**Stimulating community action for suicide prevention: Findings on the effectiveness of the
Australian R U OK? campaign**

Katherine Mok¹, Robert Donovan², Barbara Hocking³, Brendan Maher⁴, Rebecca Lewis⁵, Jane Pirkis¹

Corresponding author

Katherine Mok

Centre for Mental Health

Melbourne School of Population and Global Health

Level 3, 207 Bouverie Street

The University of Melbourne

VIC, Australia, 3053

Phone: +61 3 8344 9353; Fax: +61 3 9349 5815; Email: kmok@student.unimelb.edu.au

¹ Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne

² Faculty of Health Sciences, Curtin University

³ Mental Health and Suicide Prevention Consultant, Non-executive Director R U OK?

⁴ General Manager R U OK?

⁵ Campaign Director R U OK?

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Abstract

R U OK? is an Australian-based organisation that aims to prevent suicide by empowering and encouraging community members to have regular, meaningful conversations with those around them by asking, ‘Are you ok?’ One of the organisation’s main activities is ‘R U OK? Day’, a national day of action held in Australia every year to remind people of the importance of connecting with and supporting those around them who may be troubled.

This paper examines data from annual Australia-wide population surveys evaluating the effectiveness of the R U OK? campaign. In 2014, approximately two-thirds of participants reported being aware of R U OK?, with one in five of these participating in R U OK? Day activities. Overall, people believe that the R U OK? campaign has a positive impact on people’s willingness to talk to others about their problems and seek professional help, and in reducing the stigma associated with help-seeking. .

Keywords

Suicide; R U OK; suicide prevention; social connectedness; community support

Introduction

Globally, an estimated 800,000 people die by suicide per year and many more attempt suicide. It is a major public health problem that has negative social, economic and psychological impacts on both individuals and communities (World Health Organization, 2014). Suicide is often the result of a complex interaction of personal, societal, environmental and psychological risk factors (D. M. Fergusson, Woodward, & Horwood, 2000), and consequently, a wide variety of strategies have been developed with the aim of preventing suicide.

In their 2014 suicide prevention report, the World Health Organisation argued for the importance of the role of the community in suicide prevention (World Health Organization, 2014). A number of existing strategies have attempted to strengthen the general community's capacity to identify and support at-risk individuals, whether through formal training programs (e.g. gatekeeper) or through public awareness and education campaigns. Community-based suicide-prevention programs have been found to have a positive effect on public knowledge and attitudes towards suicide (Bean & Baber, 2011; Walker et al., 2008; World Health Organization, 2014; York et al., 2013). For example, Bean and Baber (2011) evaluated a community-based youth suicide prevention program, 'Connect', and found a number of positive changes from pre-test to post-test immediately after training sessions. The program included training designed for all members of the community, training for specific disciplines (e.g. law enforcement, educators), and protocols aimed at raising awareness of risk factors and preparing people to appropriately connect with at-risk youths. There was a significant increase in knowledge about youth suicide, preparedness to help, belief in the usefulness of mental health care, and sense of responsibility to help. There was also a significant decrease in stigma associated with youth suicide prevention and help-seeking.

Involvement of the wider community in suicide prevention efforts is particularly important, given that people experiencing suicidal thoughts are among the least likely to seek help for their problems (Deane, Wilson, & Ciarrochi, 2001). When these individuals do seek help, they prefer to do so through informal sources, such as friends and family, rather than from mental health professionals (Gould, Munfakh, Lubell, Kleinman, & Parker, 2002). Indeed, increasing social connectedness can be an important factor in protecting people at risk for suicide (World Health Organization, 2014). In Thomas Joiner's interpersonal theory of suicide, social connectedness was described as one of the two interpersonal needs that, when unmet, lead to a desire for suicide. Specifically, the desire for suicide manifests when both thwarted belongingness (lack of social connectedness or unmet need to belong) and perceived burdensomeness (unmet need for social competence) are present (Van Orden, Cukrowicz, Witte, & Joiner Jr, 2012). These two constructs are embodied in the 'belong' and 'commit' domains of the community-based Act-Belong-Commit mental health promotion campaign, which incorporates a primary prevention approach to suicide prevention (Donovan & Anwar-McHenry, 2014). These constructs also played a major role in the specifically targeted, community-based suicide prevention intervention in Akita prefecture in Japan, which halved the suicide rate in intervention towns over a five-year period (Motohashi, Kaneko, Sasaki & Yamaji, 2007).

Studies have found that individual constructs in Joiner's theory or interactions between these constructs significantly predict suicidal thoughts and behaviours (Christensen, Batterham, Soubelet, & Mackinnon, 2013; Joiner Jr et al., 2009; Ribeiro & Joiner, 2009). Social isolation, in particular, is one of the strongest predictors (Van Orden et al., 2010). Evidence that various indices relating to social isolation and social connectedness (e.g. loneliness, social withdrawal, living alone, lack of social support and interpersonal conflict) significantly predict suicidal

thoughts and behaviours further support Joiner's interpersonal theory of suicide (Van Orden et al., 2010; You, Van Orden, & Conner, 2011).

R U OK? is a universal primary suicide prevention strategy that is underpinned by Joiner's interpersonal theory of suicide, particularly the role of thwarted belongingness in suicidal behaviour. Inspired by advertising executive Gavin Larkin's burning passion to protect others from experiencing the pain that he endured after his own father's suicide death, it was launched in Australia in 2009. With the support of some of Australia's most respected advertising creatives and business leaders, it aims to prevent suicide by strengthening community connectedness and individuals' sense of belonging. R U OK? encourages people to be aware of those who may be troubled and to check on these individuals by having regular, meaningful conversations, starting with asking 'Are you ok?' People are advised to ask; listen without judgement; encourage the person to take action, such as seeing a professional; and to follow up with the person.

An R U OK? Day is held annually to remind people to connect with and offer support to those around them. The day is promoted through media, pro bono advertising, and a digital strategy that helps people to understand how to connect with someone who might be struggling. Since its launch at Australian Parliament House in 2009 as an annual national day of action, R U OK? has expanded its activities to promote its message throughout the year. These activities include providing resources and tips for connecting with someone in different settings, such as the classroom and the workplace.

The organisation outlines its three main strategic goals as: (1) proving the value of meaningful conversations in helping someone who is struggling and building people's capacity

to meaningfully connect with those around them; (2) getting people to commit to having these conversations; and (3) inspiring people to actually have these conversations on a regular basis. These strategic priorities are intended to inspire and empower people to regularly and meaningfully connect, thereby helping to create a community where people are connected and protected from suicide. The present paper aims to examine the effectiveness of the R U OK? campaign. Specifically, this paper will investigate the Australian public's level of awareness of R U OK?, their participation in R U OK? Day activities, and their perceptions of the value and impact of R U OK?.

Method

Since the launch of R U OK? Day in 2009, annual surveys have been conducted across Australia to evaluate the effectiveness of the campaign. These surveys have been conducted through online survey companies' databases in the weeks following R U OK? Day. In some years, where funding was available, surveys were also conducted in the weeks prior to R U OK? Day and before general media activity and promotion had commenced. Participants were recruited online and samples were weighted by age, gender and geographical location to ensure that they were representative of the Australian general population.

Survey content differed across years, given the continuing development of R U OK?'s activities and goals. There were also variations in the questions used to assess similar constructs. Hence this paper focuses primarily on the data from the 2014 post-campaign survey. However, where appropriate, reference is also made to data from earlier years. For the 2014 post-campaign survey, data were collected between 15th September and 24th September 2014.

Results

In total, 2000 participants completed the 2014 post-campaign survey. The demographic breakdown of the sample by gender, age, and geographical location is shown in Table 1.

Table 1. Overall demographics.

Variable		N	% of total sample
Gender			
	Female	1013	50.6
	Male	987	49.4
Age			
	16-24	330	16.5
	25-34	342	17.1
	35-44	353	17.7
	45-54	340	17.0
	55-65	288	14.4
	65+	347	17.3
Geographical location			
	Metropolitan areas	1280	64.0
	Non-metropolitan areas	720	36.0

Awareness and understanding of R U OK?/R U OK? Day

Participants were provided with a list of 17 mental health and community organisations, including R U OK?, and asked, ‘Which of the following organisations or initiatives had you heard of before today?’ For the organisations that they were aware of, participants were then asked which they associated with ‘encouraging people to talk about things that are troubling

them', and which they associated with 'suicide prevention'. Those who did not select R U OK? as an organisation that they had heard of were asked whether they had ever heard of R U OK? Day. Participants who were aware of either R U OK? or R U OK? Day were also asked to write, in their own words, what they thought R U OK? Day was about.

Just over half of the total sample (55.4%) reported having heard of R U OK? in the list of organisations. Of the 892 participants who did not select R U OK? as an organisation with which they were familiar, 23.0% reported that they had heard of R U OK? Day, leading to a total level of awareness of almost two-thirds among the entire sample. This represents a substantial increase from 28.0% awareness for R U OK? Day in 2010. Table 2 shows the proportion of participants in each demographic group aware of R U OK? or R U OK? Day.

Table 2. Awareness of R U OK? or R U OK? Day by gender, age and geographical location.

Variable	N (%) aware of RUOK? or R U OK? Day	
Gender		
	Female	731 (72.2%)
	Male	582 (59.0%)
Age		
	16-24	255 (77.3%)
	25-34	232 (67.8%)
	35-44	225 (63.7%)
	45-54	222 (65.3%)
	55-65	196 (68.1%)
	65+	183 (52.7%)
Geographical location		
	Metropolitan areas	830 (64.8%)
	Non-metropolitan areas	483 (67.1%)
Total		1313 (65.6%)

Note. *n* = 2000

Table 2 shows a higher proportion of females aware of the campaign compared to males, and higher awareness among younger age groups compared to older age groups. These findings are consistent with findings in previous years. There was no difference in overall awareness for metropolitan versus non-metropolitan participants. Of those who selected R U OK? as an organisation they had heard of, 81.7% associated R U OK? with encouraging people to talk about things that are troubling them and 58.8% associated R U OK? with suicide prevention. Participants' responses to the question, 'What do you think R U OK? Day is about?' were coded into themes, with the most common relating to 'asking someone if they are ok' (50.6%), followed by 'making sure that people around you are ok' (21.8%), and 'talking to or helping

someone who is not doing well mentally' (15.0%). Only 5.6% of aware participants were unsure of R U OK? Day's purpose. Additionally, more participants were aware that R U OK? is a part of a set of activities all year round (43.8%) rather than just a one-off annual event (35.0%) (21.2% did not know). Overall, the above findings indicate a good understanding among the vast majority of aware participants of the purpose of R U OK?

Participation in R U OK? Day

Individuals aware of R U OK? or R U OK? Day were asked whether they had done anything or participated in any activities as part of R U OK Day in 2014. If they responded 'yes', they were presented with a list of activities and asked which they had done. Overall, 19.0% of aware individuals reported doing something as part of R U OK? Day. Table 3 shows that rates of participation were similar between males and females, and between metropolitan and non-metropolitan areas. However, as with awareness, participation was higher in younger age groups than lower age groups, particularly individuals aged 65 and over.

Table 3. Participation in R U OK? Day 2014 among aware individuals by gender, age and geographical location.

Variable	Participation in RUOK? Day 2014
Gender	
Female	144 (19.7%)
Male	106 (18.2%)
Age	
16-24	67 (26.3%)
25-34	67 (28.9%)
35-44	33 (14.7%)
45-54	35 (15.8%)
55-65	34 (17.3%)
65+	14 (7.7%)
Geographical location	
Metropolitan areas	167 (20.1%)
Non-metropolitan areas	83 (17.2%)
Overall	250 (19.0%)

Note. $n = 1313$

Compared to previous years, overall participation amongst those aware has appeared to decrease. While this may be expected to occur as a campaign becomes more widely known beyond specific interest groups into the general population, it may also be due to changes in the measurement of participation. Prior to 2013, participation was assessed by presenting respondents with a list of activities and asking which they had done on R U OK? Day. In the 2013 and 2014 surveys, participants were first asked: ‘Did you do anything or participate in any

activities as part of R U OK? Day?', and only those who answered 'yes' were then provided with a list of activities and asked which they participated in.

In 2014, the types of activities provided described a variety of ways in which to ask others if they were ok. The most common types of participation were:

- asking if others were ok face-to-face (56.4%)
- asking if others were ok via online messaging (22.4%)
- asking if others were ok using SMS messaging (21.2%)
- asking if others were ok through telephone (17.6%)
- asking if others were ok on email (11.6%),

Twenty three participants (9.2%) reported that they did not participate in any of the listed activities.

Perceptions of the value of R U OK?

Participants who were aware of R U OK? or R U OK? Day were asked to rate the importance of the work done by R U OK? compared to other charities and community organisations and to rate the credibility (on a 10 point scale) of statements made by R U OK? about the benefits of talking to others about their troubles. Almost two thirds of aware participants felt that the work done by R U OK? was equally important to the work done by other charities or community organisations (64.3%), with a further 10.0% stating 'more' important, and 7.9% stating 'much more' important. With respect to credibility, participants gave a mean rating score of 7.23 ($SD = 1.91$), indicating that the vast majority view R U OK? as a credible organisation.

Respondents were also presented with a number of bipolar attributes and asked which they associated more with R U OK? The attributes and results were as follows:

- compassionate 74.9% (uncaring 12.1%, neither 12.9%)
- very well-known 44.8% (not well known 30.8%, neither 24.4%)
- relevant 72.8% (irrelevant 14.4%, neither 12.9%)
- trustworthy 69.4% (untrustworthy 12.8%, neither 17.9%)

Perceived impact of R U OK? campaign

Participants were asked whether the campaign had made people more or less willing (or made no difference) to talk with others about what is troubling them, to ask their friends about their troubles, and to seek professional help. They were also asked whether the campaign had reduced, increased or made no difference to stigma around seeking professional help. The results are shown in Table 4.

Table 4. Perceived impact of R U OK? among aware individuals

Variable	Response options	N (%)
Willingness to ask friends about what is troubling them	More willing	757 (57.7%)
	No difference	266 (20.3%)
	Less willing	15 (1.1%)
	Don't know/can't say	275 (20.9%)
Willingness to tell friends about what is troubling them	More willing	618 (47.1%)
	No difference	334 (25.4%)
	Less willing	15 (1.1%)
	Don't know/can't say	346 (26.4%)
Willingness to seek professional help	More willing	538 (41.0%)
	No difference	320 (24.4%)
	Less willing	22 (1.7%)
	Don't know/can't say	433 (33.0%)
Stigma associated with help-seeking	Reduced stigma	680 (51.8%)
	No difference	299 (22.8%)
	Increased stigma	37 (2.8%)
	Don't know/can't say	297 (22.6%)

Note. *n* = 1313

In terms of the perceived impact of R U OK?, the majority of those aware believed that R U OK? Day had made people more willing to ask their friends about what's troubling them, and almost half believed that R U OK? Day had made people more willing to tell their friends about what's troubling them if asked. Participants were also more likely to believe that the R U OK? campaign made people more willing to seek professional help for things troubling them, and that it reduced stigma associated with seeking professional help.

Negative unintended effects were very low, with a minority of participants believing that the campaign made people *less* willing to ask their friends about what's troubling them, that it made them *less* willing to talk to their friends about their troubles, that it made people *less* willing to seek professional help, and that it *increased* the stigma associated with professional help-seeking. When asked whether they approved or disapproved of campaigns 'like R U OK? where people are encouraged to talk to each other about what is troubling them', 82% either strongly approved (35.7%) or approved (46.5%) of such campaigns. Participants were more likely to have no feelings either way (3.9%) than to disapprove (2.8%).

Discussion

The present paper has primarily examined data from the 2014 R U OK? annual survey, presenting findings on the Australian public's awareness and understanding of R U OK?, their participation in R U OK? Day activities, their perceptions of the value of the campaign, and the perceived impact of the campaign. Awareness of the campaign has increased markedly over the past five years to about two thirds of the general population. This reflects the effectiveness of R U OK?'s marketing campaign, which has largely used community-based activities, publicity and social media, with only very limited mass media advertising.

However, as in previous years, males and older individuals showed lower levels of awareness than females and younger participants. This suggests that future campaign activities could make more efforts to target these specific groups, particularly as different groups may have different needs. For example, men have shown lower levels of help-seeking for both mental and physical illnesses (Galdas, Cheater, & Marshall, 2005). Comparisons between metropolitan and non-metropolitan areas showed that awareness of R U OK? was, in some cases, slightly higher in

non-metropolitan areas. Given that rates of suicide have been found to be significantly higher in regional areas, particularly among males (Caldwell, Jorm, & Dear, 2004; Judd, Cooper, Fraser, & Davis, 2006; Wilkinson & Gunnell, 2000), this is a positive finding.

The vast majority of participants who had heard of R U OK? associated the campaign correctly with talking with others about what is troubling them, and a majority associated the campaign with suicide prevention. The latter finding is particularly encouraging as it provides the underlying rationale for the campaign. Of note is that this association was only slightly less than for long established organisations in the suicide prevention area. There is also awareness that R U OK? is more than an annual event, which will facilitate R U OK?'s ongoing community activities. Additionally, when asked to write down the purpose of R U OK? Day in their own words, almost all of the responses referred to connecting with and supporting others.

Rates of participation amongst those aware in 2014 appeared to decrease compared to previous years. However, this finding could have been due to differences in the way that the question was asked. In 2012, aware individuals were presented with a list of a wide variety of activities and asked which they had done. This would have served to remind or even prime participants with respect to things they had done. In 2014, survey respondents were required to provide a 'yes' or 'no' response to a question asking whether they did anything to participate before being shown a list of ways they could have participated. Interestingly, in this so-called 'digital era', the most frequently used mode to ask whether someone was ok was face-to-face. No clear trends in participation emerged with regards to different socio-demographic groups, with the exception of those aged 65+ who reported the lowest levels of participation compared to other age groups. One potential factor could be that lower rates of Internet use among older

individuals (Zickuhr & Madden, 2012) limit not only their exposure to R U OK?'s marketing attempts but also the possible ways in which to ask others if they are ok.

Individuals generally had positive perceptions of the work done by R U OK? and the population-wide impact of the campaign. Most felt that the R U OK? campaign made people more willing to talk to others about things troubling them and more willing to seek professional help. Significantly given that delay in help-seeking can be followed by escalation of problems and tragic outcomes, the campaign is seen to be helping to reduce the stigma associated with professional help-seeking.

There were some limitations present in the surveys. Participants were selected through online panels and therefore may not have been representative of the Australian general population, particularly those who lack Internet access. Future surveys could also include stigma measures so as to assess the extent of the campaign in that area.

Conclusions

These findings demonstrate R U OK?'s success in promoting and engaging people in its message. Awareness has steadily increased over the past five years and the majority of people who reported participating in R U OK? Day in 2014 did so by asking others if they were ok. Furthermore, aware respondents reported positive perceptions of the work done by R U OK?. However, more work could be done to target males and older individuals, and to increase levels of participation among all individuals. Examining other outcomes, such as knowledge and attitudes, and exploring the experiences of individuals who were asked about being ok can also further demonstrate the usefulness and value of R U OK?.

Given existing evidence for the role of social connectedness and social support in protecting at-risk individuals, as well as findings that people experiencing suicidal thoughts are more likely to seek help from friends or family or not seek help at all, community involvement in suicide prevention is particularly important. R U OK?'s aims of promoting conversations between individuals and awareness of the mental health of others appears to be contributing to a greater willingness amongst individuals to talk about their troubles with others and a greater willingness to seek professional help, including by reducing the stigma associated with seeking help. Overall, these findings suggest that R U OK? is a promising suicide prevention strategy.

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Author/s:

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