritten into desired behavioural and environmental outcomes. Secondly, these outcomes were subsequently broken into sub-objectives called performance objectives. Finally, these performance objectives were broken down further into change objectives. A change objective links a performance objective with determinants from the Theoretical Domains Framework (e.g., knowledge, skill, and beliefs about capabilities). The final output of Step 2 was a collection of matrices, depicting each change objective per performance objective (placed in the rows) and determinant (placed in the columns) which are attached in Supplementary Materials (available at: www.bewellco.io/take-a-minute-suppl).

Step 3: Select Behaviour Change Techniques and Practical Applications of Those Techniques That Will Be Used to Achieve the Change Objectives

In Step 3, a new table is created by placing the change objectives on individual rows and matching them with evidence-based behaviour change techniques (Kok et al., 2016). Behaviour change techniques are theoretical strategies (e.g., goal setting, modelling, and active learning) that have been empirically demonstrated to be able to change individual behaviour. The IM framework comes with an extensive summary of behaviour change techniques and how they can be used to create impactful interventions. By matching change objectives with individual behaviour change techniques, IM aims to improve the chance that actual behaviour and environmental change in line with the change objective will be achieved. The final part of Step 3 is translating the theoretical behaviour change techniques into 'practical applications,' referring to the proposed real-world application of each behaviour change technique (Appendix 1). The result is a line-by-line itemised list (or blueprint) of practical applications that need to be incorporated into the programme design in Step 4.

Phase 2: Campaign design and implementation

Step 4: Design and Develop the Actual Intervention Components Based of the Practical Applications Identified in the Previous Step

In Step 4, the authors created the campaign based on the blueprint established in Step 3. This process was guided via project team meetings with creative partners, followed by focus groups with project stakeholders. The practical application of the 'Take a minute' campaign was centred empowering individuals to develop the language and understanding of their unique resources and capacities to maintain good mental wellbeing.

Paradoxically, the campaign aimed to develop this reflection on wellbeing language without relying on the use of explicit language itself. The campaign uses a technique called photovoice (Sutton-Brown, 2014), whereby participants are empowered to use their own unique non-verbal language to 'describe' difficult to explain concepts. It is a qualitative research method used in community-based participatory research, where participants are instructed to take photos that represent their experiences of a certain topic. For example, researchers focused on 'meaning in life' using photography to help participants 'explain' what sources of meaning exist in their lives (Steger et al., 2013). Meaning in life, like wellbeing, is a difficult concept to convey to another person, and often we don't have the language to describe it. However, through self-reflection and photography, people are able to construct language of capabilities and resources available for their own wellbeing, which allows participants to compose their own wellbeing language for their context (Oades et al., 2021).

Photovoice had been used around the world, across the life course (for example in children; Waters et al., 2022) and in many vulnerable populations (Gaboardi et al., 2022), and aligns closely with empowerment in mental wellbeing promotion (Barry 2019), as photovoice helped participants acquire new knowledge, develop critical awareness of their community, transformed their self-perception, and allowed them to expand their social networks (Budig et al., 2018).

Building on the notion of 'meaningful pictures', the 7 minute challenge was developed as a concept to invite participants to reflect on six themes across the week, with the seventh day used to summarise their reflections into a 'wellbeing literacy statement'; the opportunity to formalise their language about wellbeing literacy. The prompts across the six days included finding pictures that represent things, places, activities, or people that: bring joy to your life, a person that is special to you, something that brings your life meaning and purpose, a place that you love to visit, something you do to de-stress, and something related to self-development. Please find full instructions for the campaign in Supplementary Materials. The final 'wellbeing literacy statement' is designed to build and formalise intentional language to maintain or improve wellbeing of self or others (Oades et al. 2021). The 7 minute challenge was available to be conducted in groups or as individuals. Initial versions of the practical applications were presented to stakeholders in focus groups (summarised in Table 3).

Table 3. Themes identified from stakeholder consultation regarding practical applications

Theme	Description
Meaningful pictures	This activity received significant support as an enjoyable activity that promoted communication: Utilising visual aids and enjoyable activities was suggested as an effective means to facilitate meaningful discussions and support in the community.
Wellbeing is personal	Participants recognised the personal nature of wellbeing, emphasising the need for strategies that acknowledge and cater to individual preferences and needs.
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.

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.
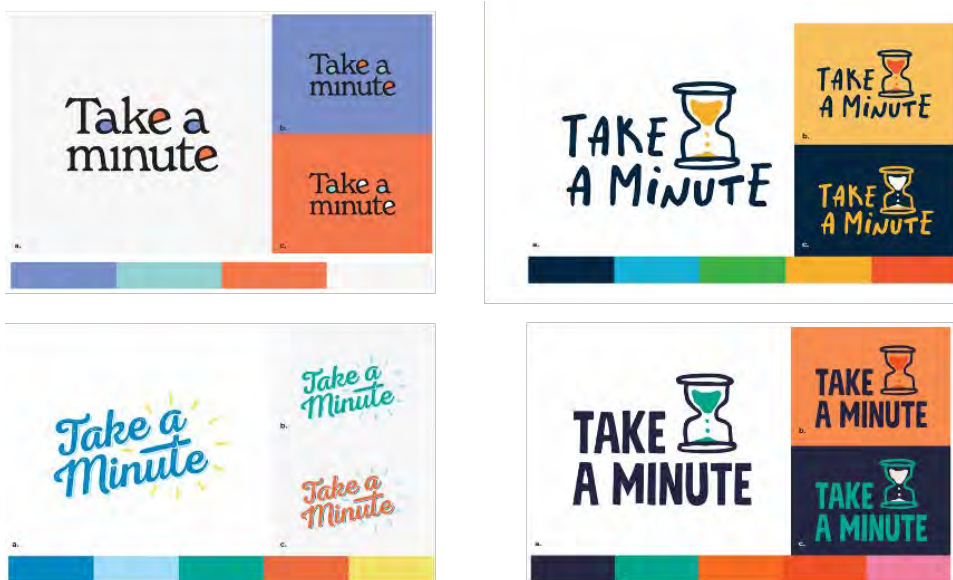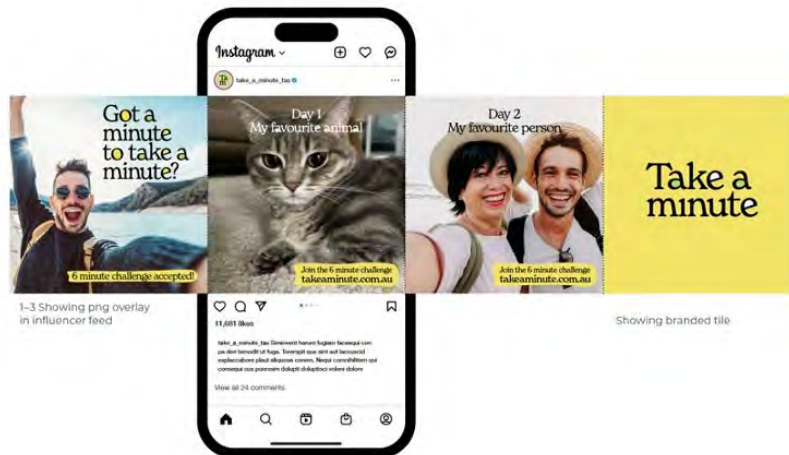

Session 1

After comparing various options, participants expressed that child-like fonts were not popular, and the use of contrasting coloured 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 colours. Personal associations with colours, such as red being perceived as angry, were noted. The proposal emphasised

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 colours in the bottom-left option were more noticeable, while the top options were easily overlooked. Challenges with colour and accessibility were emphasised, particularly regarding the difficulty of reading coloured 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 that 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 emphasised 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 emphasised, 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 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 authorisation to continue conversations throughout the day. The value of real Tasmanian photos and individuals was stressed, cautioning against the potential patronising nature of cartoons. The session concluded with considerations for the final collateral, emphasising 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.

Steps 5 and 6: Adoption, Implementation, and Evaluation Plans

After finishing the design and development of the intervention, IM concludes with two additional steps, the development of an adoption and implementation plan (Step 5) as well as an evaluation plan (Step 6).

This approach was implemented within a partnership model, whereby partner organisations are onboarded into the campaign, champions are identified to lead the

campaign using language and approaches that were appropriate/tailored to the setting and modelling the challenge by demonstrating their own examples. The project team included two project officers who could 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 aim of this place-based approach was to address digital inequity (reaching people less likely to engage online) and support community groups and organisations to tailor campaign activities to suit their target audience. Further, www.takeaminute.com.au was built to allow individuals or groups to register for the campaign, and receive campaign collateral and instructions, and to be followed up by the project officers.

Interestingly, there were some changes in the way that project officers described the campaign to stakeholders. While there was widespread recognition of the importance and relevance of mental health campaigns, there were some issues connecting with 'wellbeing literacy' messaging. Instead, it was communicated that this was a positive psychology campaign, which had greater resonance in the community.

Example collateral for the Take a minute 7 minute challenge
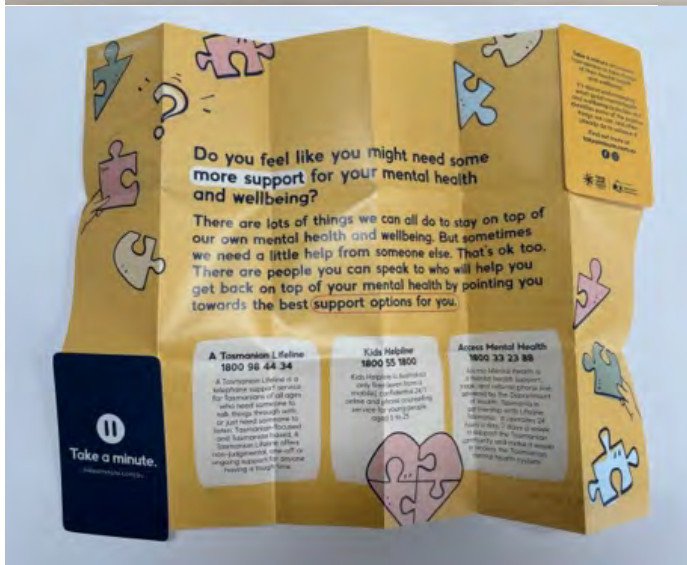
1

The wellbeing strategy

A strong wellbeing strategy helps us stay engaged, creative, connected, and productive – while supporting overall health and resilience.

Promote wellbeing through everyday positive strategies.

Respond to illness with care and support.

Prevent harm by fostering a safe environment.

2

Take a minute challenges

Take a minute is a simple, research-backed way to boost mental wellbeing. Participants reflect on the people, places, and activities that matter most and use photos to strengthen their support network.

How it works

Pause and reflect on meaningful moments.

Capture and share photos that represent them.

Strengthen connections with existing resources.

3

Where does Take a minute fit?

Take a minute is designed to complement existing workplace mental health resources, not replace or compete with them.

Take a minute

Foundational resources

Targeted initiatives

4

Join the Take a minute challenges!

You can jump into this yourself or we can support you to get started, Everything you need is at your fingertips. Contact us on: **(03) 6224 9222**.

Take a minute today!

Stage 3: Evaluation of Take a minute and 7 minute Challenge

One of the strengths of the Intervention Mapping approach is that it requires a very clear description of the intended outcomes of the campaign, accompanied by logical and theoretical justifications for how these outcomes will be achieved. This clarity offers areas of focus for evaluation to assess any behaviour change outcomes that occurred as a result of the Take a minute campaign.

As described in the design process and Logic Model (Appendix 1), the campaign was structured to achieve three behavioural outcomes (BO) and one environmental outcome (EO). These are:

BO1: Individual develops an interest in engaging in a campaign around wellbeing.

BO2: Individual forms an understanding of the sources of meaning and enjoyment that contribute to their wellbeing.

BO3: Individual determines their wellbeing needs in response to developing literacy in this area.

EO1: Community groups, organisations, and workplaces (collectively referred to as the community) create an open and positive environment that stimulates action around mental health.

According to the logic model, if these four outcomes are achieved, the program will have met its behavioural aim: "Individual engages in proactive behaviours that help them improve their wellbeing." To achieve these behavioural and environmental outcomes, the campaign was designed to promote behavioural change in the following domains:

- Build knowledge
- Belief in capability
- Belief in consequences
- Support environmental contexts and resources
- Promote positive social influences

To evaluate the success of the campaign, evidence of success across each of these behavioural and environmental outcomes will be considered, focusing particularly on the behavioural change domains listed above. Finally, the available evidence will be used to assess whether the broader aims of the campaign were met, as per the original requirements set by the Government.

Each of the behavioural and environmental outcomes are first considered individually. **The first behavioural outcome** aimed to develop interest in engaging with the campaign around the topic of wellbeing and wellbeing literacy.

The data collected supports the notion that the campaign was successful in creating a highly engaging initiative, well-received across a wide variety of sectors and locations in Tasmania, and that wellbeing literacy as a priority in the community. MHCT has undertaken extensive outreach, engaging with over 270 stakeholders throughout Tasmania. Feedback consistently highlights mental health and wellbeing as significant concerns among Tasmanians. While recognising that wellbeing 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 diverse sectors in Tasmania. From local government councils, non-profit organisations, state government departments, private businesses, child and family centres, community centres, neighbourhood houses, psychologists, sporting clubs, peak bodies, and stakeholders from all walks of life have shown enthusiasm and engagement.

Participants and stakeholders have responded to the campaign as exciting and novel, being simple enough to engage with but deep enough to produce meaningful insights and new knowledge. Participation was seen as simple and easy, not requiring any already-limited resources. As evidence, there have been more than 26,000 hits to the website takeaminute.com.au, with nearly 1.5 million social media interactions (across Facebook and Instagram) and an estimated 7,100 Tasmanians participating in the challenge between November 2023 and February 2025.

Furthermore, the physical locations of participants and consulted organisations were distributed across Tasmania. Of the 161 organisations engaged as interested

stakeholders in the program, 51% were from areas outside of Hobart and Launceston, with 6% representing statewide services. This reflects the project team's commitment to ensuring the campaign was delivered statewide, not overlooking regional or rural areas of Tasmania.

Project officers often used the 'meaningful place' prompt ("Think of a place that is really important to you and reflect on *why* that is) as an icebreaker for large groups when presenting on the campaign. Project officers commented on the fact that the exercise universally resonated across the state, demonstrating both the simplicity and enjoyment of the activities, and as a result, garnered lots of interest in the campaign.

The second behavioural outcome aimed for individuals to form an understanding of the sources of meaning and enjoyment that contributed to their wellbeing. There was ample evidence that the 7 minute challenge helped individuals consider the wellbeing resources in their lives, which are often overlooked, underappreciated, or even seen as 'guilty pleasures'. Many participants commented that they had never been asked these questions before, highlighting the importance of taking time to reflect on what's going well in their lives and what supports their mental health and wellbeing.

There has been consistent feedback from individual and group participants that the 7 minute challenge was enjoyable, simple, thought provoking, flexible, and helped people reconnect with their interests. Campaign partners (including workplaces and community settings) have been content with the support that they have received from MHCT to deliver the campaign, and appreciated the collateral provided. Participants have reported that the 7 minute challenge has helped them to adopt new behaviours and more clearly express wellbeing literacy language (the aspects of life that are important to their wellbeing and activities to maintain them).

- *"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"*

- *"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"*
- *"Yes, it has inspired me to do more of the activities I love"*
- *"Confirmed existing ideas"*
- *"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"*

It was well appreciated that this campaign adopted a strengths-based approach; it didn't prescribe what was good for you but allowed participants to bring their authentic life into the discussion, even where there were limitations and challenges. People were able to contextualise and separate real-life challenges from these resources. Even in low socio-economic or challenging contexts, participants had no issues finding images of resources that supported them. However, there were times when the campaign was not considered appropriate, such as in moments of extreme distress/grief or urgent life

challenges (e.g., needing to find a home). Yet, there were examples of participants using the campaign, or even one or two prompts from it, in challenging scenarios like financial distress or suicide prevention community action planning.

Once prompted, participants often enjoyed the process of reflecting on the prompts and sharing their photos among the group. Common reports highlighted the bonding and connection that ensued, where group members learned a lot about each other, gaining insight into each other's authentic lives.

The campaign was flexible in its delivery, allowing pivots where photos and technology were not available or desired. However, in general, there were very minimal concerns about the use of phones and technology in the community.

The third behavioural outcome aimed to support individuals in determining their wellbeing needs in response to developing literacy. Focus groups and interviews identified many examples of tangible actions that people could take in their lives as a result of participating in the 7 minute challenge. Some of these included more intentional time spent on hobbies, connecting with others, joining clubs or social groups, community participation, activities around the house, and finding new interests.

There were mixed responses to some of the prompts, with the purpose prompt being considered particularly challenging. The prompt read:

> "Welcome to Day 3! Let's dive into what gives your life purpose or meaning.
>
> Find or snap a pic of something that gives your life purpose. This could be something big or small. It could be your hobby, your job, volunteering, or anything that makes your heart sing. Why is it essential to you? Share your thoughts in the Take a minute action sheet."

Initial feedback suggested that this question was too 'existential' and just felt too big, that 'my purpose' is a daily google search. Participants reported that the question seemed daunting, out of step with the other prompts, too significant, inappropriate for people in distress or dealing with mental ill health. The project team mitigated this challenge by being very intentional in our engagement about explaining that it was the small and big

things that bring meaning and purpose to your life, or the resources that support your mental health, not the 'reason you were born'. This contextualisation was better received.

Another example came from the prompt about Growth and Development. One group recognised that they did not have a satisfying answer to this question, and brainstormed solutions to this as a team. They agreed on a workplace solution of professional development by making a small library to read and discuss at work. What this exemplifies is that the campaign was not only about tapping into existing resources. The campaign and challenge led to productive and fruitful discussions, and where absences of resources were noticed, it led to valuable goal setting and actions.

Finally, **the Environmental Outcome** aimed to support community groups, organisations, and workplaces (collectively referred to as the "community") in creating open and positive environments that stimulate action around mental health.

Community groups and organisations were very receptive to the role they could play in contributing to the campaign and generally to the promotion of mental wellbeing literacy. As evidenced by the broad engagement across the state, there was overwhelming support for the relevance and mission of the campaign. 94% of program facilitators (e.g., HR managers, champions within organisations) who were surveyed endorsed the need for the campaign in their setting, confirming its relevance and worth. Importantly, this endorsement was consistent even among those who had not yet had the opportunity to deliver the program.

This sentiment was echoed by MHCT program coordinators who reported that their presentations were almost always met with endorsement and enthusiasm. However, it should be noted that this positive perspective did not always translate into engagement in the campaign, with certain barriers described below.

Nominated individuals within organisations and community groups educated themselves on how to facilitate the campaign and were well supported by local MHCT project officers. Facilitators reported very little difficulty in contextualising the challenges

for their setting, appreciating the flexibility rather than being 'prescribed' a one-size-fits-all approach.

The campaign was specifically designed to empower organisations to adapt the campaign to fit their unique setting. There were numerous examples of partners customising the delivery modality (i.e., online, face-to-face, physical prompts), timing (i.e., daily, weekly, fortnightly, one-off, or sporadically when required), technology (Microsoft Teams, text messages, group chats, email, or Facebook groups), and approach (i.e., establishing new practices, integrating the challenge into existing meeting times, or adding it to already existing programs). The campaign's delivery has demonstrated flexibility across various partners, adapting to different settings both online and offline.

It was anticipated that there might be a social media component to the campaign, where community members could publicly share their experiences and responses to the challenge prompts. However, there was very little evidence of this occurring, and even commissioned influencers did not result in much engagement. That being said, there was significant engagement with the campaign and MHCT social media profiles, with close to 1.5 million engagements across platforms.

Behaviour Change determinants

The success of a wellbeing literacy campaign should ultimately be evident through actual changes in behaviour, resulting from enhanced literacy. For this reason, the campaign employs Intervention Mapping as its guiding framework. This approach leverages principles of behaviour change to shape initiatives aimed at improving health. The Theoretical Domains Framework (TDF) serves as a model that identifies evidence-based determinants crucial for evaluating both behaviour change and the implementation process (Atkins et al., 2017). These determinants are categorised into three key areas: motivation, capability, and opportunity, as detailed in Table 1.

Table 1. Examples of how motivation, opportunity, and capability can be considered at the wider campaign level as well as the individual level.

	Campaign	Individual
Motivation	Does the person want to engage with the campaign?	Does the person want to work on their wellbeing?
Opportunity	Do we create an environment where we can reach a person?	Are the circumstances right for the person to make positive changes to their wellbeing?
Capability	Is the person able to engage with the content?	Do we provide the tools to improve literacy and work on their wellbeing

Specifically, the domains selected from the Theoretical Domains Framework included:

- Knowledge (which lies at the heart of literacy)
- Beliefs about capabilities (as the campaign aims to reorient the narratives that individuals have some autonomy over their mental wellbeing and the actions to build or maintain it)
- Beliefs about consequences (ongoing behaviour change requires the belief that participating in the campaign will produce fruitful outcomes)
- Environmental context and resources (these are required to support and empower the individual with the tools to build literacy and support proactive behaviours for mental wellbeing)
- Social influences (interpersonal processes that can help foster motivation to participate in the challenge and continue proactive behaviours following the campaign)

Further rationale for these selections is available above. A summary of data supporting these domains will now be discussed:

Knowledge

There were numerous examples of knowledge built through the campaign. Primarily, it was related to 'procedural knowledge' about how to participate and register for the campaign. This was communicated in a range of approaches, including meetings, presentations at conferences and networks, social and online media, email marketing, and word of mouth. The steps involved in participating in the campaign were well understood, with many participants appreciating the simplicity of the exercises, often being surprised at how insightful such a simple exercise could be.

Knowledge about why join the campaign was interesting, and the project team had to flexibly adapt. There were some issues communicating the value of 'wellbeing literacy' mainly due to the fact that literacy is so commonly associated with written and mathematical skills. The campaign description was shifted to being about a positive psychological campaign (which comes with no loss in accuracy to the mission of the campaign), which was more broadly adopted and understood.

At the level of the individual participant, there was significant knowledge built about the resources that exist for them and their mental wellbeing. A common response was that the campaign actually helped individuals to appreciate and recognise that they have much more than they might have noticed, and that these things are vital to their mental wellbeing rather than 'luxuries'. This came with a significant re-orientation from 'guilty pleasure' to health behaviours, the importance of which cannot be understated.

Very little knowledge was built about mental health services, and the difference between mental illness and mental health. This information was available on the campaign website but did not commonly come up in any data collection. It is possible that the app can help drive some of this if it continues to be relevant.

At the level of the community, it was well appreciated that this was about the promotion of mental wellbeing as something different from mental illness prevention or treatment. Partnership with MHCT was important, and partners felt that they were well supported to develop their own expertise in campaign delivery.

Beliefs in Capabilities and Consequences

It was considered highly important to ensure that participants had positive beliefs about their capabilities to engage in the campaign and that participation would come with positive outcomes. Central to this endeavour was the design consideration titled 'mental health by stealth', whereby any stigma or negative attitudes that participants may have had were bypassed with minimal discussion about the topic of mental health. By becoming creative in the way we use language and focusing on flow-on effects or drivers of mental health to increase its relevance.

There was no evidence to suggest that participants did not want to participate in the program as a result of feeling that participation was not within their capabilities. In fact, as has been described above, participants were often surprised by the simplicity of the campaign activities. As intended, the campaign was seen as a fun activity that could be easily shared and enjoyed as a group.

In general, there was a positive attitude toward learning about mental health and one's personal unique resources. Even in challenging scenarios, there was a positive attitude about wellbeing resources. However, there's an important consideration about the degree of challenges and the timing of the campaign. There were instances where individuals were very distressed (i.e., due to housing issues or grieving) where the campaign was not appropriate for them to participate, but they still observed.

There was some indication that participants enjoyed the program to the extent that they would enjoy participating in further challenges. Some commented that there was even relevance in completing the same challenge in the future, as 1) there are multiple potential answers for each of the prompts, and 2) life changes and the same questions may produce very different answers over time. This finding points to the longevity of the campaign, both with the same challenge or different combinations of prompts.

At an environmental level, there was a high degree of importance and relevance considered for the campaign. There was a belief that this was worthwhile and valuable for staff, community, and clients to participate in. It was well received, and commonly noted that participation in the campaign led to greater connection between people.

Environmental Context and Resources and Social Influence

To facilitate participation in the campaign, it was important to empower environments that were conducive and supportive of the campaign and to make resources easily available for participating organisations or individuals. The website www.takeaminute.com.au included easy-to-access resources, where individuals or groups could register and download the instructions and resources to deliver the campaign. This registration was often followed up with communication from one of the local project officers, with participating organisations often reporting feeling well supported and well prepared to deliver the campaign. As evidenced by the significant number of resource downloads, website visits, and partnering organisations, these desired outcomes were achieved.

Unintentionally, an important role of modelling the campaign emerged, which acted as the social influence in the absence of successful social media influence, whereby project officers often promoted the campaign by using a single prompt to demonstrate the simplicity of participating, along with the campaign tagline 'Take a minute' or 'got a minute to Take a minute'. This very brief demonstration engaged participants and organisations, who could instantly connect with the relevance, simplicity, and importance of the campaign. This was further facilitated by the provision of digital and print resources, which meant that there were options for different requirements across the state.

Further to social influence, having local 'champions' within participating organisations was important as focal points in each location to facilitate the campaign, demonstrate, and lead the challenge. When asked about positive outcomes that occurred after delivering the Take a minute 7 minute challenge, program partners comment on many improvements to the environment and personal connections between participants. In particular, they commented on the fact that the activity helped people recognise that mental wellbeing was within their locus of control, with the campaign building empowerment, mental health awareness, and connection between participants.

Next steps and barrier resolution

The greatest challenge of the campaign related to converting community interest into action. For example, of the 89 surveyed project partners, 35 (39%) reported not having had the chance to deliver the program. The main barriers included:

- Not having internal time to deliver or facilitate the program
- Competing interests at work, either from resourcing limitations or competing priorities.

Despite the difficulty in commencing the campaign in the workplace setting, 83% suggested that the campaign was explained clearly to them, and 94% believed that there was a need for the campaign in their setting *and* that the campaign would be relevant and worthwhile. MHCT are developing an online app capable of facilitating a range of Take a minute challenges, allowing individuals or groups to establish their own teams, share meaningful photos with each other, and develop their 'pause statements'. It is anticipated that the app will allow for greater reach into the community, with lower barriers to entry such that campaign partners will be able to set up the campaign with even less time commitment. There is also work undergoing to extend the campaign into a youth population, first in the Devonport area and then across Tasmania.

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IMPACT STORIES

Ed, Cluny Farm

Some Answers:

Favourite Place

Favourite place, the shack. A great place to catch up with mates away from the farm and switch off. Gives me a chance to reset, I love the views, I love the food, I love the activities. Switch off from farming being the main reason for going over there, funnily enough, you end up talking about farming a lot over there with other farmers. But that's because we love what we do.

My me-time activity

Sitting back and relaxing is one, by sitting back and looking at views. Not really strictly to any given place, but appreciating where I live and what I do.

Having a few beers with some mates too, it shows me there is more to life than just working.

I can embrace growth

Ah, something that helps me grow. I don't have a photo, but our business consultant meetings are something which makes me grow in a businessman sense. The challenges of being, you know, more around money, it challenges what you think, and how you do things, then

personally, it makes me understand I have to take care of myself better to be able to work more efficiently and accomplish more in my life. Work smarter, not harder.

What did he find after doing it

I talk a lot about work. I work all the time. Yeah. I can draw from it that I probably work a bit too much. Yeah. Like I love it. But I don't have a hobby. Really, apart from hanging out with people. That's not really a hobby, is it?

That, yeah. That's what I can really take from it. That maybe I need a hobby. in the winter I go motor-bike riding and stuff.

Yeah, family and culture sort of mould together in this line of work working home.

I definitely think I should be spending more time with mum. Going and doing something with Mum like, oh, do you want to go to Oatlands today? Yeah. It's not a perhaps, I should do more things with mum.

Travel was good for me. I think, I didn't put any of my travel photos in there. Um questions sort of didn't really lead me there. Well, one of the questions, I mean the one about making me grow. travelling away. might have been a good one.

When you spoke to me on the phone, I was out the back of Woodspring's. Yeah, sort of started thinking and got in deep thought for a while, because that's what happens when you're in a spreader. yeah, it was like. My favourite place… Yes, made me think a bit it. I mean I got really tired from the deep train of thought. But it hasn't put me into a spin or anything like that. I started missing my grandparents a little bit and then it wasn't too bad. Quite a lot of the time when I get into my spins is when I'm not sleeping well. And then your mental resilience goes down and then everything bothers you. like everything's a problem. You start being really hard on yourself in the day to day. I'm like, I messed up this crop then messed up that crop. You start to see all the problems with everything that you're doing, we're not making

enough money, gotta ask the bank for more money. It's really stressful. Just all this stuff that'll get on top of you if you're feeling a bit on the downline.

I'm already doing things I like, where this made me think about the things I'm not doing, the things I'm overlooking and um yeah, fitness isn't a part of my life at all. Got good drinking fitness though haha.

Well, that's what a lot of people don't do out here, and that is stop. You just work and then and then you eat, and then you get back to work. You just stop for your breaks and maybe that's when you can take a minute, but you don't even want to do that in your breaks. You just get hard at it, and you get going, and then all you want to do is get your jobs done for the day and go home. And that's what I found, and you're in the habit of the working, like everyone's in the habit of whatever their daily life entails. But they don't take a minute. like it happened to me I spoke to you on the phone, you put it to me to do it, and I was like "yeah, yeah sounds good" but then I didn't do it straight away. We all take a minute to go on our phones, but we don't take a minute to actually do something a little different. Because everyone is in the habit of doing that, like every spare minute you have you probably spend it on your phone, but you don't spend it doing something constructive. Probably just scrolling through marketplace.

Thoughts on the questions

Well, they're broad, I had to think about the questions for a minute. You just to go back to your fundamentals, you have to go back to the fundamentals in your life. What do you love? A lot of the guys here would put up a picture of them going hunting because they just love hunting, they love deer hunting and I can imagine 90% of them would do that. Yeah, that would be their photo. Switching off, time away from anyone, you feel like and you're out there on your own and it's their space, you know? Because again, the farm is demanding on all that are involved, whether you own it or you just work on it. Yeah, it's full-time seven days a week, isn't it? Yeah, you go to bed, and you think about it, you dream about it, then you wake up and you're still thinking about it. In a sense I think that is what it's like. And to take a minute, was tricky. You have to be forced almost. I know from going to college with a whole heap of farmers, mental health is a no-go area for a lot of people. I reckon fifty percent people are just hard arse, depends what part of the country you come from, but yeah. It's really interesting.

Made me realise, spending time with mum, like for me, I come in, I have lunch, and then I'm out. Like I don't actually sit there and spend time with Mum, and I think that could go a long way for me. This time of year, it's a bit hard and I wouldn't be able to do it all the time, but just whenever I can it's a good idea, just to talk to her and go "How ya going?".

Did he get much out of it

Yeah. I can do a bunch of stuff to make an impact.

Deb, Tasman Voice for Health

"Being able to adapt resources in the community is so important.

We ran it (The 7 minute challenge) with our training groups, we ran it in different locations, and we also ran it through our web classes. So, we did it in different ways. At Health Consumers Tas we adapted it and continued doing aspects of that overtime as we needed to.

And there were some people who wanted to keep that going."

"So, it's another tool in the toolkit and we are actively scanning for tools and we're adapting them as we need to.

It's a way of bringing together, especially new people who don't know each other so well. It's an opportunity to understand them as a human being and to create those relational meets.

I think some people find "we've done that now" and that's why I'm keen to see how it's developed further. But what it does, is it enables an ice breaker. and then people take up what they want."

"So, there were people who did it, that remembered what it was like to have meditative quiet space. They'd forgotten about all of that, and they were rereminded, really, about something that worked in the past and they went, "oh my God, I've got to make time for this."

It helps you legitimise what is important."

Dave, Tasman Peninsula Community Member

"Myself and all the others that were asked, if you like, stay within the pack.

Living here down on the peninsula, we're effectively on an island. They (local community members) feel that if a disaster occurs' on our island, having somebody you can turn to for help is vital for them and very important.

The feeling of community is invited because if you don't feel community, it's dog eat dog after the event.

All knowledge is useful. If something arises, it's like they will stop and go, "oh, I remember." And so, they tend to ask questions and listen all right to. So, it's not wasted. There are some people who came out of that group who are really, really, very keen about it. And they're the ones that are excited."

Geoff, Wynyard

I found Take a minute to be a non-confronting way to consider my mental health. Doing the 7-minute challenge really opened a door for me to developments such as starting a Grow Australia (mental health peer support) group in my local area.

Central Coast Council Staff Member

"I was thinking through the questions about my purpose and how I embrace growth. Both of those made me reflect that I might have lost my own direction for the last little bit. So, I had a mentoring session yesterday, and it was interesting that that was fresh in my mind, so it was something that I discussed with my mentor. I found it really useful that maybe that might help me get back on my right pathway."

Trista, Ulverstone

When I first began the Take a minute challenge, the practice of pausing to appreciate the positive aspects of my life every day took effort, something I had to actively remind myself to do. However, over the past 12 months, it has gradually become a natural part of my daily routine. I've found that I now take these moments to reflect and appreciate without even thinking about it. It has become almost subconscious—an intuitive part of my day where I naturally pause and savor life's small, beautiful moments.

One of the things I've come to appreciate most is how much I've learned to notice the little things that bring joy. For example, I find myself pausing to take a photo of the way the light hits the leaves of a tree or how the sun sets in a way that makes the whole sky glow. These moments, which I might have overlooked before, have become a source of delight and peace. It's a small act of mindfulness that reminds me of the beauty in the everyday, and it has deepened my connection to the world around me.

Additionally, the challenge has had a profound effect on how I approach discomfort or

hesitation. A good example of this is my experience with cold water swims. In the past, the thought of jumping into cold water would have filled me with discomfort or reluctance. But now, I use the mindfulness techniques I learned through Take a minute to shift my perspective. Instead of focusing on the discomfort, I remind myself of the energy boost and sense of vitality I feel after diving into the cold water. This mental shift, informed by my practice, helps me embrace the challenge, and I've noticed that the benefits I experience after the swim are always worth the initial discomfort.

What I've found most valuable over the past year is how the Take a minute challenge has fundamentally changed the way I view my day. I've become more attuned to the opportunities I have to invite positivity into my life. Whether it's taking a moment to acknowledge something I'm grateful for, finding beauty in a seemingly small or mundane moment, or using a practice to shift my perspective on discomfort, I've learned to be more mindful and intentional about bringing positivity into my daily life.

Robin, Live Well Tasmania

The practice has really taught me to look for the good, even when life feels busy or challenging. These moments of appreciation and perspective shifts have created a lasting sense of calm and contentment, and I believe they've made a significant difference in my overall mental well-being.

Appendix 1: Details of the Intervention Mapping process.

Table S1. Rationale of Theoretical Domain Framework inclusion for the 'Take a minute' campaign design

Determinant	Rationale	Importance	Changeability	Include
Knowledge: An awareness of the existence of something	**Knowledge lies at heart of literacy.**	**+++**	**+++**	**Yes**
Skills: An ability or proficiency acquired through practice	Skills imply delivery over time. Not the focus of the brief	+	++	No
Social/professional role and identity: A coherent set of behaviours and displayed personal qualities of an individual in a social or work setting	Focus is not to lean into roles and group identity, but rather focus on individual nature of MH. Social influence & environment covered via determinants below	+	+	No
Beliefs about capabilities: Acceptance of the truth, reality or validity about an ability, talent or facility that a person can put to constructive use	**Focus is on re-changing the narrative that shows that everyone has the capability to work on wellbeing. Avoiding deep-rooted issues with capability around illness.**	**+++**	**++**	**Yes**
Optimism: The confidence that things will happen for the best or that desired goals will be attained	Being optimistic about potential change is more an end-goal. We can tap into motivation as a subpart to 'beliefs about consequences'	++	++	No

Beliefs about consequences: Acceptance of the truth, reality, or validity about outcomes of a behaviour in a given situation	**Follow-up behaviour is unlikely if someone is not expecting a positive return. Crucial to campaign.**	**+++**	**++**	**Yes**
Reinforcement: Increasing the probability of a response by arranging a dependent relationship, or contingency, between the response and a given stimulus	Reflective motivation is not sufficient to promote engaging with MH on population level	++	++	No
Intentions: A conscious decision to perform a behaviour or a resolve to act in a certain way	Intentions are poor predictor of behaviour. Most change approaches can also be used across other determinants.	+	++	No
Goals: Mental representations of outcomes or end states that an individual wants to achieve	*Seen as end-goal, not a determinant we wish to change at campaign level. Goal setting not a crucial element for this project.*	++	++	No
Memory, attention and decision processes: The ability to retain information, focus selectively on aspects of the environment and choose between two or more alternatives	Focus is not on directly changing into these processes. Environmental influences can be covered in determinants below.	++	+	no
Environmental context and resources: Any circumstance of a person's situation or environment that discourages or encourages the development of skills and abilities, independence, social competence and adaptive behaviour	**Need to create an environment that gives the individual the tools to build literacy and support pro-active behaviours around MH.**	**+++**	**++**	**Yes**

Social influences: Those interpersonal processes that can cause individuals to change their thoughts, feelings, or behaviours	**Highly important for campaign success and ability/motivation to work on MH**	**+++**	**++**	**Yes**
Emotion: A complex reaction pattern, involving experiential, behavioural, and physiological elements, by which the individual attempts to deal with a personally significant matter or event	Is an end-goal, not a variable we wish to manipulate	+	++	No
Behavioural regulation: Anything aimed at managing or changing objectively observed or measured actions	Core focus is not to regulate or control behaviour over longer period of time.	+	++	No

Table S2 Behavioural and environmental outcomes, and performance objectives (PO) for 'Take a minute'.

Behavioural outcome 1: Individual develops interest in engaging in a campaign around wellbeing

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PO 1.1	Knows of the existence of a wellbeing literacy campaign
PO 1.2`	Engages with wellbeing literacy recruitment campaign materials
PO 1.3	Understand the components of the campaign and what steps are involved
PO 1.4	Considers personal drivers for engaging in the campaign activities

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Behavioural outcome 2: Individual forms an understanding of the sources of meaning and enjoyment that contribute to their wellbeing

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PO 2.1	Understands what wellbeing is and how it differs from mental illness
PO 2.2	Understands that the way we feel is influenced by the amount/quality of positive activities, interactions and behaviours (resources) we experience
PO 2.3	Understands we can all improve our wellbeing meaningfully in practical and tangible ways by tapping into our resources
PO 2.4	Describes what good wellbeing looks like for the individual

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Behavioural outcome 3: Individual determines wellbeing needs in response to developing literacy

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PO 3.1	Identifies current wellbeing needs they want or need to action
PO 3.2	Understands that different mental health needs require different services
PO 3.3	Engages in positive action based on identified wellbeing or wider mental health needs

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Environmental outcome 1: Community groups, organisations and workplaces (community) create an open and positive environment that stimulates action around mental health

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PO 4.1	Community groups & organisations accept the role they can play to stimulate mental wellbeing
PO 4.2`	Community groups & organisations educate themselves how they can join the wellbeing literacy campaign
PO 4.3	Community groups & organisations contextualise wellbeing campaign resources for their setting
PO 4.4	Community groups participate in campaign activities to promote engagement

Table S3: Matrices of change for each behavioural and environmental outcome, showing the change objectives of each determinant and performance objective (PO).

Behavioural outcome 1: Individual develops interest in engaging in a campaign around wellbeing					
Code	**Performance Objective**	Determinants			
		Knowledge	Beliefs in capabilities & consequences	Environmental context and resources	Social influence
PO 1.1	**Knows of the existence of a wellbeing literacy campaign**	**K1.1a** recalls engaging with recruitment material **K1.1b** remembers information about the wellbeing literacy campaign	**B1.1** Expresses positive attitude towards learning about wellbeing	**ER1.1** Accesses resources or information that provides overview of literacy campaign	**SI1.1** Engages with social actors who introduce individual to literacy campaign
PO 1.2	**Engages with wellbeing literacy recruitment campaign materials**	**K1.2** Describes how and where to access recruitment materials		**ER1.2** Accesses an environment where recruitment material is present (in a way that is familiar to the individual)	**SI1.2** Encounters social actors who provide recruitment information
PO 1.3	**Understand the components of the campaign and what steps are involved**	**K1.3a** List the components of the campaign **K1.3b** Describes what participation in the campaign requires	**B1.3** Expresses positive attitude that participation in the campaign lies within their capabilities		**SI1.3** Engages with social actors who help outline the requirements of the campaign
PO 1.4	**Considers personal drivers for engaging in the campaign activities**	**K1.4** Describes potential reasons or drivers for joining the campaign	**B1.4** Beliefs that participating in the campaign has positive consequences linked to the individuals' personal drivers		**SI1.4** Engages with social actors who outline the benefits of participating in the campaign

Notes. Each change objective is coded according to the determinant, i.e. Knowledge (K), beliefs about capabilities and consequences (B), Environmental context and resources (ER) and Social Influence (S), and the performance objective (PO), as depicted by the number after the letter, it belongs to. When multiple change objectives belong to the same determinant and performance objective, change objectives are separated by alphanumeric symbols.

Behavioural outcome 2: Individual forms an understanding of the sources of meaning and enjoyment that contribute to their wellbeing					
Code	**Performance Objective**	Determinants			
		Knowledge	Beliefs in capabilities & consequences	Environmental context and resources	Social influence
PO 2.1	**Understands what wellbeing is and how it differs from mental illness**	**K2.1a** Describes wellbeing and some of its characteristics **K2.1b** Describes the difference between working on wellbeing and working on illness	**B2.1** Expresses positive attitude towards learning about mental health		
PO 2.2	**Understands that the way we feel is influenced by the amount/quality of positive activities, interactions and behaviours (resources) we experience**	**K2.2a** Describes how our mental health is a balancing act between resources and challenges **K2.2b** Lists resources for our wellbeing **K2.2c** Describes that resources can be within and external to individual	**B2.2** Expresses positive attitude towards learning about wellbeing resources	**ER 2.2** Accesses resource that provides information on resources to our wellbeing and ways to build it	**SI2.2** Engages with social actors (both known and unknown) that give examples of personal resources to their wellbeing
PO 2.3	**Understands we can all improve our wellbeing meaningfully in practical and tangible ways by tapping into our resources**	**K2.3** describes that psychological health is malleable via different approaches within oneself and their environment	**B2.3** Beliefs that there are benefits to changing our wellbeing	**ER2.3** Accesses resource that provides information on resources to our wellbeing and ways to build it	**SI2.3** Engages with social actors (both known and unknown) that shows how attainable it is to connect with resources

| PO2.4 | Describes what good wellbeing looks like for the individual by interrogating their personal wellbeing resources | **K2.4** lists the activities, interactions and behaviours that make them feel good | **BI2.4a** beliefs that they are able to undertake the activities, interactions and behaviours that make them feel good. **B2.4b** Describes why taking action on wellbeing is important to them | **ER2.4** Encounters resource that facilitates reflection on personal resources and why these activities represent something important and meaningful to them | **S2.4** Gets inspiration from social actors on which actions to consider |

Notes. Each change objective is coded according to the determinant, i.e. Knowledge (K), beliefs about capabilities and consequences (B), Environmental context and resources (ER) and Social Influence (S), and the performance objective (PO), as depicted by the number after the letter, it belongs to. When multiple change objectives belong to the same determinant and performance objective, change objectives are separated by alphanumeric symbols.

Behavioural outcome 3: Individual determines wellbeing needs in response to developing literacy					
Code	**Performance Objective**	Determinants			
		Knowledge	Beliefs in capabilities & consequences	Environmental context and resources	Social influence
PO 3.1	**Identifies current wellbeing needs they want or need to action**	**K3.1** Lists positive wellbeing resources within the individual's life **K3.2** Lists areas of improvement for their wellbeing (challenges)		**ER 3.1** Accesses a resource that allows individual to create an overview of wellbeing needs	**S3.1** Engages with social actors who promote the importance and benefit of understanding personal wellbeing needs
PO3.2	**Understands that different mental health needs require different services**	**K3.2a** Describes the difference between wellbeing and mental illness **K3.2b.** Describes various mental health services and their purpose **K3.2c** Describes evidence-based ways to improve their wellbeing	**B3.2** Holds positive attitudes towards engaging with formal mental health services		

PO 3.3	Engages in positive action based on identified wellbeing or wider mental health needs	K3.3 Describes how to access services in case of needs	B3.3. Demonstrates ability to contact mental health or wellbeing services		
Notes. Each change objective is coded according to the determinant, i.e. Knowledge (K), beliefs about capabilities and consequences (B), Environmental context and resources (ER) and Social Influence (S), and the performance objective (PO), as depicted by the number after the letter, it belongs to. When multiple change objectives belong to the same determinant and performance objective, change objectives are separated by alphanumeric symbols.					

Environmental outcome 1: • Community groups, social actors or organisations (Community) create an open environment that stimulates joining the wellbeing literacy campaign				
Code	Performance Objective	Determinants		
		Knowledge	Beliefs in capabilities & consequences	Environmental context and resources
PO 4.1	**Community groups & organisations accept the role they can play to stimulate mental wellbeing**	**K4.1a** Community describes the difference between working on wellbeing and working on illness **K4.1b** Community describes the role of community plays when it comes to promoting wellbeing	**B4.1** Community expresses positive attitudes towards their role in promoting community wellbeing	
PO 4.2	**Community groups & organisations educate themselves how they can join the wellbeing literacy campaign**	**K4.2a** Community understands the benefit of a partnership model to access resources **K4.2b** Community describes information about the wellbeing literacy campaign and how community can assist	**B4.2** Community beliefs that participating in the campaign has benefits for them and their people	**ER4.2** Community can access a partnership model that facilitates access to resources
PO 4.3	**Community groups & organisations contextualise wellbeing campaign resources for their setting**	**K4.3** Community describes how to contextualise resources	**B4.3** Community is confident they are able to contextualise	**ER4.3** Community has access to campaign material templates
PO 4.4	**Community groups participate in campaign activities to promote engagement**	**K4.4** Community describes potential reasons or drivers for joining the campaign	**B4.4** Community beliefs that participating in the campaign has benefits for them and their people	

Notes. Each change objective is coded according to the determinant, i.e. Knowledge (K), beliefs about capabilities and consequences (B), Environmental context and resources (ER), and the performance objective (PO), as depicted by the number after the letter, it belongs to. When multiple change objectives belong to the same determinant and performance objective, change objectives are separated by alphanumeric symbols.

Table S4: Mapping behaviour change techniques and practical applications to Performance Objectives.

Change Objective	BCT	Theory	Practical Application
K1.1 remembers information about the wellbeing literacy campaign	• Facilitation	• SCT	• Campaign recruitment information provided in multiple formats across a variety of settings to increase visibility (posters, email templates, text and imagery templates). Keep campaign recruitment material should be simple and straight forward with motivational component and information.
K1.2 Describes how and where to access recruitment materials	• Facilitation	• SCT	• Campaign recruitment information provided in multiple formats across a variety of settings to increase visibility. Develop materials that are easily implemented within community and organisational communication processes. Use recognisable branding so individual recognises recruitment material.
K1.3a List the components of the campaign	• Facilitation • Using Imagery	• SCT • TIP	• Ensure the campaign is as simple and easy to perform as possible. Create recruitment material that outlines the steps for participating in the campaign. • Use an analogy or a campaign concept that acts as a way to make the campaign more interesting while also referring to core concepts of the campaign\
K1.3b Describes what participation in the campaign requires	• Facilitation • Using Imagery	• SCT • TIP	• Within campaign material outline steps for participation clearly. • Use an analogy or a campaign concept that acts to make the campaign interesting to join while also referring to core concepts of the campaign
K1.4 Describes potential reasons or drivers for joining the campaign	• Individualisation • Facilitation • Arguments	• TTM • SCT • CPM, ELM	• Provide multiple reasons for participating within the recruitment material so individual can choose a reason that matches their personal drivers • Craft recruitment approaches that ensure the individual can match reasons for participation back to personal drivers • Provide evidence to back up personal reasons to join the campaign

K2.1a Describes wellbeing and some of its characteristics	• Facilitation	• *SCT*	• Create a website and other resources to be used in recruitment and promotion that describe what wellbeing means, its characteristics and how it differs from illness
K2.1b, K3.2a Describes the difference between working on wellbeing and working on illness	• Facilitation	• *SCT*	• Create a website and other resources that describe what wellbeing means, its characteristics and how it differs from illness
K2.2a Describes how our mental health is a balancing act between resources and challenges	• Using imagery • Arguments	• *TIP* • *CPM, ELM*	• Refer to a seesaw or other analogy to make balancing act come alive within recruitment material • List various evidence-based aspects of wellbeing that can be considered a resource or challenge and use these aspects as part of the campaign concept
K2.2b Lists resources for our wellbeing	• Tailoring • Facilitation	• *TTM, PAPM, PMT, CPM* • *SCT*	• Where required, tailor recruitment material to identify resources that match the individual's characteristics. • Provide a curated set of wellbeing resources and develop an activity that gets individuals to reflect on their resources
K2.2c Describes that resources can be within and external to individual	• Facilitation • Using Imagery	• *SCT* • *TIP*	• Create a website and other resources that describes the different wellbeing resources we can have. Cover both internal and external resources within the campaign activities. • Use analogies with other areas such as health where needed to explain internal and external influences •
K2.3 describes that psychological health is malleable via different approaches within oneself and their environment	• Persuasive communication • Modelling • Arguments	• *CPM, ELM, DIT* • *SCT* • *CPM, ELM*	• Provide evidence on the ability to improve our wellbeing within recruitment material. • Have role models provide information about their own ability to improve their wellbeing through campaign • Provide evidence resource that provides argumentation for involvement of resources and challenges
K2.4 lists the activities, interactions and behaviours that make them feel good	• Facilitation • Individualisation	• *SCT* • *TTM*	• Design an activity to help individuals reflect on wellbeing activities, interactions and behaviours. Use photographs to make it easier to complete the campaign as a complement to reflection for people who don't have access to a camera.

			• Allow individual to select and identify their own activities matched to their unique circumstances
K3.1a Lists positive wellbeing resources within the individual's life	• Facilitation • Tailoring	• *SCT* • *TTM, PAPM, PMT, CPM*	• Design an activity to help individuals reflect on wellbeing activities, interactions and behaviours. Use photographs to make it easier to complete the campaign as a complement to reflection for people who don't have access to a camera. • Embed ability to tailor campaign concepts to different population groups
K3.1b Lists areas of improvement for their wellbeing (challenges)	• Facilitation	• *SCT*	• Create a website that prompts reflecting on challenges after completion of the challenge
K3.2b. Describes various mental health services and their purpose	• Facilitation	• *SCT*	• Create a webpage and other information that outlines various mental health services and refer to this within the campaign
K3.2c Describes evidence-based ways to improve their wellbeing	• Facilitation	• *SCT*	• Refer to or create resources that outline evidence-based ways to improve wellbeing
K3.3 Describes how to access services in case of needs	• Facilitation	• *SCT*	• Create a webpage or other information that outlines how to reach out to formal services
K4.1a Community describes the difference between working on wellbeing and working on illness	• Facilitation	• *SCT*	• Create dedicated resources for community and organisations that describes what wellbeing means, its characteristics and how it differs from illness
K4.1b Community describes the role of community plays when it comes to promoting wellbeing	• Facilitation	• *SCT*	• Create recruitment material that describes the positive role that community can play

K4.2a, K4.4 Community understands the benefit of a partnership model to access resources	• Arguments	• *CPM, ELM*	• Provide rationale for benefit to community within recruitment material that is targeted at community
K4.2b Community describes information about the wellbeing literacy campaign and how community can assist	• Facilitation	• *SCT*	• Create a dedicated stream for community organisations and design recruitment material that describes how the community can join the campaign
K4.3b Community describes how to contextualise resources	• Facilitation • Participation	• *SCT* • *DIT, TP, ODT, TMCO*	• Provide information sessions to community that explains how they can tailor the campaign materials • Use community stakeholders to determine how to approach development of templates and other ways to contextualise
B1.1 Expresses positive attitude towards learning about wellbeing	• Verbal persuasion • Framing	• *SCT, TSR* • *PMT*	• Design positive and encouraging recruitment and informational resources to encourage participation in learning about wellbeing via the campaign • Develop campaign concept that is not overtly about mental health and wellbeing, but rather its drivers to encourage engagement in learning about wellbeing via campaign
B1.3 Expresses positive attitude that participation in the campaign lies within their capabilities	• Verbal persuasion • Facilitation	• *SCT, TSR* • *SCT*	• Emphasise the low threshold nature of the campaign within the recruitment and information resources, including presentations. • Ensure that the wellbeing literacy campaign uses simple exercises
B1.4 Beliefs that participating in the campaign has positive consequences linked to the individuals' personal drives	• Tailoring • Verbal persuasion	• *SCT, TSR* • *SCT, TSR*	• Design recruitment and informational material that can be tailored to group characteristics • Ensure messaging outlines the benefits of participating, both in terms of wellbeing as well as having an enjoyable experience

B2.1 Expresses positive attitude towards learning about mental health	• Direct experience • Entertainment education	• *TL* • *DIT, SCT*	• Make the campaign activities be about more than simply wellbeing and mental health, allowing individuals to join because they want to join the activity itself • Build the campaign around a fun activity, that can be done alone or together with others.
B2.2 Expresses positive attitude towards learning about wellbeing resources	• Direct experience • Entertainment education	• *TL* • *DIT, SCT*	• Make the campaign activities be about more than simply wellbeing and mental health, allowing individuals to join because they want to join the activity itself • Build the campaign around a fun activity, that can be done alone or together with others.
B2.3 Beliefs that there are benefits to changing our wellbeing	• Arguments • Modelling	• *CPM, ELM* • *SCT, TL*	• Provide arguments throughout the campaign to show the positive effects of engaging in wellbeing promotion activities • Use models to show the positive impact within the campaign.
B2.4a beliefs that they are able to undertake the activities, interactions and behaviours that make them feel good.	• Direct experience • Mobilising social support • Modelling • Facilitation	• *TL* • *DIT, TSNSS* • *SCT, TL* • *SCT*	• Use direct experience of an activity to show how easy it is to identify what improves someone's wellbeing literacy • Have social supporters provide encouragement to join the campaign • Have social supporters demonstrate campaign activities and encourage participation to ensure individual feels able to do it themselves • Rely on existing skills (e.g. taking photos) to increase approachability of campaign and make the campaign activities easier.
B2.4b Describes why taking action on wellbeing is important to them	• Direct experience	• *TL*	• Within the campaign, directly ask participant to relate participation to their personal drivers
B3.2 Holds positive attitudes towards engaging with formal mental health services	• Framing	• *PMT*	• Use non-deficit focused language to describe formal service and benefits people get when interacting with the services
B3.3. Demonstrates ability to contact mental	• Facilitation	• *SCT*	• Provide contact information for mental health services on campaign materials (e.g. website)

health or wellbeing services			
B4.1 Community expresses positive attitudes towards their role in promoting community wellbeing	• Arguments • Verbal persuasion • Tailoring	• *CPM, ELM* • *SCT, ELM* • *TTM, PAPM, PMT, CPM*	• Design dedicated recruitment materials for community that shows the positive impact that can have in promoting wellbeing • Use project personal to talk to community stakeholders and persuade them to join by outlining positive flow on effects • Tailor messaging on positive effects to the specific community group or organisation
B4.2, B4.4 Community beliefs that participating in the campaign has benefits for them and their people	• Arguments • Public Commitment • Participation • Facilitation	• *CPM, ELM* • *TAIHB* • *DIT, TP, ODT, TMCO* • *SCT*	• Outline the benefits that community has within recruitment information dedicated to community • Work together with leading community organisations to commit to joining the campaign • Develop a steering group with representatives from community to guide the development of the campaign. • Send project officers for 1:1 engagement with community and organisations to ensure benefits are understood
B4.3 Community is confident they are able to contextualise	• Facilitation	• *SCT*	• Create templates for community to use to contextualise materials • Send project officers for 1:1 engagement with community and organisations to help with any contextualisation
ER1.1 Accesses resources or information that provides overview of literacy campaign	• Technical assistance • Participation • Facilitation	• *ODT, DIT, SCT, MCO* • *DIT, TP, ODT, TMCO* • *SCT*	• Assign champions within organisations to help facilitate onboarding to the campaign • Engage champions within project development phase and ensure champions can influence adoption within organisation • Have project group coordinators do targeted presentations to community groups about the campaign via a community engagement pathway
ER1.2 Accesses an environment where recruitment material is present (in a way that is familiar to the individual)	• Technical assistance • Participation	• *ODT, DIT, SCT, MCO* • *DIT, TP, ODT, TMCO*	• Assign champions within organisations and community that help promote the campaign • Engage champions within project development phase and ensure champions can influence adoption within organisation

			• Utilis existing processes and opportunities within community and organisation to promote and recruit (e.g. use dedicated poster locations for recruitment, use recruitment sections within organisational emails)
ER 2.2, ER2.3 Accesses resources that provides information on resources to our wellbeing	• Technical assistance • Participation	• *ODT, DIT, SCT, MCO* • *DIT, TP, ODT, TMCO*	• Work together with community champions to create an environment that facilitates participation in the campaign • Integrate community champions at all stages of campaign development to ensure buy in
ER2.4, ER 3.1 Encounters resource that facilitates reflection on personal resources and why these activities represent something important and meaningful to them	• Facilitation • Technical assistance	• *SCT* • *ODT, DIT, SCT, MCO*	• Develop a mechanism that embeds the campaign within the community and facilitates group-buy-in • Ensure that community champion provides support when the campaign is run and feels supported to provide that support
ER4.2 Community can access a partnership model that facilitates access to resources	• Participation	• *SCT*	• Develop a partnership pathway that community and organisations can join who just want to join the campaign
ER4.3 Community has access to campaign material templates	• Facilitation	• *SCT*	• Provide adaptable templates targeting an organisational stream for the campaign
S1.1 Engages with social actors who introduce individual to literacy campaign	• Mobilising social networks • Participation	• *TSNSS, SNT* • *DIT, TP, ODT, TMCO*	• Social actors participate in wellbeing literacy campaign to encourage others to participate with them • Utilise champions within partner organisations to steer the wellbeing literacy design and implementation
S1.2 Encounters social actors who provide recruitment information	• Mobilising social networks	• *TSNSS*	• Social actors outline the wellbeing literacy campaign steps to the individual in methods that they deem fit, for example social media influencers with local community reach
S1.3, S1.4 Engages with social actors who help outline the requirements and benefits of the campaign	• Modelling • Mobilising social networks	• *SCT, ODT, DIT, ET* • *TSNSS, SNT* • *TSNSS*	• Social actors demonstrate the steps of the campaign • Social actor who are part of organisations or who live within the community and has community buy in is used to demonstrate the campaign

	• Developing new social network linkages		• Use social influencers to reach individuals in the community that aren't being reached via direct recruitment channels
S2.2 Engages with social actors (both known and unknown) that give examples of personal resources to their wellbeing	• Developing new social network linkages • Mobilising social networks	• *TSNSS* • *TSNSS, SNT*	• Individuals can join groups within organisations that provide new people to connect to who also participate in the campaign. Use local social media influencers to stimulate development of local 'wellbeing campaign' groups. • Social actors actively participate in the wellbeing literacy campaign
S2.3 Engages with social actors (both known and unknown) that shows how attainable it is to connect with resources	• Modelling	• *SCT, ODT, DIT, ET*	• Social actors demonstrate accessing resources on video or in-person
S2.4 Gets inspiration from social actors on which actions to consider	• Modelling	• *SCT, ODT, DIT, ET*	• Use social media influencers and champions within organisations and community who participate in the campaign activities.
S3.1 Engages with social actors who promote the importance and benefit of understanding personal wellbeing needs	• Modelling	• *SCT, ODT, DIT, ET*	• Use social media influencers and champions within organisations and community to provide explanation of the benefits they have received from understanding wellbeing needs.