Evaluation of a wellbeing campaign following a natural disaster in Christchurch, New Zealand

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Abstract

Post disaster interventions should include provision of psychosocial support resources community wide. The All Right? campaign was developed as an over-arching mental health promotion campaign following the 2010-2011 earthquake sequence. To our knowledge this campaign is unique in promoting population wide psychosocial wellbeing following a disaster. The 'All Right?' campaign has been evaluated using both qualitative and quantitative methods in order to draw on the strengths of both. The campaign has achieved a wide reach within the affected population (76%). This reach had been achieved from the media campaign, social media and through the partnerships with other organisations. There was a high level of agreement from those surveyed who were aware of the campaign that the messages were helpful (87%). Success factors included: strong relationships between the key agencies prior to a disaster, local research to inform the use of appropriate language for translating evidence based wellbeing messages into a local setting, not being marketed as a government message whilst maintaining strong relationships with key agencies. In addition to the mass appeal of the All Right? campaign, targeted campaigns from the inception would have been beneficial, in particular, to reach Māori and Pacific communities. As a result of the evaluation findings, this more specifically focused messaging has been developed. There would be value in the replication of the campaign particularly in the post disaster context in other high income countries, this would need to be tailored on the basis of local research and need.

Introduction

In September, 2010 an M7.1 earthquake struck 40 km west of Christchurch, a city on the east coast of New Zealand's South Island with a population of 386,000 at that time. The earthquake caused substantial damage to infrastructure and buildings and marked the start of a prolonged series of aftershocks. In February, 2011, the M6.3 aftershock with an epicentre 6 km from the Christchurch Central Business District devastated Christchurch City (Aydan, Ulusay, Hamada, & Beetham, 2012). One hundred and eighty-five people died and thousands of people suffered injuries leading to the Government declaring a state of National Emergency for the first time in New Zealand's history. Christchurch City and the surrounding areas suffered further damage to buildings, infrastructure and community facilities.

Changes to New Zealand legislation were made in response to the earthquake, including Orders made under the Canterbury Earthquake Recovery Act 2011, and Orders and Regulations made under the Canterbury Earthquake Response and Recovery Act 2010 and under other legislation (Canterbury Earthquake Recovery Authority, 2011). The purpose of Canterbury Earthquake Recovery Act 2011, which ended on April 18 2016, included to facilitate, co-ordinate, and direct the planning, rebuilding, and recovery of affected communities (Canterbury Earthquake Recovery Authority, 2011). Greater Christchurch under the Canterbury Earthquake Recovery Act refers to the districts of the Christchurch City Council, the Selwyn District Council, and the Waimakariri District Council and includes the adjacent coastal marine area.

It has been widely recognised that recovery from the 2010 and 2011 Canterbury earthquakes will be a long process, with residents facing ongoing stressors which may be detrimental to their mental wellbeing. The All Right? campaign, was developed as an over-arching mental health promotion campaign for the people of greater Christchurch to address these concerns.

Following the February 2011 Canterbury earthquake, Sir Peter Gluckman, Chief Science Advisor published a briefing paper (Gluckman, 2011) for Prime Minister, John Key, which argued that a comprehensive and effective psychosocial recovery programme was needed to support the majority of the Canterbury population to bring their innate psychological resilience and coping mechanisms to the fore.

Disasters require public health responses that include multiple levels of intervention; psychoeducation for many, and treatment for a few (Bonanno, Brewin, Kaniasty, & La Greca, 2010; Norris, Friedman, & Watson, 2002). The importance of the social dimension of support post disaster has been emphasised (Gordon, 2007). Five key points about the psychological parameters of disaster have been proposed (Bonanno et al., 2010):

- disasters cause serious psychological harm in a minority of exposed individuals;

- disasters produce multiple patterns of outcome including psychological resilience, with a substantial proportion experience short-lived distress and going on to experience a relatively stable pattern of healthy functioning;
- disaster outcomes depend on a combination of risk and resilience factors;
- disasters put families and communities at risk and the stress of disasters can erode both interpersonal relationships and sense of community. Post disaster social relations are important predictors of resilience;
- the remote effects of a disaster in unexposed populations are generally limited and transient.

Psychosocial interventions should be tangible and informative, including providing psychosocial support resources community wide (Bonanno et al., 2010). It is important that activities which provide psychoeducation for the affected population match the cultural context of the group. The best way to ensure this is to involve the community in evaluating its own need and determining which actions are most suitable (Norris et al., 2002). To be effective psychoeducation interventions must emphasise empowerment and support and build on strengths, capabilities and self-sufficiency. Facilitation of community empowerment processes involves, in part, assessing and/or developing the social and individual competencies that contribute to people being empowered and being able to identify and represent their needs during the response and recovery phases of disaster (Norris et al., 2002). Social support enables an individual to communicate their trauma experience and needs in a constructive social environment, promoting recovery (Gordon, 2007). Many people affected by disaster may have limited experience engaging in psychosocial support services and may have little understanding of why such engagement is required (Australian Healthcare Associates, 2010). Ongoing consequences of disasters can lead to what has been called 'the second disaster', where the process of seeking help from the government and insurance agencies is associated with delays and disappointment for survivors of disaster. Feelings of helplessness and anger are common (Myers & Wee, 2005). Disputes with insurance companies and stress arising from repairing or rebuilding homes can contribute to people's distress and mental health problems, these issues can act as 'secondary stressors' that can have a direct impact on individual and community resilience and can delay people's recovery (Lock et al., 2012). Secondary stressors are circumstances, events or policies that are indirectly related to the primary stressor (the earthquake sequence) (Department of Health, 2009).

The desired outcome of psychosocial recovery intervention, in general, is to assist people and communities to regain a sense of control in what are very atypical circumstances; to facilitate people's ability to return to effective functioning and to assist them to make sense of their experience now and in the future. Crucial to this is communicating with communities in ways that orient people to the reality of the situation in which they find themselves, clarifying what has happened and what is likely to happen in the short, medium and long term, and providing information that helps people to identify their strengths and resources and to use them to take action to assist their own and others' recovery (Mooney et al., 2011). Focusing only on those who are experiencing difficulties does not necessarily

help to reduce the overall prevalence of vulnerability for the population as a whole, as the causes of problems and inequalities remain the same (Huppert, Baylis, & Keverne, 2005).

By mid 2012, Community and Public Health (CPH, the Public Health division of the Canterbury District Health Board) and the Mental Health Foundation of New Zealand (MHF) received the mandate from the Greater Christchurch Psychosocial Committee to research, develop and implement a wellbeing campaign. The Mental Health Foundation of New Zealand is a Non Government Organisation that works to reduce discrimination and increase mental health and wellbeing (Mental Health Foundation, 2015). The Greater Christchurch Psychosocial Committee was originally convened in September 2010 under the emergency legislation as a sub-group of the Welfare Advisory Group. Its purpose is to plan, deliver, co-ordinate, promote and monitor the psychosocial recovery and wellbeing of the population of greater Christchurch using a cross-sectoral model. Funding to enable the development of the campaign was provided by the Ministry of Social Development and the Ministry of Health. Evidence indicated that insufficient attention to population psychosocial recovery would lead to increasing numbers needing specialist care (Gluckman, 2011).

The All Right? campaign message strategies, content and delivery have been targeted at the population of post-disaster greater Christchurch. The messages are evidence based and draw on the 'Five ways to wellbeing' (Aked, Marks, Cordon, & Thompson, 2010) as a framework as well as local qualitative and quantitative research, stakeholder feedback, media specialist advice and ongoing evaluation. The 'Five ways to wellbeing' (Give, Connect, Take Notice, Keep Learning and Be Active) were developed in the United Kingdom by the New Economics Foundation as an evidence-based (Huppert, 2008; Lyubomirsky, Sheldon, & Schkade, 2005) generic set of actions with wide-ranging appeal to promote wellbeing in daily life. 'Five ways to wellbeing' provide the framework for the All Right? campaign (Aked et al., 2010).

The campaign has been delivered in several phases since 2013. The first phase of All Right?, 'normalising experiences', recognised and owned the emotional impacts of the earthquake. The messaging on posters included, for example "It`s All Right to feel a little blue now and then", "It`s All Right to feel frustrated at times" and "It`s All Right to feel proud of how we`ve coped". This normalising was considered necessary as a means of reflecting back to the population the variety of emotions which had been highlighted in the local research, as a means of connecting with the population and reflecting back to them, in their own idiom, the experience and emotional reactions they had described. Phase two All Right? posters drew on the 'Five ways to wellbeing', although they again adapted the language that people were using in the local research, translating the 'Five ways to wellbeing' into the immediate local experience. Examples of messages included, "When did you last get your sweat on? Exercise is a proven pick-me-up– even a little bit helps a lot.", "When did you last really catch up? Quality time with good friends can be the best medicine." and "Tried something a little different lately? Having a go at something new builds confidence and a healthy mind".

Campaign delivery has included street posters, billboards, newspaper advertisements and advertisements on the back of buses. In addition to the campaign phases, social media has

been a significant part of the campaign, with All Right? resources directing people to the All Right? Facebook and webpage. The campaign has developed strategic partnerships including co-branding of community based events. Those identifying themselves as 'not all right' are directed to call a free telephone earthquake support and counselling line which provides a single point of entry to a range of psychosocial support information and services, provided by the Ministry of Social Development.

This paper reports on the process and impact of the All Right? campaign and documents the success factors and lessons learnt in the creation and implementation of the campaign.

Methods

The 'All Right?' campaign has been evaluated using both qualitative and quantitative methods in order to draw on the strengths of both and in recognition that the use of either approach on its own would have been inadequate to address the complexity of the evaluation questions (Creswell, 2009). For the impact evaluation, quantitative data allowed assessment of the awareness of the campaign and impact of the campaign at population level. For the process evaluation, a qualitative approach was chosen as the most appropriate method to gain in-depth data addressing the areas of interest.

Quantitative data collection for the impact evaluation was carried out by an external research company. These data were collected in July 2013, with follow-up interviews taking place in June 2015. Data were collected from a representative sample of greater Christchurch residents through a telephone survey. The sample was representative of the target population in terms of age, gender and location in accordance with the New Zealand Census 2013. A total of 400 greater Christchurch residents, aged 15 years and over were interviewed at each time point. Any changes noted between the 2015 and 2013 results, were statistically significant at a confidence level of 95%.

For the process evaluation, semi-structured interviews were chosen because they work well with an inductive approach when new and unknown information is being sought. Such interviews also make use of the flexibility of the qualitative research process as understandings that are developed early on can then be carried forward into subsequent interviews, thereby drawing out more detail as new issues come to light (Green & Thorogood, 2014). Qualitative data were collected in 2014 from key people involved in the creation and delivery of the All Right? campaign (n=14). In addition, experts in marketing and international disaster recovery, respectively, were interviewed to determine their views of the campaign (n=3). The semi-structured interviews used open-ended questions based on areas of interest derived from the literature. Interviews also explored any other issues brought up by the interviewees. The data were coded by the lead researcher who had no role in the development of the campaign beyond evaluation recommendations. The data was analysed using a systematic iterative thematic approach to identify recurring patterns, following the method described by Pope and Mays and others (Green & Thorogood, 2014; Liamputtong, 2013; Pope, Ziebland, & Mays, 2000).

The impact evaluation received approval by the New Zealand Southern Health and Disability Ethics Committee. Quantitative data are only presented in aggregated form. The process

evaluation did not meet the criteria for requiring review by a New Zealand Health and Disability Ethics Committee, as the participants were not selected on the basis of being consumers of Health and Disability services or relatives of consumers. The consent process for key informant interviews included providing a letter of invitation that made clear that the participant was free of obligation.

Results

Process evaluation

Interviews with key actors in the development and implementation of the campaign identified the success factors of the All Right? campaign and also the challenges. Interviews identified that the initial resolve of the wellbeing campaign planning group was to develop a population-based campaign that was created by Canterbury for Canterbury, based on the best international evidence. The group acknowledged that the recovery was complex and constantly evolving. An advisory committee was established, the role of which included being "critical friends" by providing constructive criticism. During the scoping of the campaign it became clear that the campaign needed to be *"rooted in Christchurch-based research"* including the need to understand *"where Christchurch people are right now".* Local research gave the planning group the evidence to determine how the wellbeing messages needed to be framed. The overarching message that came from the local research was that people did not want to be told what to do by 'experts'.

In addition to local research, pre-existing relationships from before the earthquakes between individual staff in key organisations (Canterbury District Health Board and Mental Health Foundation) were identified as vital to the success of the campaign. These relationships enabled the group to move quickly because they were not *"starting from scratch".* By October 2012 a marketing agency brief was developed. The brief defined the purpose of the campaign as "to sustain and enhance the mental health and wellbeing of the residents of greater Christchurch." The marketing agency that was selected was chosen because agency staff showed an understanding of what was needed, were passionate and responsive and were a good fit with the planning group. When the marketing agency presented the wellbeing campaign as 'All Right?', all planning group members agreed that they had *"nailed it".* Reasons identified as to why they thought it was the right approach were two-fold, firstly 'All Right?' was empathic and secondly it was a question, the beginning of a conversation with greater Christchurch about wellbeing.

The campaign was launched in December 2012. Key stakeholders were invited to the launch and given resources to promote the campaign. It was noted that because the stakeholders had been involved from the beginning they felt ownership of the campaign. Immediately following the launch there was widespread positive feedback about the campaign. From the beginning phases of the campaign, core members agreed on documented shared values, which have been reviewed regularly throughout the campaign. The wellbeing message, to be effective in the greater Christchurch setting could not be seen as a 'top down' message from central government. Local research had indicated residents

had felt a double blow, firstly from the earthquakes and secondly from perceived subsequent poor management of the recovery. Success factors for the campaign not appearing top down included having a clear goal that the campaign would not be marketed as a government message, strategic partnerships with non-government organisations, no existing organisational branding associated with the campaign, and framing of the campaign as a conversation.

Social media provided a means of continuing the All Right? conversation, including the opportunity for people to contribute to the campaign in real time. As one advisory group member commented, *"What I didn't expect was just how successful the campaign would be and just how accessible the material and the collateral and the multiple channels that had developed would be in communicating to audiences".* The campaign leadership was able to tread a careful balance between having the necessary formal structures in place while allowing the space for the All Right? team to have the creative licence to develop the campaign.

One of the early challenges for the campaign was the need to coach the marketing company on what would work in line with health promotion principles. Examples given included ethics of association, for example not being able to link the campaign with insurance companies. Similarly, it has been important to keep the campaign grounded in health promotion theory, rather than simply good marketing. As was commented by a member of the planning group, *".. we're not supposed to be as The Press described it 'spreading good cheer in Christchurch'. We are doing health promotion, we are helping people understand the drivers of their own wellbeing and the relationship of that to the recovery."*

As the campaign progressed there was an identified need to determine the level of responsibility the All Right? team had to *"advocate around the things that are clearly not All Right"* especially as the campaign had developed a level of trust and credibility within greater Christchurch. An example of the All Right? campaign engaging in advocacy for the wellbeing of the wider community was when, following a conversation at the Greater Christchurch Psychosocial Committee , the campaign met with the Earthquake Commission (New Zealand Government agency providing natural disaster insurance to residential property owners) to advise on the style and content of a national advertising campaign to promote emergency preparedness. Similarly, prior to the screening on national television of a documentary about the immediate impact of the February earthquake, the campaign worked with the producers and television company to ensure that appropriate warnings were screened prior to and post-broadcast and helplines numbers were well advertised. The conversation on the All Right? Facebook page regarding this documentary reached over eighty thousand people.

There was widespread concern about the need to keep the All Right? campaign fresh. A tension was identified between not wanting the campaign to become *"wallpaper"* and determining if there was a need for the campaign to constantly change. There was concern about a *"wear-out effect",* when people stop paying attention to a campaign (Atkin & Salmon, 2010). Lessons learnt thus far included, that it would have been beneficial if the campaign was able to start sooner after the earthquakes. Two reasons were identified as to

why this would have been valuable, firstly that all the post-quake wellbeing messages would have been consistent and come from the same trusted source (all branded with All Right?) and it was thought that this in turn would make the affected population *"feel safer".* Secondly, starting the campaign earlier may have enabled people to "*give voice to their experiences"* earlier and helped to avoid people becoming 'stuck'*.* It was identified that in addition to the mass appeal of the All Right? campaign, it would have been beneficial to have targeted campaigns alongside the main campaign, in particular, to reach Māori and Pacific communities.

Stakeholders generally believed that the All Right? campaign could be replicated in other non-disaster communities in New Zealand and internationally, as the wellbeing messages are applicable to people irrespective of whether there has been a disaster. It was stressed that local research would be essential if All Right? were to be replicated. There was a concern that if the campaign was rolled out in a non-disaster context it may be seen as individualising responsibility for wellbeing. Therefore, it was suggested that the campaign could be replicated, although it would need to be developed within a wider conversation around the wider social determinants that are affecting the wellbeing of people in that specific area. It was widely believed among stakeholders interviewed that there would be great value in replicating All Right? in other post-disaster communities. However it was argued that the communities would need to be in countries that were similar to New Zealand in terms of their economic means and health systems. As with non-disaster communities, if the campaign were to be replicated in other areas it would need to be based on local research and community need.

There was general agreement that the campaign had at least another few years' lifespan, although some commented that the campaign would need to continue to evolve. It was noted that people in greater Christchurch are at different stages of recovery. People who are still struggling with their insurance companies around claims for their homes, for example, need to be taken into account. It was noted by international expert in disaster recovery, Dr Rob Gordon, that the situation in Christchurch is unique because of the "*relative lack of control that the householders have about their recovery, in the sense that they have to just simply wait until they're told it can be done [house repairs]".*

Impact Evaluation

In July 2013 just over half of the 400 respondents to the telephone survey were aware of the All Right? Campaign (51%). This had increased to over two thirds (70%) by June 2015 ($p<0.001$). In 2015, women had greater awareness of the campaign than men (72% of women, 63% men) ($p=0.01$). The youngest residents (15-29 years) had the highest awareness of the campaign at 81% ($p=<0.001$), awareness of the campaign reduced with age, with the oldest residents (60 years old and over) having the lowest awareness of the campaign at 58% ($p=<0.01$). Sixty nine percent of those aged between 30 and 59 years old were aware of the campaign (Table 1). Of those who were aware of the campaign in 2015 over half (54%) had seen the All Right? messages on buses. Over forty percent had seen the campaign on billboards (41%) and about a third had seen the campaign at bus stops (37%) ; in newspapers (36%) ; on posters (36%); or online (32%).

Table 1. All Right? campaign awareness by age (June 2015, July 2013)

Year	Age	Aware of campaign (%)	P value (difference compared to all other age groups)
2015	15-29 years	81	<0.001
	30-59 years	68	1.00
	60+ years	58	0.01
2013	15-29 years	63	1.00
	30-59 years	51	0.48
	60+ years	39	0.21

Of those respondents who were aware of the campaign, over one third (38% in 2015, 37% in 2013) felt that the All Right? campaign made a difference to how they felt and about one fifth (22% in 2015, 20% in 2013) felt the campaign had made a difference to what they chose to do**.** Almost ninety percent of respondents who were aware of the campaign agreed that the All Right? messages were helpful (84% in 2015, 89% in 2013). About two-thirds (64% in 2015, 77% in 2013) of these respondents agreed that the All Right? messages made them think about how they were feeling. Almost two-thirds (64% in 2015, 65% in 2013) of aware respondents agreed that the All Right? messages gave them ideas of things they can do to help themselves (Table 2).

Table 2. All Right? campaign impact* (June 2015, July 2013)

	2015 (%)	2013 (%)	P value
Campaign made a difference to how they felt	38	37	1.00
Campaign made a difference to what they chose to do	22	20	1.00
Agreed that the All Right? messages were helpful	84	89	0.64
Agreed that the All Right? messages made them think about how they were feeling	64	77	0.01
Agreed that the All Right? messages gave them ideas of things they can do to help themselves	64	65	1.00

*Of respondents who were aware of the All Right? campaign

Of those who were aware of the campaign, one sixth of respondents reported that they had talked to a friend, family member or school or work colleague about the All Right? campaign (16% in 2015, not asked previously).

Discussion

Internationally, two examples were identified of evaluations of campaigns used in the recovery phase of disasters to encourage members of the public to undertake healthy behaviours. The objectives of the interventions were to improve health knowledge and behaviour in relation to disasters, and to decrease the incidence of negative health events. One campaign took place following the 11 September 2001 New York terrorist attacks (Frank et al., 2006) and another following Hurricane Katrina in New Orleans (Beaudoin, 2007). Media campaigns were conducted with the populations of New York and New Orleans as their intended audience. In New York, a mass media campaign called Project Liberty "Feel Free to Feel Better" was conducted using print, television, radio and other media (mainly fliers and billboards) between September 2001 and December 2002 with the aim of informing the city's population of the availability of a helpline for mental health problems, which could provide advice and refer callers to medical services where necessary (Frank et al., 2006). Following Hurricane Katrina, a media campaign ran for 11 weeks on four radio channels in 2006 targeted at African Americans (Beaudoin, 2009). Five different messages with a focus on stress and depression were played. The messages promoted preventive behaviours (such as normal productive routine, social and physical activity and

working to resolve conflicts), and information about an existing telephone help line that provided information and referrals for physician support, counselling and crisis intervention.

In New York, major increases in advertising activity for the campaign appeared to be accompanied by increases in call volume to the help line (Frank et al., 2006). Similarly, in New Orleans, the number of calls to the advertised help line increased during the campaign (Beaudoin, 2008). These interventions appear to have been effective at promoting the behaviour of phoning a help line for mental health problems following disasters. The campaign in New Orleans may have improved understanding and knowledge for example regarding stress and depression and may also have been associated with increases in some preventative behaviours, such as keeping a normal routine, monitoring stress levels, talking with others, trying to be productive and solving day-to-day problems (Beaudoin, 2008, 2009).

One study (Beaudoin, 2009) demonstrated that post disaster wellbeing interventions appear to be effective at promoting understanding and knowledge of wellbeing and in increasing some preventative behaviours. Two studies (Beaudoin, 2008; Frank et al., 2006) demonstrated that wellbeing interventions can promote phoning a help line for mental health problems following disasters. Although the findings from these studies, may not be easily applied to the Canterbury situation, due to the different populations and health system configurations, they provide evidence that wellbeing interventions have been effective in another nation post disaster.

To our knowledge this campaign is unique in promoting population wide psychosocial wellbeing following a disaster. The evaluation findings suggest that there would be value in the replication of locally modified campaigns elsewhere in New Zealand and following disasters in other nations economically similar to New Zealand. This highlights the importance of documenting the evaluation of the All Right? campaign thus far.

The overall evaluation results endorse the All Right? model and messages. There was a high level of agreement from those surveyed who were aware of the campaign that the messages were helpful. By mid 2015, the survey results indicated that the All Right? campaign had reached 70% of the Christchurch population. Often the goal of widespread campaign exposure sought by health campaign designers is not met. Average health campaign reach has found to be 36%–42% (Snyder & Hamilton, 2002). A review of research in health mass media campaigns (Noar, 2006) suggested that exposure of 65% and above is considered high. The reach of the All Right? campaign has been achieved from the media campaign, social media and through partnerships with other organisations, including co-branding of community-based events and activities under the All Right? banner.

Potential pitfalls of adopting the 'Five ways to wellbeing' included the potential for messages to be oversimplified, appearing self indulgent or appearing to be moralising (Aked et al., 2010). Key to the success of the All Right? campaign has been that it has not been perceived by the local population as associated with government agencies. At the same time fundamental to the campaign's success has been the backing of the campaign by key government agencies involved in the recovery. The leadership of the All Right? campaign,

including the Advisory Group, has steered the campaign delicately, ensuring that there has been continued support from key recovery agencies while maintaining autonomy from these organisations.

All Right? has become a powerful champion for wellbeing in Canterbury. This has been partly due to the success of not being associated with the 'big players' of the recovery but also because of the willingness of All Right? to share their research with the local population, giving the population an overview of how their collective wellbeing is going during the recovery. Research was shared by providing short, accessible summaries of the findings of each of the telephone surveys through media releases and newsletters to key stakeholders. They are also published on the campaign website. The summaries were often picked up by the media , including reporting in local newspapers (The Press, 2014, 2015). The challenges of the campaign have included the combining of health promotion and marketing approaches. The campaign's success has been enabled by strong pre-existing relationships between individuals in key organisations, which enabled the group to move quickly following the earthquake sequences.

A strength of the impact evaluation was that data were collected at two time points, allowing for a baseline to measure impact of the campaign. Some methodological limitations should be noted. Although the survey collected responses from a representative sample of 400 residents at each time point, the findings may not necessarily be applicable to all individuals living in the Christchurch area. Quantitative data, although interviewer administered, relied on self-report of impact of campaign. The qualitative data produced in-depth information from a small number of people in a limited area of New Zealand, so does not claim to be generalisable more broadly.

Conclusion

Post disaster interventions should include provision of psychosocial support resources community wide. The All Right? model and messages have responded to population wide psychosocial concerns in post disaster greater Christchurch, with high visibility, impact and acceptability. It is a unique campaign which has generated a breadth of partnerships, projects, activities and roles. The All Right? campaign has achieved a wide reach within the affected population and high levels of agreement from those surveyed who were aware of the campaign that the messages were helpful.

A number of themes have been drawn out in this evaluation indicating the campaign's effectiveness and enabling a better understanding of the high level of engagement with the campaign. The evaluation also enables reflection on lessons such as the benefits of starting the campaign earlier after the earthquakes, ensuring consistent messaging from a trusted source. In addition to the mass appeal of the All Right? campaign, it would have been beneficial to have targeted campaigns from the inception alongside the main campaign, in particular, to reach Māori and Pacific communities. As a result of the evaluation findings, this more specifically focused messaging has been developed subsequently. There would be value in the replication of the campaign particularly in the post disaster context in other

high income countries although this would need to be tailored, on the basis of local research and need.

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