It's about supporting people's own motivation, their sense of power through finding their own capacity. That's my most profoundly soul-felt belief.

John Raeburn

People's empowerment and self-determination, both personally and collectively in community, have been the guiding principles for John in his work as a behavioural psychologist. *It's about supporting people's own motivation, their sense of power through finding their own capacity. That's my most profoundly soul-felt belief. It's this kind of social developmental community work—which I could go on forever about.* This is an ideal that John has held most dear for the past forty years.

Throughout his lengthy career, his exploration of how to combine personal and community well-being has led John to contribute on a world stage to the development of principles around health promotion in communities.

John describes himself as a *'bit of an innovator',* but also someone with a rebellious *'delinquent side';* not one to conform to any popular movement or to aspire to a *'comfortable middle-class life'.* He grew up near Milford Beach, and early memories include blackouts during the Second World War, lazy summer days on the beach, and the big pohutukawa tree outside his bedroom window. The family home in Ocean View Road is no longer there, but the pohutukawa remains.

An inspirational figure in John's life was his father, who worked for forty years as a railways civil engineer, but was also many other things: a political satirist, cartoonist, accomplished watercolour artist, mountaineer, musician, writer of radio plays and an intellectual, with *an amazing sense of humour.*

John's father was also the first ever New Zealand *'King of Quiz'.* This was a general knowledge brains trust-type radio quiz show on 1ZB, hosted by Lyle Boyes; it was one of the most popular shows at the time. To be King, the contestant had to win five consecutive quizzes, and no one had done this over the years the show had been running. John says of the last night: *Everybody in the country was listening to this, it was neck and neck, and the final question was to name the five rail viaducts on the national railway.* Given that his father was a railways engineer, he had no trouble with this, and the resulting prize money was enough for his parents to retire. *I bathed in the golden glory of Dad.* In later years, while John was still a psychology student, he gave his father an IQ test, and found he was in the genius range.

When 12 years old, John took up story writing and cartooning himself. It started when he was bedridden for a few weeks with kidney disease while at a Sea Scouts camp in Southland. He drew a comic strip called *The Wonderful Story of the Air,* and sent it to

the *NZ Woman's Weekly* to feature in the children's section. It was published in episodes over 12 weeks. *This was one of my finest hours as a young person.* It was then he aspired to become an artist, writer, journalist and cartoonist.

In his last year at Takapuna Grammar School in 1958, John thought of studying anthropology. His father *'trotted him off'* to see leading anthropologist, Joan Metge, who suggested that he study social work instead. He applied for and won a Social Science Cadet scholarship to attend Auckland University the next year, where he started a BA in Anthropology. But it was the prerequisite psychology papers that hooked John's interest. *I've always been interested in people, and once tasting psychology, the rest is history. I was compelled by this subject. It just took me over and I realised after all the wasted educational history I'd had, I'd now found the area that appealed to me the most*. John completed his master's degree with first class honours in 1965. *I didn't know that I had that kind of capacity, and it was an interesting moment for me to realise that I probably wasn't an idiot.*

John was keen to get out of New Zealand and explore the world. *There was something claustrophobic about New Zealand at this stage. Post-war, constipated, rigid, moralistic, and unimaginative. It seemed to me anyway.* He did postgraduate study and completed his PhD at Queen's University in Canada. It was the mid-1960s, and for John this was his time of personal growth and enlightenment. This was a time of self-liberation and independence. Instead of being drawn to drugs, and the *Make Love Not War* social movement of many peers, he chose not to tune out but to tune in to his own creativity. He was a radio DJ with his own jazz show, drew cartoons and painted, he wrote plays, owned a sports car and had many *'interesting'* girlfriends. He opposed the Vietnam War, but didn't join any political group or identify with the larger movement as such.

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During his student years in the 1960s, there was a strong anti-psychiatry movement that critiqued professionals' tendency to pathologise people and give *'heavy-duty'* diagnoses; a *'We-know-what's good-for-you'* view of *'Saving the great unwashed.'*

John revelled in the social, political and humanitarian critique that was taking place. *This critique took the view that the overall mental health model that existed then was about getting everybody to conform to and toe society's line. I really took those to heart and it appealed to my delinquent side actually; I held it most precious.* All this was a stimulus to finding whole new ways of conceptualising people's health and well-being.

John returned with Barbara to New Zealand in 1972, to teach behavioural science to medical students at Auckland University. Since then he has been at the forefront of change in the practice of psychology and psychiatry, and has seen fundamental changes in theoretical thinking and practice.

John continued to work as a clinical psychologist, while questioning the practice of one-to-one client therapy. He began to focus his work more on the power of the group and community and looked into the broader benefits that a psychological approach could bring to people in a wider organisational and community framework, especially the idea that the unique skills of psychologists could be used to benefit the whole of society.

By the 1970s, clinical psychology was seen by some as a largely middle-class exercise that didn't address the contextual issues relating to people's mental well-being. *The middle-class are not the only ones to have daily stresses and existential mental health issues. Indeed, it's the more dispossessed and disempowered in society who suffer most. I really took that kind of thinking on board and decided that I didn't want to be a clinical psychologist any more.*

John began to look at the connections between skills-based therapy and self-empowerment and self-determination. This included interpersonal relationships and social support for people with mental health issues, including those with the most serious diagnoses like schizophrenia. It meant looking at a skills-and learning-based group approach directed to those who might have had drug treatment to deal with the acute part of their disorder, but continued to be ill-equipped to deal fully with everyday life in the community. In 1972 John devised New Zealand's first assertiveness training programme with groups at Ward 10 of Auckland Hospital (then the main psychiatric facility in a general hospital). *It was a real hit!*

This work broadened into many different areas of group life-skills learning in a psychiatric setting. John saw that the benefits of group work included sharing life experiences, peer support, and encouraging people not to passively accept therapy. The therapist acted as a facilitator thus reducing the *'power over'* relationship with the client. John found useful the work of Albert Ellis, a Jewish psychologist working in New York City, who emphasised the power of humour in therapy. Ellis talked of looking at one's flawed thinking about life and oneself, introducing a new *'folksy'* vocabulary into psychiatry. *His view was that people's unhappiness, neurosis, and anxiety mainly came out of their own overly high expectations and their own self-perfectionism; i.e. setting impossible goals for themselves.* Ellis wrote about ways in which people '*catastrophise*' or exaggerate their negative experiences, so making themselves feel even worse. For example, *I'll die if I don't pass that exam.* John found that the use of such tactics could reduce even weeks of therapy to perhaps one or two sessions. Today, Ellis's work has largely been absorbed into what is now called Cognitive Behaviour Therapy.

Another powerful influence was the work of Albert Bandura and his concept of learning through imitation of others, or modelling. John went one step further, and devised a method

called 'self-modelling'. He took a video camera into group sessions on Ward 10. People would role-play different social situations, such as conversing with someone at a meal table (which some people with long-term mental illness found hard to do). Repeated filming and positive feedback would have the group chattering away in no time, showing the amazing power of a simple technology like this that drew on people's own resourcefulness. People found they actually had the capacity, they just didn't know it. John began to think that this kind of therapy would be much better done in the community, close to where people lived, in their own unique domestic and cultural contexts.

In 1973, he devised a new programme called Community Push, again on Ward 10. Patients set life goals with a mentor, usually a staff member who would oversee their personal programme, then joined activities designed to deal with those goals; for example, communication skills, parenting and job interview skills. These were people passing through the hospital and then having to go back out into real life. *I realised that most people (in Ward 10) had deep real life existential issues. The reason for their being there was often to do with family, job, money, relationship, sexual issues—all sorts. Or a combination of these.* This kind of approach illustrated that the key element here was empowerment.

> The middle-class are not the only ones to have daily stresses and existential mental health issues.

Empowerment is about people getting better on their own terms, getting more confident—feeling their power and well-being that comes from their own learning, effort and sense of control.

John realised that Community Push provided a model that could go beyond its application to individuals on psychiatric wards and benefit the lives of many others in the community. He had read about community group programmes established in Harlem, New York, where neighbourhood centres were focal points for innovative community mental health and well-being programmes, with local residents as the primary facilitators. *I really liked the sound of that and again empowerment was the central theme, plus encouraging maximum participation by people in their communities.*

Fraser MacDonald, a psychiatrist at Carrington Hospital, had coined the phrase 'suburban neurosis.' Fraser argued that the real issues were in new neighbourhoods, where there were lots of new families, and few social services. This seemed like the ideal kind of community to look for, and John and his colleagues Fred Seymour and Bev Barron settled on Birkdale which, together with Beach Haven, was at that time the fastest growing new suburb in Auckland. Half the population were young children, and there were almost no social services. One social worker described it at the time as a social volcano waiting to explode. There were no services to speak of. People had to travel to Takapuna to go to Department of Social Welfare and other services. *It was totally hopeless!* says John.

Initially the team of three thought that what the community needed was a one-stop shop for community services. *So we went off down that track initially and we called it the Birkdale Project. Then we found we were going completely down the wrong track, because people would say to us... Okay you're a bunch of psychologists, and if you try to get people along they'll just think, Oh, that's a loony bin and no one will want to be involved with it. The local people will just say that those participating are all a bunch of nutters.* It was during this time of re-evaluation that John learnt more about how to engage with people at the grassroots, in particular listening to what the community was saying, and being guided by what the community themselves said were their priorities.

The first local steering group for the project met regularly at Birkdale College in Principal Brian Gerrard's office to plan the

community project, and how to best foster community participation. It was decided that what was needed was an accessible and welcoming community focus—somewhere like a home.

Initially, John says, I used the term a *'mini marae'*, a place where people all want to come to and are attracted to it, and then the term community house was suggested, and immediately that felt exactly right. It was agreed that such a place had to be located at the psychological heart of the community, and on good transport routes. After a meeting one night, John and his colleagues walked out of the college and right next door on Birkdale Rd, they noticed an old villa that looked perfect. We said, *That's it! We want that place!* It turned out that the tenants were leaving, and that it could be rented from the local Anglican Church. This became the first community house on the North Shore, also the first in New Zealand. It opened its doors in 1974.

John's model of capacity building developed originally for individuals was now applied to the communities of Birkdale and Beach Haven. The aim was to engage everyone in the community, and to focus on a model of community well-being, rather than a deficit model of illness and social problems. The wellness model, was based on the idea that suitable positive activities could enhance

John outside Birkdale Community House, 1974

the well-being of all in a community, whatever their social or economic circumstances. Systems were in place to refer people to services outside the community house where needed.

At the heart of the programme was a comprehensive needs assessment of what the whole community wanted for itself. The first survey was undertaken by Fred Seymour as a PhD project, using local volunteers as the surveyors of a randomly sample. Local leaders reported progress to weekly committee meetings. In the first year these goals included: running community crèches in conjunction with the college, who would put all students through the crèches to learn about human development; a survey of older people; and life skills programmes, such as weight control and stress management. The whole kaupapa of the programme was to build a happy cohesive community with well-being and health outcomes as the measure of that success.

In 1975, the joint population of Birkdale and Beach Haven was 14,000. After the first five years of operation, an astonishing 10,000 people were participating in the project annually. In addition, there were over 300 local people with leadership roles in the project, some paid, some volunteers. Evaluation was a valued aspect of the project, and all the measures showed high community satisfaction, strengthened community, and improved well-being.

In 1979, Jim McClay (local MP and Minister of Justice) described the Birkdale and Beach Haven Community Project (BBCP) as the best community project in New Zealand. Around then, Birkenhead was rated in a poll run by the *Auckland Star* newspaper as one of the two most liked communities in Auckland (alongside St Heliers). Other community houses sprouted up in Auckland and around the country, and there are still over 200 throughout New Zealand. The BBCP runs two community houses, the original one in Birkdale and another in Beach Haven. A statement on its website says: *We recognise that our founding principles and purpose as defined in our constitution in 1975 still has powerful relevance to our work nearly forty years later. This tells us that those who founded the Project knew about building community, serving community and supporting community ownership.*[1]

By the 1980s, John and his two young children were living in Devonport. Along with Wendy Hollyer and Warwick Blackburn, he was instrumental in establishing the Devonport Community House which initially ran along similar lines to the BBCP. After this, John spent time working in Northland to see if the community house model could be applied in a

more rural and Māori context. Three houses were established successfully in Moerewa, Kawakawa and Onerahi. By this time, the concept of community health promotion had emerged from Canada. John seized on the idea as relevant to this work and to the medical students he was teaching. He was the first to teach health promotion in a New Zealand university. At this time he also met Ron Draper, then head of the Health Promotion Directorate in Health, Ottawa, Canada. Ron had been brought to New Zealand to consult with the experimental Northland Area Health Board. Ron gave John copies of his 1974 report *A New Perspective on the Health of Canadians* (the Lalonde Report).[2] This document is credited with inventing the modern concept of health promotion.

Due for a sabbatical in 1986, John arranged to go to Ottawa to be part of Ron's 100-strong Directorate of Health Promotion team. The team was working on a document that changed the face of health promotion internationally, the Ottawa Charter for Health Promotion, and John got drawn into that exciting process. Despite having to return to New Zealand because of his parents' failing health, John received an invitation from the New Zealand Ministry of Health to be one of the two delegates to the World Health Organization conference in Ottawa. (The other was Larry Peters, then CEO of the Health Promotion Forum.)

The conference lasted three days, and was a spectacular event, with delegates from all over the world. Nevertheless, the process itself was very unhealthy. There was a lot of argy bargy about it. People got very upset about the process. John remembers scribbling a sentence on the back of an envelope and handing it in, not knowing if his words would be considered or not. On the last day of the conference the Charter was presented back to conference attendees, and John's sentence had made it in! It features in the Community Action section, and says: At the heart of this process is the empowerment of communities—their ownership and control of their own endeavours and destinies.

Ever since, the Ottawa Charter has guided the field of health promotion internationally. In New Zealand it has become the most utilised tool in health promotion alongside the Treaty of Waitangi. Until that time health promotion was largely about changing people's lifestyles: eating better, driving safer, having safe sex, not smoking and so on. But the Ottawa Charter put the wider socio-political determinants of health modelling on the map. It turned the emphasis from people's behaviour to policy, to changing society so that people and communities can more easily live healthy lives. *My theme in health promotion has always been empowerment: people first; people driven; strength building; that sort of thing. In fact the only time the word 'empowerment' appears in the Ottawa Charter was my doing!*

The Ottawa Charter put the wider socio-political determinants of health modelling on the map.

An attempt in 2004 to update the Ottawa Charter with the Bangkok Charter for Health Promotion which focusses on the 21st century realities of global trade, inequity and global warming, and puts much more emphasis on areas like culture, gender, inequity, corporate interests and spirituality has, for a variety of political reasons, so far failed to 'fly'.

After the 1986 conference, John came home *'all fired up'* with redoubled enthusiasm for his work in community. He and Larry Peters then *'trotted'* around the country talking to community groups about the Ottawa Charter and how its principles could be implemented at the grassroots. Others involved in community development at the time, such as Joan Lardner-Rivlin and Glennys Adams, had already set up a community-based centre with a self-help approach to recovery from mental illness. This was another style of community house, primarily for those in

the community wanting to improve their mental health. Conceptualised as a resource centre, it was run under the auspices of a new organisation—the North Shore Community Health Network (NSCHN).

On behalf of the executive committee, Joan wrote to John while he was still in Canada to ask if he would approve of the house being named 'Raeburn House'. I thought, *Oh wow! Sure, why not? I didn't really give it much thought.* On his return he became an advisor to the committee, working with managers including Linda Marsh, and in later years, Carol Ryan. Today he remains a patron. *It's lovely—but you really should be dead to have a building named after you.*

In the 1990s, John was chair of the Mental Health Foundation and wrote (as far as he knows) the world's first academic paper on a topic for which he coined the name 'mental health promotion'. This has since become an established field, and John collaborated with Irving Rootman from the University of Toronto, Canada, to write People-Centred Health Promotion, which was published in 1998.[3]

People-Centred Health Promotion made the case that people need to be the central focus of health promotion. Ultimately, says John, *It's the empowerment of people and their communities in conjunction with good policy that will determine their health and well-being.*

In the 2000s, John introduced two topics, Mental Health Development, and Spirituality and Health, to his university programme of graduate teaching. He became the first Director of Public Health at the Problem Gambling Foundation, which enabled him to bring his health promotion and community principles to an entirely new health area.

In 2006, he retired from the University of Auckland, and took up an Adjunct Professorship at the Akoranga campus of Auckland University of Technology (AUT). Around the same time, he was also awarded a Queens Service Order (QSO) for contributions to the community. Today, most of John's time is divided between writing a book on twenty first century spirituality, spending time with grandchildren and enjoying the outdoors with his partner, Mary, but he's still playing with new well-being projects. One is a community approach called 'Super Ageing'. *It's about setting up a whole new community approach and getting 'oldies' engaged in changing society.* Another is an international project involving the journal *The Lancet,* writing with friend and colleague Robert Beaglehole on the subject of planetary health. Needless to say, John has been insistent on the inclusion of a strong community perspective.

In September 2015 he was named Public Health Champion for the year by the Public Health Association. The award recognises his academic career, published work, and his tireless efforts to be an innovative health promoter.

John maintains contact with the BBCP, AUT and Raeburn House. He has left a great legacy to community development and remains very enamoured of the concept of health promotion through community development practices that *engage the community and are driven by needs assessment, community self-determination and empowerment. The village mentality, the connectedness at the local level, is an incredibly powerful determinant, greatly underrated by people in public health, so that's always been my area of passion.*

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1 http://www.birkdalebeachhaven.org.nz/#!the-project/c1qyb)

2 A new perspective on the health of Canadians, (Ottawa,1974), by Marc Lalonde, Minister of National Health and Welfare, Canada, Government. Re-published 1981. ISBN: 0-662-50019-9

3 People-Centred Health Promotion, by John Raeburn and Irving Rootman.Published John Wiley & Sons Ltd, 1998.


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