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Title Page

Original Research

Wearing their heart on a wall: The World's Biggest Comic

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I am originally a Whyalla woman spending my life country SA. I currently work as Mental Health Teaching Academic at the University of SA Department of Rural Health.

I have been in the mental health space for over 20 years and live and work with amazing people who share their knowledge, experience, and wisdom with me. I like to look at mental health through the lens of lived experience and am committed to working with people who have a lived experience of mental illness. I hold leadership roles as Director on the Country SA PHN Board and Country and

Outback Health NGO Board. In these positions I aim to influence change making a positive difference to people living in rural communities

Abstract

An arts-based project, using a community development approach engaging people in a community of place to address suicide prevention, is potentially powerful. This involves linking community development and mental health promotion practice. The challenge in doing this is that conceptually, the integration between the two is incomplete and there is a lack of guidance about effective community processes. This paper analyses community development processes to create the World's Biggest Comic (WBC). The WBC was an innovative, large scale public art project engaging local artists, some with a lived experience of mental illness, to tell a story of Will and Hope. A 15-part comic story, printed on vinyl canvas panels and mounted on buildings, covered 600 square meters.

<https://www.facebook.com/watch/?v=217471332673743>

Conducted in a small rural South Australian community by the local volunteer suicide prevention network, the WBC aimed to raise awareness, break-down stigma and prompt life-saving conversations. Results of a mixed method impact evaluation are presented using a community development framework that considers 'people', 'space', and 'place'. The use of sociological concepts about community and the community field, the value of relationships, and listening to the voices of those with a lived experience of mental illness, may assist practice. Some potential learnings and pitfalls in using a community development approach in mental health promotion are discussed

Key words: rural community development; suicide prevention; art-based, mental health promotion

Introduction to community development for mental health promotion

The inter-relationships between community development, mental health promotion and suicide prevention are emerging although the integration of these to produce nuanced concepts to guide practice is relatively unexplored (McCabe and Davis 2012). These authors suggest that there is benefit in trying to draw the two worlds together so that practices may influence each other. This paper, drawing on the work of McCabe and Davis (2012) and Rose and Thompson (2012), using empirical data from a community arts suicide prevention project, highlights effective processes.

Community arts projects commonly used to address mental health promotion and some use a community development approach (Malone, McGuinness, Cleary, et al. 2017). In Australian and Canadian Indigenous literature there are some fine examples of community wellbeing projects using community development. These examples show conceptual development is well advanced (Stacey, Keller, Gibson et al. 2007; Thira, 2014).

Australian Aboriginal and Torres Strait Islander people hold a holistic approach to health and wellbeing with health determinants embedded in country, culture, and relationships (Dudgeon, Milroy and Walker, 2014). Hence, health initiatives use community development, often involving art to tell stories. A community-led project with Australian Aboriginal young people used arts to create safe spaces to talk about suicide resulting in 'increased positive attitudes, self-esteem and community pride emerged, and a new belief that together anything is possible' (Stacey, Keller, Gibson, et al. 2007).

In Canada, the approach to Aboriginal youth suicide recognised the post-colonial setting in which suicide was occurring and redefined it as a "community crisis with a social cause" (Thira 2014 p.158). The focus then shifts from individual to community level historical determining factors. After 20 years Canadian Aboriginal culturally-driven community-based youth suicide prevention programs develop community and individual resilience through traditional values (Kral, Wiebe, Nisbet, et al. 2009). Conceptually it is a culturally-rooted model of suicide resilience and prevention.

An arts-based community development project to strengthen community connections was undertaken with a travelling Irish community. The community designed and executed the project with a peer researcher leading. Through recording conversations and images of family and others lost to suicide, a series of artworks depicting themes from these conversations built bridges between community. (Malone, McGuinness, Cleary, et al. 2017).

The rationale for using a community development approach is that people's mental health is embedded in the community, cultural, social, spiritual and historic context in which they live (Kral,

Wiebe, Nisbet, et al. 2009; Stacey, Keller, Gibson, et al. 2007) The community development process enables these elements to be better understood, framed and influence how mental health promotion is conceived and conducted (Stacey, Keller, Gibson, et al. 2007).

In community development practice the community is central and an agent of change (Bessant 2012). The starting point is understanding the historical context, power inequities, and patterns of inclusion/exclusion that might influence mental health. Individuals, through Interconnections and relationships, pursue a common or generalized interest through the 'community field' (Bessant 2012). The strength of the community field is demonstrated by how the community mobilizes across boundaries.

Practice models that integrate community development principles in the mental health system are available. That developed by Rose and Thompson (2012), includes work at three levels; people, promoting individual capabilities, space, considering environmental infrastructure and place, and shared values, sociocultural, and historical characteristics in place.

There is a need for a stronger debate about the efficacy of community development in mental health (McCabe and Davis 2012; Seebohm, Gilchrist, and Morris, 2012). The efficacy of Indigenous holistic approaches are established but this rarely influences the efficacy debate. Questions of measurement (Judelsohn, Hoey, Fink Shapiro, et al. 2021), insufficient resources for longer term projects (McCabe and Davis 2012), and lack of recognition of community development's potential, limit progress.

In addition, community development in mental health promotion and community-based health promotion are often seen as equivalent, blurring the efficacy debate (Merzel and D'Aflitti, 2003). Community-based mental health promotion, as outlined in a systematic review (Lee, Kuhn, McGrath, et al. 2022), includes a range of approaches in addition to community development. Health promotion pedagogy, according to Whitehead (2004) has moved theoretically from an individualistic, instructive, and behaviourally orientated approach towards one of socio-political action addressing structural and social determinants. In reality though, the systematic review (Lee, Kuhn, McGrath et al. 2022)

establishes most mental health promotion is individually focused and the level and role of community development is often ill defined, (Merzel and D’Affitti, 2003).

Background to the project

The World’s Biggest Comic (WBC) was an innovative, large-scale public art project engaging local artists, some with lived experience of mental illness and suicidal ideation.

<http://couragebug.com.au/index.php/the-worlds-biggest-comic/#> It also engaged with writers to complete a script, school children to create artwork, and businesses and tradespeople to mount the work. It was initiated and managed through the local Suicide Prevention Network Inc (SPN), one of forty-five networks across South Australia. Funding was obtained from several agencies and a state agency provides assistance to local suicide prevention networks to develop action plans to reduce stigma, raise awareness, increase community connections, and provide education and training.

The community of place is a small rural industrial town built around an extractive industry with an uncertain future. The Aboriginal and Torres Islander community makes up 4.7% of the population. The SPN membership includes people of different ages, cultural background, some with a disability, and some with lived experience of suicide and mental illness. Members are volunteers and funding is obtained through grants, donations, and fund raising. The community gives feedback during and post events about what is beneficial.

The ‘out of the square idea’ for the comic was initiated by a creative thinker, artist, and member of SPN committee. “Our town, over the past 20 years, had seen a decline in population, an increase in unemployment, businesses closing resulting in lacklustre unkept buildings, and people with “empty faces”. Broad consultation, including with Aboriginal elders, resulted in ongoing support. Twelve artists of varying ages, cultural background, LGBTIQ+ and lived experience of mental illness participated. Some were experienced and some had not displayed their art in public. In addition, local school students were involved as were and businesses, public institutions, and local engineers.

A writers group was recruited and a story was developed, relevant to our town, using the ‘the Five Ways of Wellbeing’ (<https://www.5waystowellbeing.org.au/>). It was a comic story of Will, who goes on

a journey of discovery accompanied by a new friend Hope. Their journey through depression, anxiety, and suicidal ideation was assisted by listening, support, and access to services. The artists, who were paid an honorarium, used various mediums to create backdrops to parts of the story. The 15-part comic book spanned 600 square meters and was printed on vinyl canvas panels and mounted on walls across the town.

Insert Figure 2

This paper reports on aspects of the evaluation of the mental health promotion project using a community development framework (Rose and Thompson 2012). We highlight processes, within the framework, that might be useful in conceptualising and connecting mental health promotion practices with community development in small communities of place.

Methods

A multi-method participatory process and impact evaluation of the WBC was conducted by an independent evaluator in 2019-20 with the following questions;

What has been the impact of the WBC on individuals involved and the community as a whole?

What are the strengths and limitations of the community development approach in suicide prevention?

Participants and data collection

Data were collected through on-line surveys and semi-structured interviews.

Online-survey; Stakeholders, including businesses, contractors, artists, and local suicide prevention network members, were sent an on-line survey link via email and seventeen were completed (seven businesses and contractors, six members of the SPN and four artists). Twenty-two community members answered an online survey targeted at the general community. The stakeholder survey was conducted using SurveyMonkey software (10 questions or less). The community survey used Google Forms (over 20 questions, including a question about town of residence). All the surveys asked questions about attitudes, perception, awareness of suicide risk and prevention, and the impact of the WBC on the community and individuals. The surveys aimed at the stakeholders additionally included questions about the WBC project planning and implementation.

Semi structured interviews: Six semi-structured interviews were held with network members, the project coordinator, artists, and a community member. Because of COVID-19, interviews were conducted via phone or Zoom. Focus groups were to be conducted but were cancelled although relevant comments were gathered from participants in field notes. All interviews were audio recorded and transcribed through a professional transcription service. Covid-19 impacted on all aspects of the recruitment of participants and data collection.

Analysis. Quantitative data was analysed using descriptive statistics. Qualitative data was analysed using an inductive manual thematic analysis approach (Braun and Clarke, 2006). Semi-structured interview transcripts were read and re-read by KG-D, LM and JT. Codes were developed deductively using the interview topics as a starting point. Interview data was then entered into NVivo 12 Plus (QSR International 2018) using these codes. Data allocation to codes was checked by LM and KG-D and discussed where there were discrepancies. Coded data was re-examined and inductive analysis by KG-D, LM, and JT led to grouping of material with similar meanings into themes. These themes were further examined in light of the questions the evaluation sought to answer.

Ethics approval. Ethics approval from University of SA's Human Research Ethics Committee; application number 202825, February 2020.

Results

Results from qualitative and quantitative data are presented using Rose and Thompson's (2012) adapted framework: 'people', 'space' and 'place'. The surveys also gathered qualitative data and the source of the data, interview or survey, is noted. Themes overlap and the quantitative and qualitative data is presented in the relevant theme. In order to ensure anonymity responses are recorded as network members, staff, and artist participants (NA), business participants, (B) and community members (C).

People: individual benefits through participation

Perhaps the most significant benefit for artists and others participating in the WBC was to have their lived experience of mental illness validated.

‘Yeah, I mean, it’s so confronting to say – I’ve got thoughts of suicide or – Hey, I’m having a really shit time I don’t want to get out of bed, I’m crying all the time, I feel helpless. It’s so hard for people to walk into services where it might feel very clinical, white walls, counselling. When I saw this artwork, like I was overjoyed at the fact that people were, what I like to say is, wearing their heart on a wall. I think that’s quite a brave share to do in a small community’.

(NA)

The validation of lived experience was a driver for the project’s idea and desired outcomes as described by one participant: ‘I think [WBC] plays a role in, I guess, advertising mental health in a way that isn’t always doom and gloom but recognising and validating that part of the journey is s***, for lack of a better word. And you shouldn’t be embarrassed by that’. (NA)

The artist participants involved reported that the WBC gave them a way of managing their own mental health and enabled them to communicate.

‘There have been moments throughout this I’ve never felt [...] more connected to other people. It’s been a really bizarre feeling for someone like me who naturally feels like they don’t really fit in anywhere, but I specifically remember a couple of times when I felt cared for and I felt like people ‘got me’ and I felt like people trusted me. And I haven’t necessarily felt those things before’. (NA)

It was not only artists who had their experience validated but also those behind the project.

‘I mean, it should have been happening a long time ago, listening to the voice of somebody who’s lived that journey and it played a huge role in this project. [...] it wasn’t just necessarily about the people who were artists to have a lived experience but also the people behind the scenes and understanding how important it is to validate those lived experiences... rather than just getting information off of a website or something and just thinking we know it all – because everybody’s lived experience is very unique, so you can’t just listen to one voice, you

have to have a number of different voices [...]. Because what it also does it empowers -, people want to hear my voice, and we do'. (NA)

Mounting the artwork publically on building walls and creating a profile on the website lifted the profile of artists in the community. The artists spoke about the feeling of pride when they saw their artwork displayed and about being excited to know that other people visit the site:

'I feel very happy and a sense of pride to see my artwork hanging up on the wall for the town to see. I've had friends and family go uptown to visit my picture, knowing that's the only reason why they went uptown to see it makes me feel excited! (NA)

Space: Enabling mental health promotion through the use of the built environment

This space is a community of place (Wilkinson 1991) with an uncertain economic viability, but key institutions including the hospital and the university. The WBC was installed on the walls of these institutions after extensive negotiation and building of trusting relationships with the SPN. Through this the network's action in mental health promotion was highlighted raising awareness of suicide. 'We also didn't realise how much suicide affects people, so it has opened our eyes as well '. (B)

The innovative use of space where messages about suicide prevention were 'blasted on billboards' (B) and artists were 'wearing their heart on a wall' (NA) had impact according to businesses involved in the process, and 'surprised people' (B). The comic art works were supplemented by a relatable story that was indirect, yet clever.

The extent to which the public exposure had raised awareness was assessed through participant interviews and the community survey. Participants thought the potential for raising awareness about suicide prevention was achieved through the WBC '[...] community collaboration and the diverse spots of exposure [to the Comic] having it in the whole community not just one area or space (B) and having so many different people in the community work on the project was great and helped the conversations start within lots of different groups of people' (NA).

The community survey results showed that respondents already had an awareness of mental health and suicide prevention. Fifty-five percent of respondents (12 people) reported not having experienced any changes to how they felt about suicide and people bereaved by suicide as a result of the project. They were already familiar with the topic and risk factors either through employment or personal experience. Forty-five percent (10 people) agreed that their understanding of the importance of suicide prevention increased and prompted them to take action (e.g., initiate conversations, seek or offer help).

More broadly, community survey respondents thought that there might be an impact in the broader community. Eighty percent (16 people) felt the project had some impact including communicating messages of hope, validation '*you are not alone*' (C), starting discussion, and providing information about sources of help. They thought it may have changed people's perceptions about engaging in conversations. 'I think the worst thing is apathy, is if you don't have a reaction to things or you don't engage, even if someone looks at this story and disagrees, then that starts the opportunity for a passionate discussion and views from different perspectives'. (C). Two respondents noted that the WBC had 'given a great tool, and within it lots of tools, to share with people' (B) and that 'WBC is an essential step in starting conversations between people or bringing suicide prevention to the forefront.' (B)

The public demonstration of trying to improving mental health is reported to have built a sense of pride in the community. One business participant reported; 'It is an excellent initiative that we should all be proud of – all contributions, big or small, make the overall project a success'. (B) Network members reported 'the project created feelings of pride and ownership' (NA) and a business participant reported '[...] proud to be associated with the project [WBC] and its causes' (B). People thought the WBC had improved the city's tourist attraction appeal: 'I've had people say that the artworks have brightened up the town. Empty brick walls have someone's artwork hanging from it! Makes the town interesting and it's for a good cause!' (NA).

Place (developing community cohesion, social inclusion, and the reduction of stigma)

In this community there were strong divisions. Bringing the community together for action was important.

Bringing the community together for action for mental health promotion; First was the view that the community needed to be involved in the process.

‘We could have certainly sat back and did it ourselves but are we really fulfilling our purpose in doing that? It’s not about us giving the community what we think they need, it’s about us saying, what kind of story are you guys experiencing, what does your journey look like with mental health and suicide [...] what have we learnt from those experiences and what are our strengths now that we can then pass onto community members who might be struggling to figure out a way to get through it.’ (NA)

Second was the connections that needed to be made, to enable action, between disparate sectors, organisations, and communities of interest some of whom had not connected previously around the topic. The interviewees spoke at length about the advantages of utilising existing networks to gain support, to obtain funding, to reach businesses infrastructure, to recruit artists, and school students. ‘Just the bringing together of so many different individuals to make it happen. It’s what made it exciting, interesting and attractive to all the different members of the local community. [...] Strength in diversity, I guess. I think that worked well.’ (NA)

The artist group brought together to complete the comic was diverse. Aboriginal people, LGBTIQ+ people, people with disability and lived experience of mental illness or suicide and older and younger generations were included. Artists were targeted first and expanded by word of mouth to those less connected people with a talent for artistic expression. Some participants didn’t even consider themselves as artists.

‘[...] just to bring people from all walks of life and not just prop up people who are already quite well known in that [art] space, I think that was a very successful part of this, it was really diverse and that was huge because diversity means a lot and having different voices heard, yeah.’ (NA)

Most interviewees commented on the diverse group of artists, but also the purposefully created characters for the story in the Comic.

‘I guess how that reads in the story itself is the fact that we’ve got a character who’s an Aboriginal person. [...] quite often it’s white people who play those heroes, so I think it was really cool for us to think, well, why is it like that all the time and maybe we should do something different [...]? It doesn’t matter who you are, anyone can be a hero.’ (NA)

The new connections between people around suicide prevention included connecting with students and teachers at the local school. Students, who had participated in the project by creating artwork, increased their school engagement after participation.

‘I was working with some [children] that were quite cut down and not engaging in school work, but after engaging with the project, talking and validating their creativity and really seeing what they do, after the project they apparently began engaging in school work.’ (NA)

The reduction of stigma about mental illness, and suicide was another aspect that the production of WBC aimed to achieve. The provision of information to the community to promote clearly identified pathways to services was important.

‘[...] because people, like, don’t always know where to go and I think that’s a big struggle as well as the stigma around whether you are feeling shame or embarrassed or people will think I’m not right in some sort of way, some sort of judgement stops people, so yeah, having that out there to reduce that judgement and stigma is really good.’ (NA).

A second way of reducing stigma was sharing the lived experience of those involved in WBC. This sharing was through trusting relationships built through the community development process.

‘I think that the act of normalising mental health and mental illness is positive because it is very common, it encourages vulnerability which is the talking about these issues and discussing those things as part of everyday life and figuring out collective solutions so that we can sort of keep our community strong, healthy and connected, and validating as well is important in terms of saying your story matters, what you’ve been through is unique, never to be repeated experience.’ (NA)

The longer term efforts to reduce stigma about mental illness in this community were thought of as the 'where to from here' '[...] this is a really beautiful starting point but there needs to be more that goes with it for it to be sustainable and for it to have a knock-on effect within the community for a long time, I think.' (NA)

The community development process.

The community development process involving building trusting relationships, engaging with different sectors of the community, enabling community action and reflection, emerged as one of the most important themes from the qualitative responses in the surveys and in the interviews. The relationships established have been commented upon in previous sections.

The main motivation for people to become involved with the project was their desire to help the cause of raising awareness around mental health, wellbeing and suicide prevention 'I've had people close to me who have suicided, so helping with this means a lot to me.' (NA).

It was very important to gain support from key institutions in the community. This came about through SPN members with strong relationships with these institutions. 'The committee themselves had good engagement within the community, able to negotiate with people in key positions, and sharing with family/friends and others what the project is about'. (C)

A community development process involving creative art work requires a high level of flexibility. There is inevitably a tension between project completion and artist creativity. There is also a tension between each individual piece and fitting together as a whole. Acknowledgement must go to the project coordinator's high-level skills in community development that enabled flexibility while keeping the project on track. Artists appreciated time and freedom to create their individual pieces.

'When I came on board things were fairly flexible and it could have gone in several directions, but in the end it was flexible enough to allow the various artists to be able to do their contribution in their own way rather than being 'prescriptive'. The end result has an enormous

amount of flexibility and variety due to the artists, but somehow it all seems to hang together.'

(NA)

Another side of this tension is that the project might have appeared haphazard and communication issues might have arisen. Some participants thought this occurred as a consequence of the size of the project, the numbers of different groups involved, and that community members were contributing voluntarily. Because of a shortage of financial resources for erecting the art works, pieces had to go up when the engineers (volunteers) had time. One network member commented on this. 'While the comic has helped promote conversations in the community it was disappointing that the comic didn't all go up at once. I think the SPN should have not rushed to get bits of the comic up and instead waited until all the project was ready to be installed' (NA).

Community development initiatives involve unknowns and challenges and personal costs to those involved.

'It's hard, like, you wonder as the person who's, I guess, driven it; you spend some times in your darker moment to think was it worth it, should I have dragged all these people along, have I wasted people's time – and to be honest, I don't have answers to those questions and I might never have. But in my heart I've got to sort of connect with the positive intent of it all; I've got to connect with those intangible positive outcomes that might have emerged that those stories might never have been told; I've got to concentrate on that it's usually better to do something than to do nothing about some of these issues that we face in society'. (NA)

Discussion

First we provide conceptual integration by using aspects of community interaction theory relevant to mental health promotion/suicide prevention. We do this within Rose and Thompson's (2012) framework concerning 'place'; understanding the community of place, the community field, the value of relationships and the inclusion of voices of those with a lived experience of mental illness. The second discussion point is a consideration of the potential, efficacy, and pitfalls of the community

development approach to mental health promotion and learnings from this small project.

An explicit, non-evaluative understanding of the community

The first concept fundamental to community development and relevant to mental health promotion is a clear understanding of the community of place and relevant communities of interest and the ways they interconnect. An initial assessment is made, with the community, of the ways the community interacts, the power brokers, the styles of interaction, existing networks and those people who are marginalised from these networks.

This community had patterns of division according to people's relationship with the dominant employer. In addition, the availability of social housing had resulted in families being transferred to gain housing without connections in the community. Aboriginal family groups were cautious about interacting in the community and with different family groups.

Building the community field and taking action

Social interaction is elemental to the emergence of community in a dynamic process of bringing people together (Bessant 2012; Wilkinson 1991). This happens incidentally through people meeting their daily needs, volunteering, working, socialising, and joining. Across community action requires building a community field, (Wilkinson 1991) that is bringing social fields together to pursue a common purpose instead of acting alone. If a community field can mobilise to include powerbrokers as well as people with experience of the issue then this may result in community buy-in resulting in social and structural change (Powell, Dalton, Perkins, et al. 2019).

This understanding was available to those involved in the WBC. The SPN members were embedded in the community, with knowledge of the key powerholders and the power dynamics around the industry and local government. They were able to build the community field to include significant community powerholders. Balanced with this was an ability to include those who were experiencing mental health, and other issues, who had limited influence in the community.

Building the community field is not synonymous with taking action although it is likely in the case of the WBC that it was the relationships through the community field that enabled community agency (Bessant 2012). Community agency can be difficult to maintain in mental health promotion in small Australian communities because there is not always shared understanding of what mental illness is. Suicide prevention is difficult as well because the topic is taboo in some Australian rural communities. (Bourke 2003). While there might be initial community energy for action it may dissipate, and community members may lose interest given that outcomes are hard to see (Powell, Dalton, Perkins, et al. 2019). Community action is often strongest when there is a perceived threat across several sections of the community or there is consensus around a non-contraversial recognised public need (Taylor, Braunack-Mayer, Cargo, et al. 2013).

People's voices in expressing issues of concern often provide a different lens to that of service providers. In the WBC the strongest voice was from those with a lived experience of mental illness and the innovative and creative nature of the WBC enabled this unique voice. As people experienced their voices being heard and valued they grew in their ability to regard themselves positively. The community also benefited from listening to people's voices and learning about what having a mental illness might be like.

Eversole (2010) suggests that there is an important role for 'translators' passing knowledge and information about the issue to external organisations thus enabling the integration of community knowledge into participatory processes, and eventually into advocacy for policy change. In the WBC those with a lived experience of mental illness influenced all aspects of the project including who was involved, the key organisations and individuals to influence, and where and how the works should be displayed.

Mental health promotion does not always include the voices of those with lived experience of the issue. Eversole (2012) notes that experts and institutions are still cast as initiators of programs and projects and those with a lived experience of the issue may be involved in consultation but may not be decision-makers. Power inequities and community tensions and divisions may not be made explicit, and glossed over (Eversole 2010). This project was initiated from the ground up with network

members sharing power with artists and forming strong relationships with others significant to the success of the WBC.

The potential, efficacy, and pitfalls of the community development approach to mental health promotion and learnings from this small project.

This discussion draws on the work of McCabe and Davis (2012) who conducted primary research in a disadvantaged area of England. The Feel Good project had a mandate across six dimensions of wellbeing and was part of the UK government's New Deal for Communities (2000-2010). Clearly the Feel Good project and our very small WBC cannot be compared. Although there are some learnings around assessing the efficacy of community development processes in mental health promotion.

McCabe and Davis (2012) considered that their project's quantitative impact measures were skewed to focus on what was able to be captured over a brief timeframe and thought to be of interest to professionals and commissioners. Similarly in the WBC participants thought it was hard to measure the impact of it in relation to community benefit. Several participants reported that they would have liked to have been able to clearly see the impact of their work in the community. A community survey was used to measure knowledge of suicide and its prevention. It was completed by those with an already high level of knowledge about suicide and indicated that most people did not obtain new knowledge. Hence it was not a strong tool to measure overall community benefit.

Several proposals for more useful tools have been put forward. Allen, Mohatt, Fok et al. (2009) in a feasibility study about suicide prevention, demonstrated a methodological approach that used community-level variables in addition to individual level factors to evaluate suicide prevention at the community level. The increasing interest in community and/or contextual factors influencing the effectiveness of health promotion is reassuring. This will strengthen the need for greater conceptual connection between the mental health promotion and community development disciplines.

A further learning is the need for adequate resources as community development is a long term proposition. The inadequate resources for the WBC meant the coordinator voluntarily worked hours over the allocated paid time and the SPN members worked voluntarily. There is some expectation in

Australian rural communities that this level of community contribution to projects is forthcoming. This is not conducive to effective community development in the complex area of mental health promotion. McCabe and Davis (2012) also raised the issue from a different lens mentioning that people with considerable mental distress, needed more time than could be funded to work through their complex issues.

Another issue mentioned by McCabe and Davis (2012) is that in the UK context the mental health field is marginalised and without political influence. This is important if projects are to move beyond the 'pilot' phase and learnings are to be embedded in policy. This was different in South Australia as the government had a supportive policy environment for mental health promotion through community development. In addition, because of the smaller mental health field, some SPN members had links with regional and state level actors in governments.

Some learnings for community development and health promotion.

Fundamental to the success of the WBC was the sound understanding of the makeup of the community. The diverse nature of the community field with links to powerholders and the inclusion of people with a lived experience of mental illness also helped. Their contribution enabled the sharing of knowledge about mental illness and breaking down the fear and stigma associated with it. We note that it is sometimes difficult for mental health workers to engage with the community in which their clients live but the learning from the WBC is important.

This community development approach operated within a framework of strengths, high expectations of the artists involved and mostly an ability to be flexible (Seeböhm, Gilchrist and Morris 2012). Perhaps it is different for mental health staff who commence their work from the lens of the diagnosis and treatment of illness and clients who are sometimes perceived as devoid of strengths.

Project limitations

The completion of the WBC project coincided with the outbreak of Covid 19 in Australia. During this period people were discouraged from leaving their homes. If people drove past in their car they would

not have been able to take advantage of the QR code that provided a list of services available. Information was available via the Comic's website although people would have to search for the website to access it. Restrictions around Covid-19 impacted promotion as many businesses closed and the Network was unable to distribute brochures encouraging people to visit the sites. Promotion of the Comic was done entirely via social media and TV possibly reaching less people than it would have otherwise.

Conclusion

The results of the WBC, an innovative suicide prevention initiative through a community development process, shows that projects of this scale are achievable in small communities. The artists who participated in the WBC felt strongly that the processes affected their wellbeing and connection to the community and enabled them to tell their story in a new way. They also felt less stigmatised.

The learnings highlighted several aspects important in mental health promotion including an explicit, non-evaluative identification of the community field available to the community for action, the importance of community interactions building relationships and the value of including the voices of those with a lived experience of mental illness to create the basis for structural and policy changes.

The broader challenges with community development approaches in mental health promotion include strengthening measurement of impacts to identify efficacy, connecting with powerful advocates for the approach, acknowledging the financial and emotional costs of conducting projects, and ensuring flexibility. Despite the challenges in conducting this project, which included the outbreak of COVID-19 at its commencement, delivering a project at this scale with limited resources in a small rural community is a triumph.

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Figure 1: The World's Biggest Comic





Figure 2: The World's Biggest Comic in situ