

## Introduction:

This analysis employs both qualitative and quantitative approaches to identify how young adults in New Zealand aged 18-25 years old have engaged with All Right? campaign material. A survey targeting young adults returned 51 viable out of 117 responses due to participation prerequisites. From the survey, five participants elaborated on their thoughts in an in-depth interview voluntarily. Interviews were conducted with key personnel from All Right? to craft broader understanding of the initiative whilst enhancing knowledge of mental health frameworks and their application. Ciaran Fox, Lucy Daeth and Sara Epperson, who have been imperative to the success of the campaign, shared their working experience in the community and public health sector and how this intertwines to their current roles at All Right?. Discussions of key frameworks, community conversations, the development of communication strategies and how All Right? approached Canterbury publics in a post-earthquake setting provided insight to the importance of understanding community circumstance in initial crisis and the correlated secondary stressors.

## Understanding All Right?:

From interviews with All Right? personnel it was evident that the core purpose of a health promotion campaign is to aid target communities to live well from the perspective of what matters to them rather than approaching the issue through assumptions based on health professionals' belief regarding community needs. The origin of All Right? was crafted at grassroot level by public health professionals who share lived experience of the Christchurch earthquakes. To identify community needs, conversations with community leaders and other key personnel were had to understand what is required by communities to be resilient and recover in a time of uncertainty. In an interview for this research, Fox (2022) expressed the importance of the All Right? kaupapa being developed through a community lens: "it was homegrown, and that seemed to be an important thing... by Canterbury, for Canterbury kind of thing". This notion was reflected throughout interviews with other All Right? contributors. Daeth (2022), who has a plethora of experience in supporting community public health, highlighted "we believe that a good health promotion campaign starts with 'what matters to you' rather than 'what is the matter with you'".

All Right? not only draws attention to the initial impact of a disaster but the secondary stressors that contribute to a decline of mental wellness in communities. A key theme from interviews reflected that mental health and physical health work are interconnected as, "there is no health without mental health" (Daeth 2022). Research was conducted at ground level with community leaders and focus groups to define how community wellness was impacted. This qualitative approach found that individuals knew how they were feeling but some struggled with articulating emotion and rather needed to discover their emotional vocabulary. In this process "we started just naming feelings and validating and normalizing that we feel a lot of different things and that's all right." (Daeth 2022) This ethos allows individuals to define terms that represent their inner emotions that fall outside the bounds of black and white statements. This subsequently enhances emotional literacy, as suggested by Epperson (2022): "All Right? really

opens up a spectrum of colour and names for those things and lets them be, I think that reassurance is really powerful.”

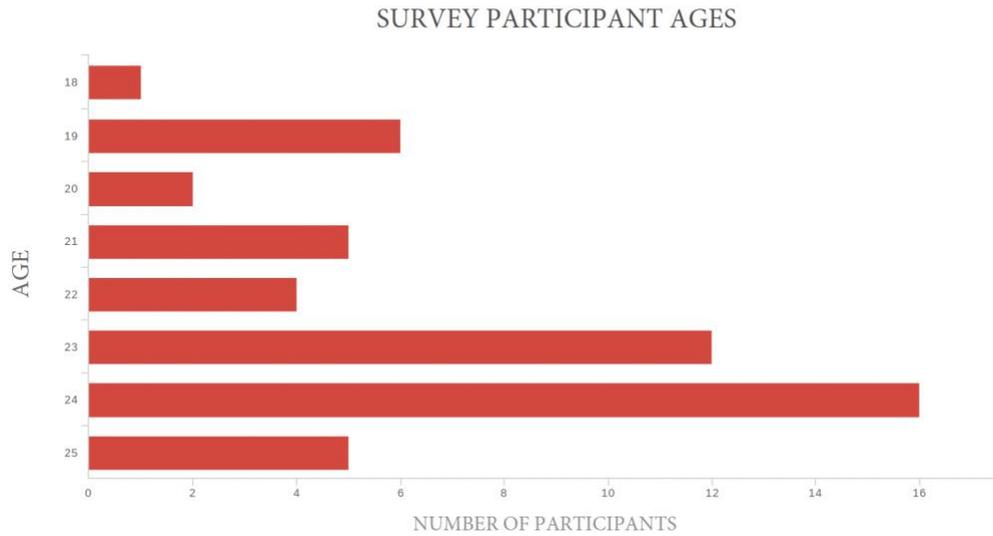
The All Right? initiative recognizes that individuals are experts in their own wellbeing and focuses on building community strength in self opposed to the dictation of what a wellness recovery process should look like. All Right? itself acts as a prompt to invite communities to discuss their journey and draw on their emotional literacies to build upon resilience at both a personal and community level. Fox (2022) explained, “if you can grow people’s confidence and literacy and wellbeing, they can explore that more.” All Right? reminds individuals that they do have influence in their recovery, the conversation does not necessarily require external services at all times and can be held within themselves and their communities. The question mark in All Right? poses a question to its audience concurrently inviting an open kōrero around mental health through prompting emotional validation and literacy enhancement; to aid communities and individuals to begin to flourish on their recovery journey to resilience.

## Survey:

The quantitative component of this evaluation was conducted through an online survey distributed through the researcher’s social media platforms and student community pages, Te Akatoki and UCSA noticeboard. The survey was open to responses for a 17-day duration and collected 117 responses during this time. Of these, 51 responses were viable due to participation criteria. The participation criteria for this research was as follows:

- Aged 18-25 years
- Residing in New Zealand
- Aware of All Right? as an organization

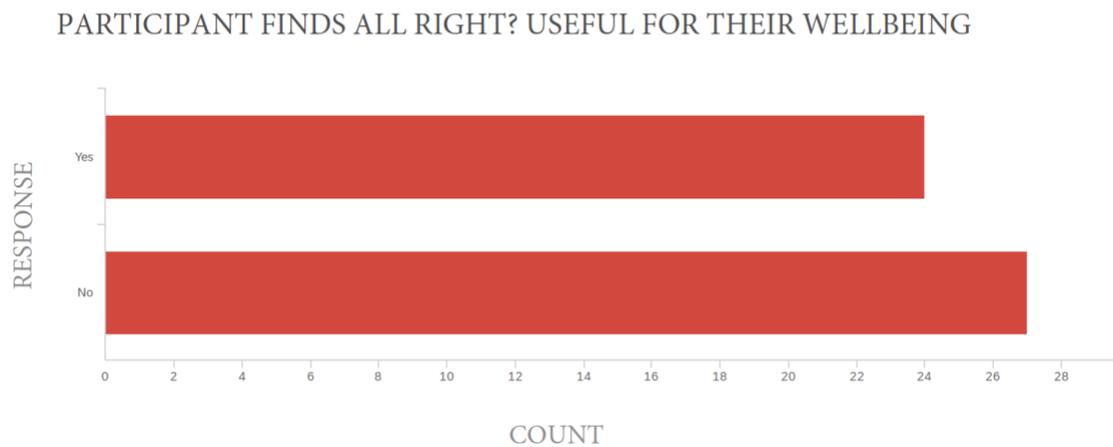
As this research focuses on young adults, those aged 18-25 years old were eligible to partake in the survey. Responses from all eligible age groups were collected. A high number of responses were from those in their mid to late twenties. This result is unsurprising as the researcher, aged 24, utilized their social media presence to promote the survey.



*Figure One: Survey participants ages*

## Supported Wellbeing:

All 51 viable responses indicated they had heard of All Right? however, there were some discrepancies in understanding what the purpose of the campaign was. Questions in the survey allowed this idea to be further unpacked. When asking participants whether they found All Right? campaign messaging useful for supporting their wellbeing the answers were divided fairly evenly.



*Figure Two: Useful for Wellbeing*

It can be argued that despite participants stating they understood the purpose of All Right? previously in the survey, their belief of what All Right? purpose is may be different to its official ethos. This part of the survey allowed discussion from participants to elaborate on why they selected either yes or no. 23 participants indicated that All Right? was useful for their wellbeing. The explanations which were provided from this group reflected that these participants saw All Right? as a reminder to check in with themselves to monitor their wellbeing whilst highlighting that whatever emotions they feel are valid.

Some examples of responses that express this idea are:

1. Yes, because it was a reminder that wellbeing looks different for everyone and this can change for you too.
2. Yes they are always good reminder to check in with yourself in what can be a really busy fast paced world we live in.
3. I like their approach to displaying information and useful tools/ideas to help out when I'm feeling down. Their website is a great source of information and a good place to direct friends/whānau who may be struggling.
4. Reminders to do simple, everyday things that I often overlook because too busy etc
5. During COVID and Uni I found their content helpful because the tips there were providing were small, achievable and could incorporate them into my daily routine
6. Just good reminders/suggestions to get out and do little things to bring joy, like have a boogie

The statements align with the All Right? ethos as described during in-depth interviews with All Right? contributors. These reflect that everyone has mental health, and thus the ability to increase their own wellbeing; particularly through the Five Ways to Wellbeing which identify simple tasks for daily routine to promote wellness. The Five Ways to Wellbeing suggests that people should, *keep learning, take notice, be active, give, and connect*. These five ways are things that individuals can do regardless of issues that may not be variables of control. In using these, All Right? recognizes that there may be external circumstances which limit someone from being able to live well such as socio-economic issues, and so “the five ways to wellbeing and the research that underpins those is that these are things anyone can do regardless of income level. They are/should be readily accessible to anyone, that’s hugely advantageous.” (Dathe 2022)

Responses in this survey have indicated that there may be blurred boundaries in regard to the definitions of both mental health and mental illness as expressed by participants. Although these two variables exist in the same realm they relate to different things. Te Ara (2022), Encyclopedia of New Zealand defines these terms as:

### **Mental Health**

“A process that enables people to realise their abilities, deal with life’s challenges and stresses, enjoy life, work productively and contribute to their communities.”

“Mental health problems are psychological or emotional reactions that may lead temporarily to unusual behaviour but do not interrupt established routines and activities.”

### **Mental Illness**

“A mental illness or disorder is more serious and involves medically diagnosed conditions.”

On this theme, Fox (2022) observed, “you know, peoples mental health and resilience is in terms of the day to day functioning... the difference between mental illness and mental health and promoting mental health as opposed to servicing or treating mental illness and distress. That distress, if you like, it’s that sort of little place. Everyone experiences stress from time to time and everyone has mental health.”

All individuals possess mental health. It is a small portion of individuals who advance to a mental illness diagnosis which requires specialist care. Although people may feel emotions which align with symptoms of depression and anxiety it is the continuation of these emotions for an individual which can lead to a mental illness classification.

28 survey participants indicated that they did not find this campaign useful in supporting their wellbeing, however, upon further analysis their explanations indicate that some express blurred understandings of mental health and mental illness.

Some examples which are reflective of this:

1. The resource was not something that I felt was engaging, more like an inspirational quote. I think the resource is useful for people on the tipping point of asking for help but some people really struggling it doesn't provide comfort.
2. I've only seen the posters and seeing posters randomly doesn't cure my depression
3. I would say that the posters and messages around campus encourage others to think about mental health, even for just a little second, in their day to day lives. This has not personally benefited me, though I think it would benefit others.
4. My mental health conditions are more complex than what All Right's tips are for. It would be useful for people struggling with depression, anxiety, and/or everyday stress though.
5. I don't think they provide anything practical. It's more about being reminded you are okay. But where can I go for support?
6. A simple poster or social media post is a great reminder to check in on everyone but it doesn't necessarily seem to have supported my well-being.

There were individuals who expressed that the All Right? materials did not relate to their circumstance as they feel their mental health does not need additional support. It is possible that these respondents believe mental health is not related to them as they attribute mental health to be the same as symptoms of mental illness.

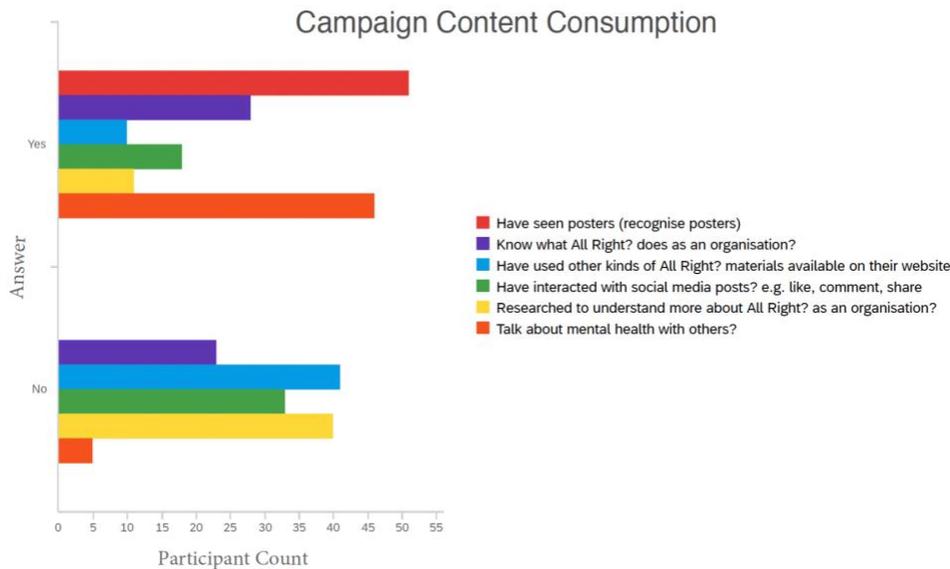
1. My mental health doesn't need any support
2. I have seen posters but never took any action
3. Never attempted to

There were some participants who felt the campaign did not resonate with their beliefs regarding mental health.

1. I would say that the posters and messages around campus encourage others to think about mental health, even for just a little second, in their day to day lives. This has not personally benefited me, though I think it would benefit others.
2. As far as my interaction with the organization has been all I have seen is advertisements which don't really impact or change how I speak about mental health with others, my views on mental health or my own personal mental health
3. Happy to see the campaign around but can't say its changed my own behavior or thinking? I am a psychology student though so I probably come with a base of having the knowledge myself already

## Engagement with All Right? Campaign Content

All Right? campaign content has been distributed in a range of formats and channels. This survey questioned participants on areas in which they have and have not engaged with campaign material to identify user consumption habits.



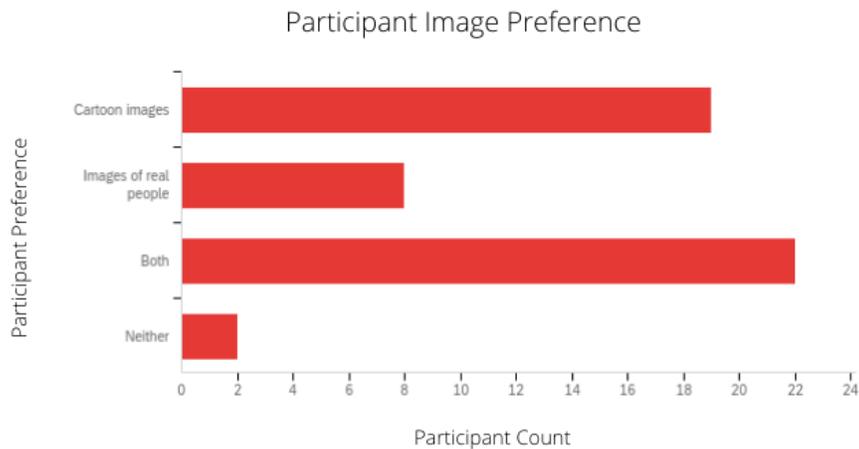
*Figure Two: Consumption of Campaign Content by Participants*

All participants within this sample are able to identify All Right? campaign material reflected in a poster format. Following this, 46 participants felt that All Right? aided conversation about mental health with others, reflecting success in the primary goal of this organization, to be a question which starts conversation. Results reflect that this sample predominantly has not further explored resources outside of posters which are available online nor visited the website to enhance knowledge in regard to All Right? as an organization.

## Visual Approaches: Illustration and Photography

When All Right? initially launched it incorporated illustrations to aid communities to recognize themselves in campaign messaging. Fox (2022) said that this is because “when you use abstractions, it is easier for people to see themselves in it, you know, as opposed to a photograph.” The purpose of using illustrations in this campaign was to create a fun, colorful and non-threatening visual for communities in hope of stimulating engagement and self-reflection. Later, All Right? made a deliberate shift away from abstractions as although cheaper to produce it was argued that individuals would rather see collections of real people in campaigns above illustrations or images of individuals (Dathe 2022). In the design process it was ruled that images of individuals was the approach the campaign should incorporate which is reflected in the more recent work from All Right?.

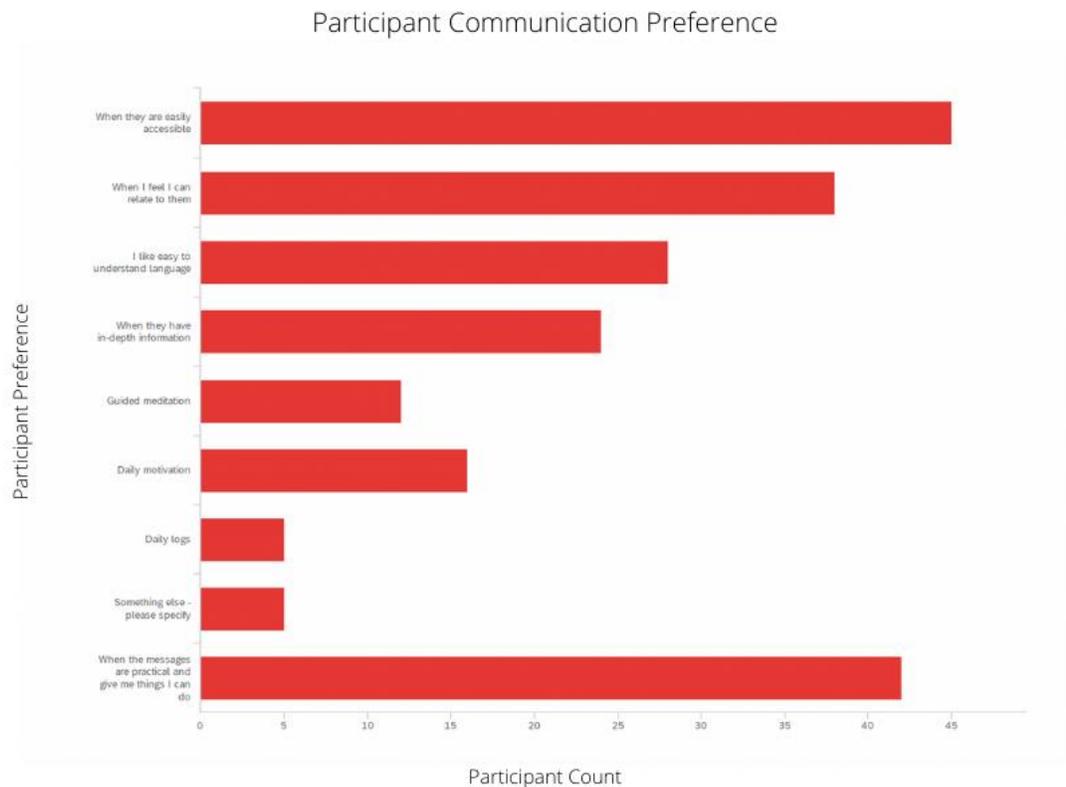
The survey questioned participants on whether they had a preference between illustrations or images of real people. From this sample 22 participants are attracted to messaging which incorporates all stated visual avenues however, when comparing cartoon or images of real people, cartoons were distinctly more favorable to 19 participants, over images of real people, 8 participants shown in figure 3.



*Figure 3 Participant Image Preferences*

Favorable Mental Health Communication Attributes:

The survey questioned participants on a range of mental health communication strategies to discover what types are deemed favorable among the sample. The options offered ranged from availability of sources, to functions available to the consumer. From the nine options shown in figure four, five were favored most by the majority of the sample.



*Figure Four Participant Communication Type Preference*

Accessibility was the most prominent preference among this sample with 45 participants indicating they are drawn to easy to access information. Participants in this sample appreciate communication material which provides practical ideas they can do to aid their wellbeing (42) and when they feel the content is relatable to them (38). Easy to understand language was also a dominant attribute favored by this sample with 28 participants indicating this was of importance to them.

When participants were questioned in regard to what they like most about All Right? communication the above themes were reiterated. One of the most prevalent themes which occurred was how recognizable All Right? branding is through colour, simplicity in both text and

image and range of places they can be found. This makes the information easy for the consumer to digest and acts as a reminder to have open kōrero in regard to mental health.

Some responses which reflect this narrative are:

- The simplicity of the messages, encouraging people to check in with themselves, educating and equipping people on mental health and wellbeing .
- There's a lot of relatable posters
- I like the way they communicate their ideas (in easy to read infographics/ images), that they have a diverse range of tools/resources online that appeal to different groups whether it's directing you to a service that might help or posters for your workplace etc. I've noticed that places where mental health chat might have previously been too-big of a topic to address, All Right? posters work well because they're non-confronting and open present small ideas that are useful for everyone
- I like the imagery and the questions such as "when was your last moment of wonder?"

The second dominant theme relates to the foundation of All Right? itself - serving as a reminder to check in on oneself and others wellbeing in what should be an open kōrero.

Responses which reflect this narrative are:

- That they are bringing awareness to the mental health struggles of people in NZ and that they are also attempting to normalize conversation around mental health issues in NZ
- I like that they normalise discussion about mental health & wellbeing in a non-confronting way. It is presenting in an easy-going and fun way (i.e. use of colours & images, the phrasing, etc)
- I think it's important for mental health of one's self and others to be something people think about, when the rate of mental illness seems to be getting higher.
- The Simplicity of the messages, encouraging people to check in with themselves, educating and equipping people on mental health and wellbeing

When questioning participants whether there was anything that they felt was unappealing about All Right? the majority indicated that there was nothing they deemed off putting. Some participants articulated they did not like generic advice offered in All Right? communication however, it could be argued that this links to the previous definitions of mental health and mental illness. All Right? as an organization is focused on mental wellness self-aid through the Five Ways to Wellbeing and normalizing conversation around mental health rather than specialized care or services for mental illness.

Some responses that reflect this are:

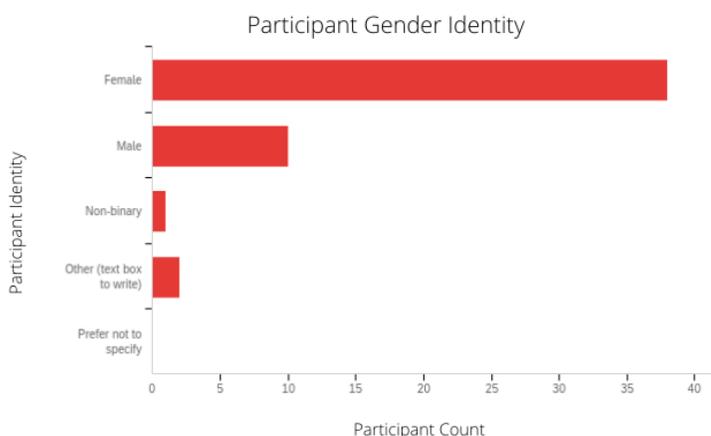
- I honestly believe their messaging and purpose is not clear in their advertising campaigns. They don't advertise what they kinds of services they offer or what they want you to think about.

- As said previously the resource is good only if you are on the tipping point of asking for help.
- Focuses only on mild mental health conditions. No regard for complex, chronic mental health conditions.

### Equity Analysis:

As this sample is curated from a small pool of participants it is difficult to conduct an equity analysis which speaks for the wider New Zealand population. Despite this, the research can provide insight to who the All Right? campaign engaged with in regard to gender, sexuality and ethnicity.

This sample portrays a dominant feminine voice as the majority of participants identify as female. This could be noted as a limitation as the survey does not have a major variance in input from other genders and should not be utilized as a representation which speaks on behalf of New Zealand young adults.



*Figure 5: Participant Gender Identity*

The survey asked participants to disclose their sexual identity, as All Right? has coordinated campaigns which specifically target individuals whose identities are not defined in a heteronormative scope. It is imperative for an equity analysis to identify how these messages have reached target groups to understand if it has resonated.

As this survey is a small sample this research will compare its findings to that of the Ministry of Health's 2021 data of New Zealand adults' sexual identity to derive whether this sample can be indicative of sexual representation in New Zealand. The Ministry of Health

surveyed 9,709 adults aged 15+ in regard to their sexual identity. The results reflect that heterosexual is the most dominant sexual identity in New Zealand as shown in figure 7, the same finding was noted in this survey shown in figure 6. This survey identified Bisexual then Homosexual as the most common sexualities which seems reflective of findings documented by the Ministry of Health. It is noted that as this sample only had 51 viable responses it is not large enough to possess statistical significance and further research would have to be conducted to have more articulate findings.

Participant Sexual Identity

#	Field	Choice Count
1	Asexual	5.66% 3
2	Bisexual	13.21% 7
3	Heterosexual	62.26% 33
4	Homosexual	3.77% 2
7	Other (please specify)	0.00% 0
5	Pansexual	5.66% 3
6	Prefer not to specify	9.43% 5
		53

Ministry of Health: Sexual Identity of New Zealand Adults

INDICATOR	GENDER	% OF ADULTS
Bisexual sexual identity	Female	3.8%
Bisexual sexual identity	Male	1.9%
Gay or lesbian sexual identity	Female	1%
Gay or lesbian sexual identity	Male	1.6%
Heterosexual or straight sexual identity	Female	94.1%
Heterosexual or straight sexual identity	Male	95.7%
Sexual identity other than heterosexual, straight, gay, lesbian or bisexual	Female	1.2%
Sexual identity other than heterosexual, straight, gay, lesbian or bisexual	Male	0.8%

Figure 6: Participant Sexual Identity

Figure 7: MOH New Zealand Adult Sexual Identity

As stated previously the survey sample is not large enough to possess statistical significance however, it is still interesting to investigate the ethnic breakdown of participants to identify the range of individuals All Right? has engaged with. Figure 8 highlights the ethnicities of survey participants. The survey itself has a large portion of responses from those who identify as New Zealand European. A limitation of this survey is that it did not have more engagement from other ethnicities identified in the Ministry of Health data.

Participant Ethnic Identity

#	Field	Choice Count
1	New Zealand European	79.31% 46
2	Māori	13.79% 8
3	Pacific	0.00% 0
4	Asian	3.45% 2
5	Middle Eastern/Latin American/African	1.72% 1
6	Other ethnicity (please specify)	1.72% 1

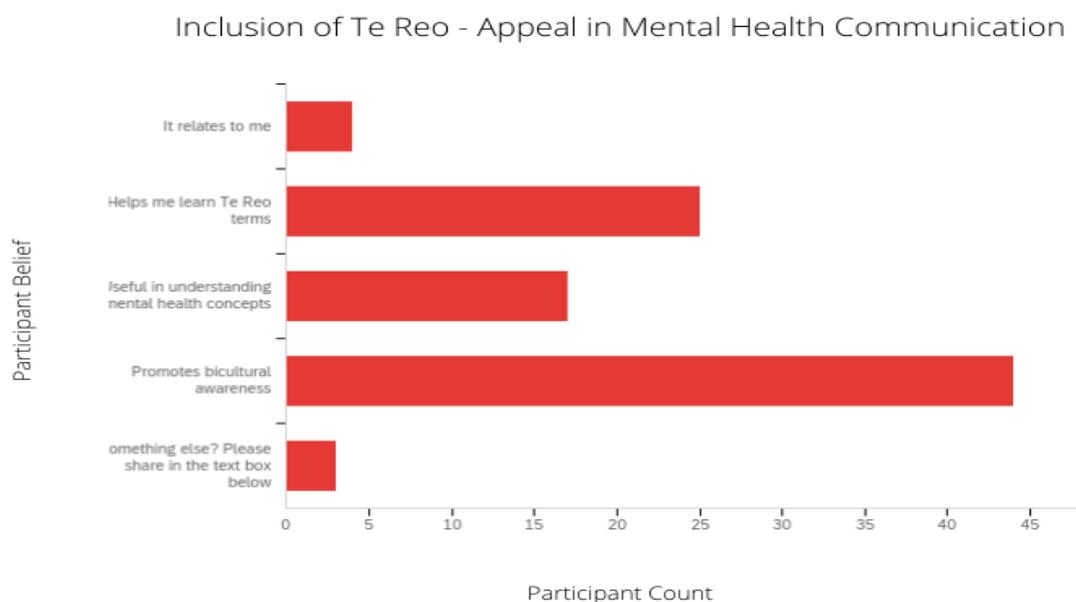
Ministry of Health: New Zealand Ethnic Identity

ETHNIC GROUP	NUMBER OF PEOPLE
Asian	707,598
European	3,297,864
Māori	775,836
Middle Eastern/Latin American/African	70,332
Other Ethnicity	58,053
Pacific Peoples	381,642

Figure 8: Participant Ethnic Identity

Figure 9: MOH New Zealand Adult Ethnic Identity

As Te Reo is one of the three recognized official languages of New Zealand it is important to identify the value of its inclusion in mental health communication material.



*Figure 8: Participant Belief Inclusion of Te Reo*

Participants indicated two key values of incorporating Te Reo in mental health communication. These are its ability to promote cultural awareness in communities, whilst teaching Te Reo concepts in relation to mental health, which subsequently aids fluency/understanding of the Te Reo language. One participant argued that using singular Te Reo terms makes ideas more memorable through creating phrases which can be used in New Zealand social language.

Responses which reflected this are:

- Hopefully phrasing this right and not in a insensitive or tokenistic way but I think integration of individual words into the messaging makes it stick / raises bicultural awareness / is fun to do. 'Do the mahi get the treats' feel like it sticks better than 'do the work get the treats'.
- It highlights the importance of culture within NZ as well as within mental health

## Interviews

Participants from the survey were able to volunteer their contact details to partake in an in-depth interview regarding All Right?. A total of 5 individuals were interviewed in this process. From these interviews, three key themes have been derived to summaries the prominent findings in this report.

### Social Norms:

All Right? campaign messaging not only works to remove mental health stigma but redefine social norms. The All Right? initiative identifies that mental health is a factor of life for everyone whilst normalizing the highs and lows that can happen in individual and community wellness. It encourages open kōrero between communities as mental health is not an isolated issue; it is something that individuals identify within themselves and express support for in others.

Participant Five captured this well, stating “... it’s kind of a reminder that one, you’re not alone, but also to remind you to check in on others and it is a continued battle that people are facing across all ages, across all walks of life.

Participant Two highlighted that All Right? acknowledges the rollercoaster of emotions an individual can experience stating, “the messaging was also real inclusive of whatever you were feeling.”

Specific All Right? campaigns such as ‘More Than Alright’ and ‘Manly As’ work to normalize representations of gender and sexual expression. Participant One, who works in mental health, stated that he has utilized the ‘Manly As’ campaign in a tertiary education environment to dismantle the structural beliefs around masculinity through identifying that the scope of being a man is diverse.

“You know, for men's mental health, normalizing all these different ways of being manly, you know, one guy had a tool belt and then a guy had a belt with like baby toys because he was a stay at home dad.” - Participant One

### Diversity:

All Right? incorporates diversity into its narratives, representing a range of ethnicities, abilities and sexualities into their messaging. All Right? mitigates stigma against marginalized communities and breaks social normality's whilst identifying the range of diversity which is fostered within these communities. This was something which participants elaborated on in their interviews. Participant One highlighted this in their discussion of the ‘Manly As’ campaign.

“... it featured all kinds of men, there was Māori, Pacific, you know all builds of men skinny men, big men but there also was some kind of rainbow messaging in there.” - Participant One

As mental health is a collective experience All Right? reinforces the idea that everybody has mental health through including a range of individuals in its imagery. As New Zealand is home to a plethora of ethnicities it is important that all communities can see themselves within messaging.

Participant One discussed the importance of this stating, “if it’s a campaign just about general mental health, there's always women, men ... Māori, Pasifika, Pakeha, Asian, you know, rainbow communities represented. All young people, older people that have always got lots of different groups and I think that combined with the style of messaging, very relatable.”

Participant Four complimented All Right? for its multi-lingual availability of resources and the range of platforms this content can be found. When asked what stands out to them about All Right? campaign messaging in comparison to others they stated, “the availability of different languages, but they hit multiple channels and platforms of media.”

A Reminder to Reflect:

As reflected throughout this report, All Right? is a question that starts an important conversation to open dialogue around mental health and improve an individual's confidence in their emotional literacy. As All Right? is not a campaign which targets mental illness it does not have information designed to relieve clinical depression and anxiety. It rather reminds its audience that they have the ability to improve their own mental health and wellbeing.

When asked what stands out to Participant Three in regard to All Right? they stated, “the imagery and immediate self-reflection.” This indicates that All Right? has been successful at prompting individuals to pause and reflect on their own wellbeing. All Right? also encourages open kōrero between groups and communities to normalize understanding of mental health as a collective experience. When asking Participant Two, about what All Right? messaging resonated with them the most, they highlighted, “the ones about checking up on your friends and some would just be, take a break for today and I thought those were really nice and I actually do think about them.”

The simplicity of All Right? messaging was a factor which participants expressed they were fond of. Participant Four argued that, “it was a reminder of us to not get so complicated and go back to bring back common sense to our daily lives of what keeps us well.” The way All Right? communicates wellness is recognized as easily digestible material through its simplistic approach. “It was more relaxed and it was taking a nicer approach to checking up on your mental health.” - Participant Two

## Limitations and Conclusion

This research offers insight into how the All Right? initiative has resonated with young adults in New Zealand. As the sample size is not statistically significant due to its size this research cannot be a representative claim of the wider young adult population in New Zealand. More research would be required in addition to this evaluation to grasp this campaign's effect on young adults' mental health literacy and dialogue.

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[1#:~:text=Mental%20health%20is%20a%20positive,and%20services%20for%20treating%20them.](https://teara.govt.nz/en/mental-health-services/page-1#:~:text=Mental%20health%20is%20a%20positive,and%20services%20for%20treating%20them.)

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