Campus Mental Health Strategy

Mental health is everyone's business:
An Advocacy Toolkit

Table of Contents

Purpose

The purpose of the Advocacy Toolkit (Toolkit) is to provide a shared understanding of advocacy and a standardised, evidence-informed approach for staff who are planning mental health advocacy activities. It is a key outcome of the Melbourne Children's Campus (campus) Mental Health Strategy in support of the objective of the strategy's Advocacy Enabler across the campus.

The development of the Toolkit has been informed by existing published advocacy toolkits, the analysis of qualitative interviews conducted with the Campus Strategy Implementation Team and the Strategy Steering Committee, a literature review: 'Exploring Mental Health Advocacy', and consultation with key stakeholders across the campus.

The objectives of this Toolkit, including the *Advocacy Action Plan*, are to:

1. Ensure a standardised and coordinated approach in planning mental health advocacy activities for the campus and its included partners.
2. Increase understanding in advocacy planning for Campus Mental Health Strategy staff.
3. Develop capacity and skills of staff across the campus in undertaking mental health advocacy.

The *Advocacy Action Plan* underpins the Toolkit in five components: understanding advocacy, defining the advocacy issue, developing key messages, active advocacy and practical tips and tools.

Advocacy Objective

To change mindsets and promote: 'mental health is everyone's business'.

The Melbourne Children's Campus Mental Health Strategy 2021-26 (the strategy) is a five-year strategy funded by The Royal Children's Hospital Foundation. Its vision is:

"*For all infants, children and adolescents and their families will be able to access high quality equitable and consistent prevention, and mental health care where and when they need it to achieve sustained, optimised developmental, health and wellbeing outcomes*".

The strategy is delivered through 4 key areas with the overall objective of strengthening systems in delivering high quality comprehensive infant, child and adolescent mental health care supported by education and research.

Advocacy is one of the Enablers of the strategy, strengthening the work of the key areas. The objective of the Advocacy Enabler is **to promote the strategy's internal and external priorities in mental health care and support for children, families and carers and staff.**

These priorities are centred on changing thinking and raising awareness in mental health care and support being everyone's business across the multidisciplinary campus which includes The Royal Children's Hospital, Murdoch Children's Research Institute and University of Melbourne Department of Paediatrics, and with our wider community external to the campus.

Advocacy Action Plan

1

Understanding advocacy

- What is advocacy?
- The Advocacy Cycle

2

Developing an advocacy objective

- Identify key issue and supporting evidence
- What is the core strategic focus of your advocacy campaign?
- Who are the key stakeholders?

3

Developing key messages

- Importance of shared values
- How to structure and frame messages
- Tables to aid consistent and key message development

4

Active Advocacy

- Putting the plan into action
- Effective communication strategies
- Elevator pitches
- Summary of different advocacy strategies

5

Practical tips and tools

- Repository of facts and stats for the MCCMH strategy
- Links to helpful resources
- A crash course on policy

1. Understanding Advocacy

Defining advocacy

The most basic meaning of advocacy is to represent, promote, or defend some person(s), interest or opinion.

However, there is no clear consensus on a single definition of advocacy and the many different advocacy forms and models, therefore it is important to understand there is not one consistent approach. The strategies that you use, and stakeholders will depend on your advocacy issue and goal. For the purposes of the strategy, the model of advocacy that is most relevant is systemic advocacy.

Systemic advocacy can be defined as a "social movement that seeks to change the disadvantageous policies and practices of legal, government and health systems from within to develop a more inclusive community for people needing mental health care and support" (1).

The strength of systemic advocacy is that it aims to achieve lasting change, which ultimately has the largest impact on the burden of disease in mental illness (2).

Two concepts of systemic advocacy exist: Representational Advocacy and Facilitational Advocacy (3).

- **Representational advocacy** encompasses promoting goals to decision-makers and lobbying for change to occur.
- **Facilitational advocacy** focuses on working with communities whose voices are under-represented to ensure they are heard in policy debates and research.

While these two advocacy conceptualisations appear to oppose each other, it could be argued that by combining them together, they encompass strategies that contribute to Systemic Advocacy.

Table 1 outlines the definitions of advocacy that you can use for different stakeholders across the campus.

Table 1: Advocacy definitions for different Campus stakeholders

	Definition	Source
Clinicians	Advocacy is the deliberate pursuit of changes in policy, attitudes, behaviour, and decision making, usually in the public interest. Part science, part-art, modern advocacy involves much more than a media release, a submission or petition to MPs	Royal Australasian College of Physicians Advocacy Framework 2017
Policymakers	Policy advocacy is the process of negotiating and mediating a dialogue through which influential networks, opinion leaders and, ultimately decision makers take ownership of your ideas, evidence, and proposals and subsequently act upon them.	Making Research evidence matter, International Centre for Policy Advocacy 2014

Public Health professionals	Advocacy is a combination of individual and social actions designed to achieve political commitment, policy support, social acceptance and systems for a particular health or programme.	World Health Organisation, 1995

References – Understanding Advocacy

1. Gee, A.; McGarty, C.; Banfield, M. What drives systemic mental health advocates? Goals, strategies, and values of Australian consumer and carer advocacy organizations. *Sage Open* **2015**, *5*, 2158244015615384.
2. Rossetti, Z.; Burke, M.M.; Rios, K.; Tovar, J.A.; Schraml-Block, K.; Rivera, J.I.; Cruz, J.; Lee, J.D. Fromindividual to systemic advocacy: Parents as change agents. *Exceptionality* **2021**, *29*, 232-247.
3. Smith, K.E.; Stewart, E.A. Academic advocacy in public health: disciplinary 'duty' or political 'propaganda'? *Social Science & Medicine* **2017**, *189*, 35-43.

The Advocacy Cycle

Figure 1: The Advocacy Cycle (4,5)

The Advocacy Cycle outlined in Table 2 is a step-by-step method to help prepare your thinking around how best to formulate your advocacy planning.

Table 2: Step-by-step method of The Advocacy Cycle

Step	
1. Advocacy Issue	The first step is defining what your advocacy issue is. • What is the background to the current problem? • What is causing the current approach to fail? • What is the impact of the failure?
2. Evidence base	Advocacy is evidence based. Gathering evidence in relation to your advocacy issue is critical to ensure an approach grounded in science. • What is the key evidence to support the interpretation of the problem?
3. Targeted advocacy strategy	A targeted advocacy strategy involves: a) Developing an advocacy objective • What are the current obstacles to creating change?

	• What currently exists that can catalyse your intended change? • What is the kind of change you are targeting? • How far can you move the process towards making an outcome a reality? b) Analysing your spectrum of allies in your stakeholders c) Planning a targeted advocacy strategy
4. Evaluation	Without clearly defined goals and ability to evaluate our progress, it's difficult to know if our advocacy is having an impact. • What is your advocacy objective? • What are the intended outcomes? • What are indicators to measure the advocacy outcomes?

References – Understanding Advocacy

4. Young, E., & Quinn, L. (2012). *Making research evidence matter: A guide to policy advocacy in transition countries*. Open Society Foundations.
5. Public Health Advocacy Institute of Western Australia. (2019). *Advocacy in Action*. Public Health Advocacy Institute of Western Australia. Fourth Edition. Available at: https://www.phaiwa.org.au/wp-content/uploads/2019/09/2019_Advocacy-in-Action-A-Toolkit-for-Public-Health-Professionals-1.pdf

2. Developing an advocacy objective

Identified key issue and supporting evidence

A robust evidence base provides advocates with material from which they can identify the problem. Initially, identifying your key issue and collecting key evidence that can support the interpretation of your issue is essential.

What is the core strategic focus of your advocacy campaign?

The core strategic focus or objective of your advocacy campaign must be **realistic, feasible and targeted**. For feasibility, the objective needs to be firmly focused on **process change** and not necessarily on the outcome.

A method to consider when developing your advocacy objective is to:

1. Identify common obstacles – What are the current obstacles to creating change?

2. Assess what you can leverage - What currently exists that can catalyse your intended change?

The outcomes of these assessments will inform the development of a realistic and feasible advocacy objective. Table 3 outlines some of the obstacles and levers.

Table 3: Characteristics of common obstacles and what you can leverage (6)

Common obstacles	Assessing leverage
• Relatively closed decision making process • Different values or interests • Issue not on organisational agenda • Lack of knowledge or understanding among audience • Lack of data to support decision making or absence of evidence in your evidence area	**Combination of the following:** • Surprising or new research evidence or analysis • New solution to an old problem • An open policy window or opportunity • Support from influential or powerful individuals or groups

The following are examples of what an advocacy objective can look like:

- Raising public awareness.

- Starting a stakeholder discussion.

- Changing expert thinking on an issue or option.

- Putting an issue on the government agenda.

- Getting draft legislative proposals tabled for discussion in parliament.

- Having your policy recommendations adopted and implemented.

Who are the key stakeholders?

According to the research undertaken by **Passing the Message Stick** (7) stakeholders can be defined into three main groups:

- o **The Base**
- o **The Persuadable**
- o **The Opposition.**

The **Base** are the individuals who already agree and believe in the issue you are advocating for. In the context of the strategy this would include the Strategy Implementation Team, the Steering Committee, and the Lived Experience Advisor Network.

The **Persuadables** include 60% of the general population who are more likely to change their mind with effective key messages as they currently do not hold a strong view on the issue at hand.

The **Opposition** disagree with the issue and are often a barrier to the desired change. By alienating the Opposition, the Persuadables are more likely to be convinced of the Base's position.

The Base   **The Persuadables**   **The Opposition**

A tool that can help analyse your stakeholders is the **Spectrum of Allies** model (Figure 2).

This is a useful tool to **locate allies and opponents** along a spectrum from active opposition to active allies to increase your own support, as well as shift support out from under your opponent.
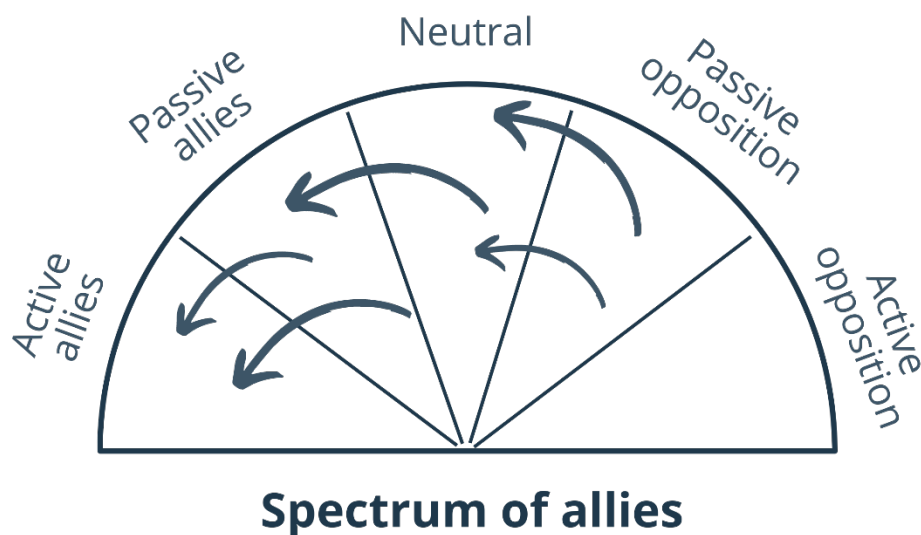
Spectrum of allies

Figure 2: The Spectrum of Allies (8)

For example:

> **Active allies** – People who agree with you and are fighting alongside you
>
> **Passive allies** – People who agree with you but aren't (yet) doing anything about it
>
> **Neutrals** – Unengaged and uninformed
>
> **Passive opposition** – People who disagree with you but aren't actively trying to stop you
>
> **Active opposition** – People who not only disagree with you, but are actively organising against you

In identifying where on the spectrum of allies your stakeholder/s is, you will have a more specific understanding of your **stakeholder/s ally position** in relation to your advocacy objective and the direction you choose to shift them towards achieving this.

Consider the following questions in understanding how you will shift your stakeholder to the position you have identified:

- Which stakeholder/s do you have access to?
- Which stakeholder/s aren't being reached?
- Which stakeholder/s are you most able to persuade?

To enhance your stakeholder assessment, combine the use of other tools. This will allow your assessment to be more precise, thereby increasing your strategic approach to achieve your advocacy objective.

Table 4 is a **stakeholder analysis table** assessing the profile of your stakeholder in their demographic, knowledge, attitudes, motivations, and influence.

Table 4: Stakeholder analysis for advocacy (9)

Name	
Position	
Level of knowledge about issue	
Why the issue matters to them?	
How will our work affect them?	
How can they help our work?	
Likely level of influence +++ to - - -	

References – Developing an advocacy objective.

6. Young, E., & Quinn, L. (2012). *Making research evidence matter: A guide to policy advocacy in transition countries*. Open Society Foundations.
7. Passing the message stick: A guide for changing the story on self-determination and justice. https://indd.adobe.com/embed/2dee7279-22dc-41e3-99c7-c5fe016f32fb
8. Oppenheimer M, Lakey G. A manual for direct action. Quadrangle Books; 1965.
9. A global youth mental health advocacy toolkit: A resource to drive action to address youth mental health. Orygen.

3. Developing Key Messages

Purposeful, clear, and concise messaging is important when advocating and communicating to others. This section of the toolkit will explain how to frame and develop key messages that will have the biggest impact on your desired audience. The language we use matters and often who the messenger is can also influence whether the advocacy campaign will be successful or not.

The importance of shared values

It is important to spend time to think about what **shared values** you have with your stakeholders as you advocate for change. Everyone has their own individual biases that can cloud how we perceive certain messages. For instance, **the confirmation bias**. This is the idea that if you challenge someone's pre-existing belief, people are more likely to become convinced that their idea is correct.

It is natural that people accept concepts that reinforce what they already believe and reject new ideas. Therefore, it is important that we acknowledge these differences with stakeholders and map out what shared values they may have. This will ensure that the key messages are strong and more likely to have a lasting impact on the person you are talking to.

How to structure and frame messages

It is crucial to ensure the structure of key messages focuses on **strength** and **capability**, as this is more likely to convince the receiver of the message to act upon the issue you are advocating for or even go and share the message to their own network.

The Royal Australasian College of Physicians (RACP) suggests messages that express overarching values such as **equity, equality, fairness** and **responsibility** are what motivates individuals to change (10).

By using shared values to frame messages, it ensures the message stays grounded rather than getting bogged down with too many statistics or the particulars of scientific evidence that only appeals to researchers.

"Good advocates recognise the power of emotions, deeply held values, identity, and the cognitive biases to which we are all prone." (10)

Importance of key messages and who you are trying to influence

Now that you have considered how shared values will contribute to your key message, defining the audience you are sharing the message with is important. Remember to think back to chapter two where we defined our stakeholders. Your message is likely to change depending on your audience. For example, your base is already convinced that

13

the change you want to create is important, but the Persuadables may need to be shown why that change could be meaningful.

Let's talk about language:

"Learning messaging theory made me realise deficit doesn't always work – these messages are wrong and unhelpful, and we're not getting through".

– Dr Jackie Huggins AM, *Bidjara/Birri Gubba Juru Passing the Message Stick Steering Committee*. (7)

When developing key messages, it is important to be deliberate with diction choices and use strength-based language; this means avoiding words that suggest a problem needs to be 'fixed', 'improved', or 'rectified'. **Strength-based language framing** is motivating for individuals and leads to long term engagement when people are encouraged to '**create'**, '**protect'**, or '**support'** a solution. When the message focuses on the problem or what can't be done, the message is no longer as inviting when trying to elicit a "call for action".

❌ "This is not an adequate care pathway to treat anxiety in young people".

✅ "We support plan X that can detect anxiety in young people so support and treatment can be accessed".

In summary:

Don't use words like can't and not

Don't use deficit language

Don't other a group of people i.e "World's most incarcerated people"

Do frame messages from strength and capability

Do start with a shared value

Do use positive language

Tools to aid consistent and key message development

Below are some different tools that can help break down the problem and frame key messages positively. There are **four different tool tables** which all have their own purpose. Table 5 helps break down the different components of the problem that will lead to the development of a specific key message.

Table 5: Breaking down the problem to develop a key message (9)

The problem	
The effects of the problem	
The causes of the problem	
The key stakeholders	
What we believe needs to change and why?	
Who can solve the problem?	
KEY MESSAGE	

Strengths-based key messaging tool

The tool in Table 6 draws upon the Passing the Message Stick (7) framework that focuses on developing messages from a strengths-based perspective.

Table 6: Framing Key Messages

Shared value	
Villain/Problem	
Victory/Solution	
Vision	

Example using the Passing the message stick framework (7):

Everyone deserves to be treated with equal respect and dignity. **(Shared Value)**

But today, we still have a racist system that unfairly targets people based on their colour and blocks them from setting their own course. We have aggressive policing of Aboriginal children, controls put on what Aboriginal people can spend their pensions on and discrimination when applying for jobs.
(Villain/Problem)

We need to work together, whether we've been here for five years, five generations of 5,000 generations, to redesign things so it's fair for everyone.
(Victory/Solution)

With a system that reflects the values we all share, everyone, no matter who they are, can be treated equally. **(Vision)**

Reframing key messages to match your intended audience tool

The tool in Table 7 is designed to help reframe key messages depending on the audience you are delivering your key message to. This tool enables you to adapt and change key messages to suit the needs of your intended audience.

Table 7: Targeting the key message to a defined audience:

Key message	Stakeholder/group	What is important to them?	What key words might stand out to them?	Re-write key message

'Killer Fact' tool

Chapman (11) argues that all advocates must be prepared with "killer facts" to help them advocate for their cause. For these 'killer facts' to be ascertained, one must collect evidence that demonstrates why their cause is worth advocating for. As identified in Step in 2 of the Advocacy Cycle "Developing an evidence base", a strong evidence base enables advocates to promote their cause and argue their position more clearly with data to back up their claims.

For the mental health sector, 'killer facts' could include statistics that highlight the prevalence of mental health or anecdotes from those with living/lived experience. Ultimately, the 'killer facts' need to highlight how, without improvement in increasing rates of mental health the healthcare system will be burdened.

Although, if the **evidence does change, it is important that advocates keep an open mind** to also modify their arguments. An example of this is the data emerging about the impact of the Coronavirus pandemic on the mental health of young children and adolescents (12).

An Australian study examining the mental health impact of the pandemic on young children aged between zero to five years old surveyed 373 caregivers (13). The results indicated that 12% of children who experienced a second lockdown reported very high levels of anxiety while 21-47% had scores in the high range (13). This example demonstrates how many factors can influence the evidence-base, and as such it is important that advocates change with the evidence to help them develop clear, concise 'killer facts'.

Let's look at some examples (14). These 'killer facts' draw on evidence to emphasise the impact mental health conditions can have on children and young people:

- Half of all the mental health conditions we experience at some point in our lives will have started by age 14.

- One in seven young people aged 4 to 17 years' experience a mental health condition in any given year.

- Young people are less likely than any other age group to seek professional help. Only 31% of young women and 13% of young men with mental health problems had sought any professional help.

After reading these 'killer facts', one can understand the importance of early intervention and prevention of poor mental health given childhood and adolescence are critical time points where individuals are more vulnerable to developing a mental health condition.

References – Developing key messages.

10. Royal Australasian College of Physicians, Advocacy Framework (2017).
11. Chapman, S. Reflections on a 38-year career in public health advocacy: 10 pieces of advice to early career researchers and advocates. Public Health Res Pract 2015, 25.
12. Samji, H.; Wu, J.; Ladak, A.; Vossen, C.;Stewart, E.; Dove, N.; Long, D.; Snell, G. Mental health impacts of the COVID-19 pandemic on children and youth–a systematic review. Child and adolescent mental health 2022, 27, 173-189.

13. De Young A, P.R., March S, et al. COVID-19 unmasked. Report 2: Impact of the second wave in Australia on the mental health of young children and parents. 2021.Messaging this moment: A handbook for progressive communicators.
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15. Stoneham, M., Vidler, A., & Edmunds, M. (2019). Advocacy in Action: A Toolkit for Public Health Professionals (4th ed.)

5. Active Advocacy

Putting the plan into action

Congratulations your advocacy planning is complete!

It's now time to put that planning into action. You have your key messages ready but how exactly do we ensure these messages get disseminated?

There are many different strategies to actively advocate for your issue, as shown in Table 8 below. Which strategy you employ will depend on the **situation** and **audience**, for example strategies such as utilising social media are best suited for external advocacy efforts while advocacy campaigns would be useful for internal advocacy across the strategy.

Table 8: Summary table of different advocacy strategies

Strategy	What?	When to use?
Online	Social media such as Twitter and LinkedIn Websites such as Mental Health Central Apps and banner ads Podcasts and videos	Effective for disseminating key messages to wide audiences External focus
Traditional media	Can be paid such as advertising or unpaid articles in newspapers or a feature piece on the nightly news or the radio	Best suited for external advocacy Helps government to pay attention + raising awareness in general public
MCRI and RCH Communications	Provide key updates and keep stakeholders informed and engaged in advocacy campaigns i.e bulletins, newsletters, and intranet posts	Useful for internal communication within an organisation like the Melbourne Children's Campus
Letter Writing	Traditional advocacy strategy that is good for influencing specific outcomes/actions	Useful for engaging government. (e.g. reminding them of official policy requirements or need for funding)
Letters to editor and opinion pieces	Engage with issues in media, use key messages to highlight why your opinion/view should be considered	External focus Getting published is effective for widespread reach + public involvement

		Quick method – usually limited by word count so can prepare and respond promptly to what has been published in media
Champions of advocacy	Celebrating good examples in the community and interest area, whether a team or an individual	Inspires other advocates Beneficial to have a role model
Advocacy Launch	Memorable/interesting event to announce an advocacy campaign	Effective method to help garner support Can be bother internally focused or engage the external community
Events	Q and A's, seminars, submits, roadshows	Useful to start important conversations and get a wide audience involved Share the key message you want people to take away from the event
Opinion Polling	Gauge opinion of different stakeholder groups to ensure messaging is targeted	Help set up the foundation for what matters to people and identify the gaps in understanding or knowledge to then increase awareness of the advocacy issue
Academic publications + conferences	This can include peer-reviewed journal articles, and oral or poster presentations at a conference	Having an empirical evidence base that supports your argument helps strengthen your position, after all advocacy should be evidence-informed
Consensus issue papers and policy briefs	Evidence-informed thinking on an issue to be shared and highlight the priority areas	Shares evidence that supports the advocacy issue and presents solutions to the problems
Engage policy decision makers + politicians + government	Can use manifestos to highlight key priority areas and call for action i.e through formal Meetings or submissions to government	Provides an opportunity to engage with influential decision makers who can help push policy change over the line

Involvement in staff meetings	Town Halls or integrating into existing meetings to spread key messages	Bring influential people together Keep people involved Gain endorsement for different calls of action
Staff engagement activities	Lunch and learn Seminars Roadshows Summits and panel discussions	Start important conversations Create environment where individuals can learn more and use this knowledge to then promote and talk about the strategy
Access to education resources	Toolkits	Practical and useful advice to empower everyone to be a successful advocate
Collaboration opportunities	Focus groups, advisory groups, with existing network of lived experience advisors	Ensure work is not being siloed Having a team approach, multiple people who all believe the same cause shows strength when advocating
Modification to policies and procedures New legislation or policy	Policy briefs Policy recommendations	Encourages long-lasting change to be created

Elevator pitches

The aim of an elevator pitch is to be succinct, informative, and memorable. It is an effective method for creating interest and raising awareness about the strategy.

What should be in your 30 second elevator pitch:

1. **Identify your goal**
   a. What is the objective of your elevator pitch?
      i. It could be as simple as explaining what you do or you could be trying to elicit buy-in from an important leader in the field.
   b. What do you want your audience to remember most about you?

2. **Explain the WHAT**
   a. Start broad by explaining the purpose of the strategy

       b.   Hit them with a "killer fact" that is going to stick

       c.   Finish with what you want – why did you start this elevator pitch in the first place?

3. **What is unique about your project/proposal?**

       a.   Why should your audience care?

4. **End with an open-ended question**

       a.   Makes the person think and engage with the content you have just explained Is it effective?

And remember: Practice makes perfect!

Elevator Pitch Example

A hospital that is trauma informed shows it cares about staff, patients and their families. Preliminary research has shown that trauma informed organisations create a supportive work environment that leads to better retention of staff and their satisfaction levels. So why wouldn't RCH want to become a trauma informed hospital? As a preventative measure, universal, foundational TIC training is a worthwhile investment.

5. Practical tips and tools

List of key facts about children's mental health and wellbeing

- General facts and evidence
- TIPC facts and evidence

Campus marketing and communication information

- Campus contacts – MCRI, the RCH, UniMelb
- Campus policy relating to communications
- MH Strategy style guide – communications templates
- Mental Health Central about

Campus organisational information

- Campus Organisational charts
- Campus policy process – RCH
- RCH Policy and contacts

National and Victorian mental health policy

- Links to relevant agencies
- Mental health sector policies
- CCCH Policy briefs
- How does policy link to funding decisions?

Acknowledgements and version control

Contact for proposed changes

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Version	Revised date	Authorised staff	Amendment Details
1.0			

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24
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