R U OK? Submission to Productivity Commission

Inquiry into Mental Health

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Overview

R U OK? has been operating for 10 years in Australia, as a public health promotion for suicide prevention oriented towards encouraging ordinary people to take a greater interest in those around them and to engage in regular, meaningful conversations if they notice someone is troubled and facing personal difficulties. That conversation starts with the question, “Are you OK?”

The campaign has grown and developed extensively over the decade in Australia and is now seeing international adoption of its messages and principles. Currently, R U OK? is viewed by the Australian population amongst the five most recognisable organisations contributing to suicide prevention.[1] The broad support for R U OK? across rural, remote, regional and metropolitan communities in Australia provides a vital awareness raising and community engagement presence to underpin other efforts for suicide prevention – with a related benefit to improvements in the mental wellbeing of people.

In many respects, R U OK? performs a unique role in the make-up of mental health and suicide prevention strategies in Australia: it operates as a universal (whole of population) program, with strong linkages into the private sector and communities. It facilitates and builds pathways and partnerships with others: it is not a service provider itself, but it motivates and enables people in need of support to seek help and approach services where appropriate. Moreover, R U OK? helps build the capacity of people from all backgrounds to perform a role in providing support for others – potentially preventing escalations of issues.

Relevance to Productivity Commission Inquiry

In examining mental health and suicide prevention policy and program responses in Australia, the Productivity Commission should consider the role of public awareness campaigns and community mental health promotion campaigns for the application to positive population outcomes.

Given that there is a broad acceptance from the World Health Organisation through to regional initiatives in Australia of the potential benefits from these campaigns, the question for the Productivity Commission Inquiry should be how to maximise the utilisation of them in the context of a comprehensive set of reforms in Australia.

The objectives of the Productivity Commission Inquiry regarding economic and social participation may be pursued through an examination of the potential contribution campaigns can make in this regard. Participation can be facilitated through campaigns that have a whole of population or whole of target audience approach because of the active call for involvement and inclusion that they foster. Of their nature, they are mechanisms to boost individual participation.

[1] Colmar Brunton 2018 R U OK? Quarterly Tracker survey results report.

Community Health Promotion and Awareness Campaigns

Community health promotion and awareness campaigns have a recognised place in public health strategies as mechanisms through which to address whole of population health issues and to promote behavioural changes that address health risks or facilitate positive health improvements. In Australia, community health promotion and awareness campaigns have been used for the reduction of smoking, prevention of HIV-AIDS, and breast screening or prostrate examinations for cancer, amongst many issues that require a wide distribution of information and the use of 'social marketing' techniques to prompt behavioural responses.

These campaigns are viewed as supplements to health services and specialist health programs. They operate to increase health consumer engagement in the importance of specific health issues, and typically then seek to increase consumer literacy about health services and programs to achieve anticipated benefits in consumer use of those services and programs. Sometimes, these campaigns address health inequities across the population by promoting health issues and services to priority audiences. Recent campaigns on smoking that target Aboriginal and Torres Strait Islander peoples are an example of this.

In the wider health policy and program setting in Australia, there is a long-standing acceptance of the place and potential effectiveness of community health promotion and awareness campaigns.

Mental Health Promotion and Prevention

In mental health, the acceptance and use of these campaigns is less established. Internationally, the case for mental health promotion and prevention is articulated in the World Health Organisation (WHO) Ottawa Charter in 1986 and the Jakarta Declaration in 1997. Relatedly, in 2002 the WHO released a research and evidence guide on Prevention and Promotion in Mental Health and has since then urged member countries to invest in these aspects. Two key reasons reinforce the importance of community health outreach and health consumer engagement:

a) Influences on mental health occur in the events and settings of everyday life so attention to the social and community context that affect the individual's mental health will be relevant;

b) Mental ill health arises from a complex combination of biological, individual-psychological and social elements, meaning attention to the interplay between the individual and the environment is critical for good mental health outcomes.

In Australia, the Commonwealth Department of Health released a major statement on mental health promotion, prevention and early intervention in 1997, drawing together the evidence and the policy implications for additional investment in these areas for population wide improvements in mental health. The National Mental Health Policy and the various National Mental Health Plans for Australia have

consistently recognised the importance of promotion, prevention and early intervention as priorities in policy, budget allocations and program development. Australia has pursued innovation through Beyondblue as a national initiative and campaigns such as Act Beyond Commit in Western Australia.

Suicide Prevention Campaigns

In suicide prevention, the acceptance of the need for and effectiveness of population wide promotion and awareness campaigns has been less established until relatively recently. The systematic review of effective suicide prevention strategies undertaken by Mann et al (2005)[2] stated that there was insufficient evidence to support these campaigns for suicide prevention, but noted it was virtually impossible to establish evidence on a conventional trial basis given the universal nature of campaigns in reaching the whole population. It should be noted that this review was an attempt to establish the effectiveness of particular 'interventions' for suicide prevention without placing any of the interventions into a context or a wider strategic setting.

More recently, two Australian systematic reviews published in 2017 present the background on research evidence on the use of these campaigns for suicide prevention in more optimistic way:

- Pirkis, J. et al (2017)[3]. This review found variations in the quality of research published on campaigns but noted that several examples of effective campaigns for both changing attitudes towards suicide prevention and prompting help seeking behaviour were available.

  The authors conclude: *"Our review indicates that media campaigns should be considered in the suite of interventions that might be used to prevent suicide. Evidence for their effectiveness is still amassing, but there are strong suggestions that they can achieve positive results in terms of certain suicide-related outcomes."*

- Torok, M. et al (2017)[4]. This review found that campaigns could be effective in raising awareness and knowledge of suicide prevention in universal audiences, but less evidence to show a behavioural change impact. The authors noted that those campaigns that were embedded in a multi-component suicide prevention strategy were more likely to be effective in prompting help seeking behaviour changes.

This point was explored further by Christensen, H. et al (2018)[5] in a paper published initially in the Medical Journal of Australia and later through Black Dog Institute,

[2] Mann J. J, Apter A, Bertolote J, et al. 'Suicide Prevention Strategies: A Systematic Review.' JAMA 2005. 294.
[3] Pirkis, J. et al (2017) Suicide Prevention Media Campaigns: A Systematic Literature Review. Health Communication.
[4] Torok, M. et al (2017) A Systematic Review of Mass Media Campaigns for Suicide Prevention: Understanding Their Efficacy and the Mechanisms Needed for Successful Behavioral and Literacy Change. Suicide and Life-Threatening Behavior. Vol 47 (6).
[5] https://blackdoginstitute.org.au/news/news-detail/2018/09/10/suicide-prevention-the-role-of-community-campaigns

distinguishing campaigns that had sought to engage with communities, their local organisations and services, from those that relied only on large scale media or publicity campaigns.

These authors state: *"For suicide prevention to be effective, communities (including health professionals, schools, community organisations, and frontline workers) need to be meaningfully included in the solution. Rather than viewing suicide prevention as an either/or solution, in which we focus only on community campaigns or only on health services, we need to recognise that community-based and health system strategies work hand-in-hand to create synergistic improvements. Galvanising the community as part of our suicide prevention efforts can save lives."*

Realistically, large scale communications campaigns are unlikely to have much impact on individual's suicidal behaviour in themselves, given the complicated nature of suicide. They are not in themselves likely to impact on a national or regional suicide rate. It is more useful to consider the opportunities that they raise, the limitations that they operate within and the benefits of their inclusion in a multi-faceted suicide prevention strategy.

Campaigns contribute to suicide prevention by creating community understanding and awareness, and a willingness to engage in action. They may be regarded as scaffolding which supports other more focused and specialist suicide prevention initiatives. For this reason, the WHO Report on Suicide, when putting forward a framework for national suicide prevention strategies, includes Awareness as a component: *"Establish public information campaigns to support the understanding that suicides are preventable. Increase public and professional access to information about all aspects of preventing suicidal behaviour."*[6]

In recent years, greater understanding of relevance of awareness raising and community engagement campaigns in suicide prevention has emerged through examination of one of the barriers to suicide prevention – how to identify suicidal persons especially those at imminent risk of acting to end their lives. Data from several Australian studies of coronial records via the Queensland Suicide Register and the Victorian Suicide Register, and further studies of the behaviours of suicidal persons through the Black Dog Institute have established that around half of those who attempt to end their lives do not make a disclosure of their suicidality to health services or professionals.[7] Conceivably, those who do are often forced that way because of the nature of their injuries through intentional self harm or through the interventions of others around them. A more usual line of disclosure at the time of suicide attempt or significant suicidality is towards friends and family members around the individual in distress. This means that a comprehensive approach to

[6] World Health Organisation 2014 'Preventing Suicide: A global imperative.' Pg 57.

[7] Fiona L Shand, Philip J Batterham, Jade K Y Chan, Jane Pirkis, Matthew J Spittal, Alan Woodward, Helen Christensen. Experience of Health Care Services After a Suicide Attempt: Results From An Online Survey. In: Suicide and Life Threatening Behaviour. 2018. Vol 48 (6).

suicide prevention must address the critical front line of family and social networks – that suicidal persons are often going to be noticed firstly through these networks.

Accordingly, there is a challenge to equip families, friends, social groups to be alert, motivated and prepared to engage with others about their suicidality and provide immediate responses that are appropriate, responsive and safe. This increased understanding of the dynamic of suicidal behaviour in Australia (and overseas in countries such as UK and USA) has reinforced the importance of operating suicide prevention awareness campaigns and community engagement activities at scale – as a capacity building exercise for the informal front line of disclosures/response.

Features of Effective Campaigns

From the research available, it useful to consider how campaigns can operate to maximise performance and what linkages are required for them to maximise their impact.

Examples of effective campaigns for suicide prevention have been identified, such as the following:

- Choose Life – a social marketing campaign embedded in the Scottish suicide prevention strategy; evaluation of the campaign found more than a third (39%) of those who saw the campaign stated it increased their knowledge of available services;

- "Kokoro no Bansoukou," (first-aid or plastic bandage for mental health) Campaign in Nagoya, Japan; researchers Matsubayashin, T et al (2013)[8] found: *"more frequent distribution of the campaign material is associated with a decrease in the number of suicides in the subsequent months. The campaign was estimated to have been especially effective for the male residents of the city."*

From the research studies, there appears to be several ways in which universal (whole of population or whole of a target population) campaigns may generate results that support suicide prevention:

- Awareness raising of the need to be alert to suicidal behaviour in a community, to motivate people to take a greater interest in suicide prevention as an issue and to inform themselves about what actions they could take.

- Stigma reduction through shifting attitudes away from negative or ill informed views about suicidal behaviour and in doing so create a more conducive environment through which suicidal persons may disclose their suicidality and/or seek help from others.

[8] Matsubayashi T, Ueda M, Sawada Y. 'The Effect of Public Awareness Campaigns on Suicides: Evidence from Nagoya, Japan. Journal of Affective Disorders. 2014. 152-154.

- Increase knowledge and willingness to use services and supports in help seeking, either by suicidal persons or by third-parties seeking to better assist others. In particular, the promotion of crisis support services such as helplines and online supports can occur effectively through campaigns.

- Increasing perceptions of the availability and appropriate characteristics of help for the individual who is feeling suicidal, i.e. the message that help is there and it is accessible and easy to use.

- Shift social attitudes towards factors that hinder or protect on suicidality, in effect addressing social determinants of suicide such as the levels of social connection, sense of belonging in a community.

The success factors which emerge from the research available appear to be as follows:

- Execution of the campaign through communication channels and community presence to reach the target audience.

- Quality and relevance of the communication and social marketing materials used in engaging with the target audience.

- Placement of the campaign within other activities in the community and with linkages to other services, i.e. the campaign is not a 'stand-alone activity'.

- Availability and suitability of help seeking supports including professional health services that can be utilised in association with the campaign.

- Scale of support for the messages in the campaign to be reinforced in social networks and in social outlooks, i.e. the campaign has authenticity at a social level.

Overall, it is apparent that there is a research evidence base from which campaigns for mental health promotion and prevention, and suicide prevention, can be developed and on which their effectiveness can be reviewed.

In 2016, an initial review of the effectiveness of R U OK? was undertaken using Australian researchers[9], in which it was noted:

> ***"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 among individuals to talk about their troubles with others and a greater willingness to seek professional help."***

[9] Mok K, Donovan R, Hocking B, Maher B, Lewis R, Pirkis, J. 'Stimulating Community Action for Suicide Prevention: findings on the effectiveness of the Australian R U OK? campaign. International Journal of Mental Health Promotion. 2016. 18:4.

R U OK? Evolution

In 2008, Gavin Larkin a marketing professional in Sydney, with his colleagues and film producer Janina Nearn launched the concept of R U OK? as a social marketing campaign to encourage Australians to engage in positive helping conversations with each other. The initiative was fuelled by the experience Gavin Larkin had of his father's suicide and the reflection on this that maybe more could have been done to ask his father about his wellbeing in order to facilitate help when it was needed. The reality in Australian society that many people do not inquire or prompt disclosures of struggle, for fear of being seen to pry unreasonably into another person's business was something that troubled Gavin Larkin and those who helped him develop the R U OK? campaign. They sought to tap into another great Australian social value – that of looking out for your mates and always 'being there' for those you love. It was a simple, strengths-based campaign to make a difference where it could in encouraging better and more open communication between people – to save lives.

In a sense, R U OK? is about building resilience at an individual and community level.

The message for individuals is to act if they recognise that someone is facing difficulties and therefore fosters peer-to-peer support. This in turn equips individuals with greater confidence and internal capacity to prevent the escalation of distress when negative life events occur, creating an individual resilience or strength which will be maintained even if the need for seeking help does not arise. The message for communities is to recognise the power of relationships and helping conversations to make a difference and therefore creates a greater sense of the community resilience that exists outside of reliance on services and external interventions. A resilient community is one with greater self-determination; this is reflected in the National Disaster Recovery Strategy which places specific importance of building notions of community resilience to tackle the impacts of a natural disaster such as a flood or fire. Similarly, communities can be shown how their innate strengths can be utilised to counter suicide as a destructive force through enabling stronger helping relationships amongst people and a greater acknowledgement of this social responsibility held one to another.

Initially, R U OK? followed the model of other campaigns by selecting a national day of action and a simple call to action – on R U OK?Day people were encouraged to have that conversation with someone around them. Merchandise, media publicity and online/social media communication were the main vehicles through which the Australian public were asked to engage with R U OK?Day.

The link between R U OK? and other services was drawn early with the creation of the R U OK? website and service directory so that the campaign created a pathway into other services and resources. While R U OK? has deliberately avoided being a service provider itself, it has built partnerships with others and provided resources to equip people to know and access helping services for mental health and suicide

prevention. It has become, in effect a major ‘gateway’ for service information and referral.

Over time, extension activities have occurred to grow the campaign reach and impact. Critically, a few years after its establishment, R U OK? recognised the need to encourage people to consider its messages on every day of the year – and learn how to respond when someone says, “No, I’m not OK”. The creation of R U OK?’s 4 conversation steps (Ask, Listen, Encourage action and Check in) and toolkits on the art of the conversation to help another were responses to these needs and represented a significant shift in the education and community capacity building aspect of the campaign.

Conversation guides were produced; ideas and resources for promoting R U OK? in the workplace and amongst social groups were developed and promoted; schools resources became available. The R U OK? website now sits as a major online information resource that is utilised by hundreds of thousands of people each year. Social media has also been utilised to distribution information and enlarge the messages into the wider community about how to engage in positive helping conversations. Video examples and case studies are shown to demonstrate the 4 Step techniques and to engender people’s confidence to use them.

The community engagement aspect of R U OK? took a major shift in 2015 with community visitations featuring throughout the campaign, initially by a bus and in more recent years via a ‘convoy’ of vehicles visiting communities throughout Australia with associated activities to promote the R U OK? campaign messages but also to strengthen linkages with local supports and community action in regional and rural areas. This has been a fundamental step towards R U OK? being more community engagement and development in its orientation and less reliant on media and communications techniques alone for its impact.

R U OK? Business Model

R U OK? has obtained considerable private and voluntarily contributions from the onset; the provision of Commonwealth Government funding commenced in 2010 and while this made up 80% of the revenue base at that time, in 2018 the same level of Commonwealth Government accounts for just 10% of the revenue base. The other funds obtained come from a mix of private donations, corporate sponsorships, pro-bono advertising and media space, sale of merchandise and community-based fundraising ventures. The level of funding collected for R U OK? is a tangible demonstration of the depth of commitment in the Australian population to the cause of suicide prevention and the notion of helping each other through positive conversations – a vision of a caring Australian society.

Moreover, it is not unusual for those involved in fundraising for R U OK? to be motivated by their own lived experience of suicide and mental health issues, or by the experiences caring for another. This dimension of R U OK? has a value in itself – channelling the loss and grief experienced through tragic outcomes towards actions that can prevent further tragedy for others.

Voluntary Action

Outside of fundraising, volunteers work on R U OK? in a wide variety of roles, from assistance in the central office on program coordination and materials distribution through to governance and administration, and then throughout campaign activities at community and organisational level through R U OK?'s Ambassador Program.

The impact of R U OK? through enabling voluntary action towards its cause and objectives is two-fold:

- Reduction in operating costs for R U OK? campaign activities and provision for greater resources and more activity than would otherwise be possible;
- Improvements in the wellbeing of those who participate as volunteers, in the knowledge that self-less action for others has a benefit in itself.

In 2018, it is estimated that 150 people provided volunteer time for R U OK?. Further examination of the experiences of volunteers with R U OK? shows that it is unlikely this volunteer time would be given without the existence of R U OK? – there is a strong identification with R U OK? itself.

Workplace and Corporate Engagement

Workplace staff engagement within corporate Australia is another indicator of strong identification with R U OK? specifically, and more broadly on the issues of mental wellbeing and suicide prevention. Targeted campaigns for occupational groups have emerged, funded by industry itself, such as law, FIFO (Fly In Fly Out) and motor trade apprentices.

One of the clearest examples of this is the rail industry in Australia, which has established a special R U OK? event day and utilises this to engage with thousands

of staff on the importance of engaging with others when they seem in need of support. The rail industry has a particular interest in suicide prevention, given that approximately 160 suicide deaths and many more suicide attempts, are made within the rail systems each year. Since Rail R U OK?Day began in 2015 the numbers participating have grown exponentially from around 6,500 to well over 50,000 this year. The relevance of R U OK? to this industry is poignant.

Organisations that create staff engagement opportunities around R U OK? are forming an integral network across Australia of employers and private businesses who believe in role modelling the R U OK? messages through their senior managers and leaders, are champions of the cause, and provide practical ways to enable their workforce to contribute to individual and cultural changes in meaningful ways. The close association between corporate support in fundraising and sponsorships for R U OK? further demonstrates the productive engagement with the corporate sector in Australia. For instance:

- Hungry Jacks – promotion of R U OK? throughout its network of food outlets, provided an opportunity to reach millions of people every week, across a wide demographic range;

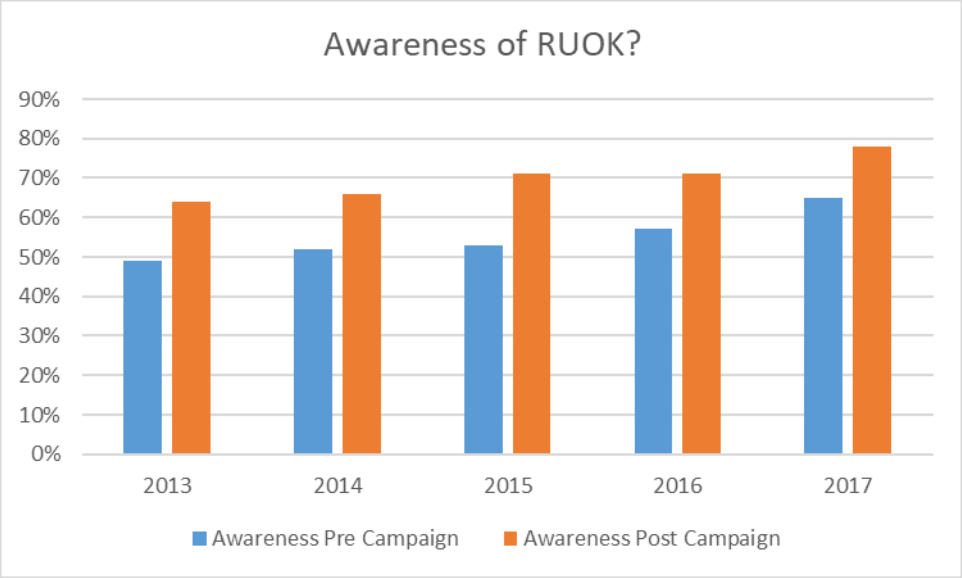
- Virgin Mobile – free calls on R U OK? Day meant practical assistance for people to have conversations, as well as a symbolic commitment to the cause;

- Connor Menswear - funding the R U OK? Ambassador Program and in doing so putting a stamp of endorsement from the commercial world to the role that these leaders are performing.

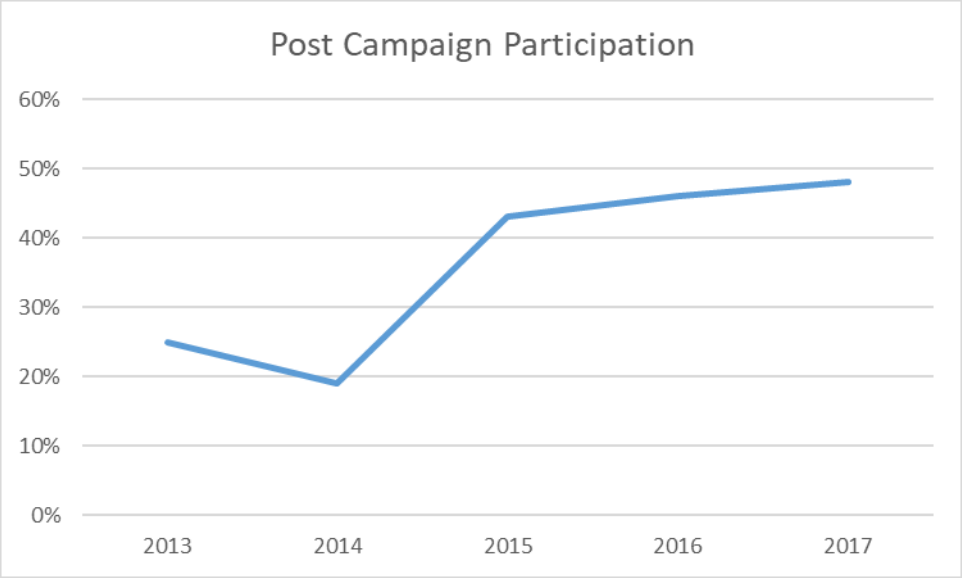
Perhaps reflecting its origins from the private sector, R U OK? has shown an ability to engage with business and commercial organisations in extending its reach and with the benefit of greater access to resources and expertise. This places R U OK? in a position to project its cause and its objectives across all areas of Australian society.

R U OK? Performance

Survey research following the first R U OK? campaign showed that 15% of the Australian population were aware of the campaign. For a first-time campaign, this result was remarkable. In subsequent years, the awareness of R U OK? has continued to rise as shown in the chart below:[10]



Participation in R U OK? across the Australian population at the time of the actual R U OK? Day has also increased over time, as shown in the below chart. The most common form of participation is asking another person if they alright. Other forms of participation include events and community activities and accessing information about R U OK?



[10] Survey data methodology is consistent across the years since 2013; accordingly these years are used to examine the trends over time.

The most current data on R U OK? reach in the Australian population is from December 2018, at which time survey research on a representative sample of the Australian population generated the following results:

- 80% recognised R U OK? (awareness measure)
- 64% felt that R U OK? campaign makes people feel more connected (cause association measure)
- 59% perceived the purpose of R U OK? as asking someone if they are ok/have a chat or making sure people around you are ok/checked in with someone (communication effectiveness measure)
- 23% had participated in R U OK? activities in the past 12 months (ongoing behavioural response measure)
- 31% intended to participate next year in R U OK? (continuity of engagement measure)
- 80% identified R U OK? with encouraging people to talk (relevance measure)
- 86% had engaged in at least one form of supportive behaviour towards someone else in the month prior to the survey (behaviour measure)
- 71% would ask someone about what was troubling them or ask them if they are okay if they encountered a very troubled friend (intention measure)
- 60% feel they definitely should or should ask someone what is troubling them (intention measure)

These recent statistics suggest that R U OK? is operating effectively as a universal health awareness and promotion campaign in Australia.

Survey Results Over Time – 2017 Evaluation

An evaluation of R U OK? in 2017 drawing on the Colman Brunton survey research data over time addressed the performance of the program over a period of several years and identified changes in the performance of the campaign.[11] Key findings from this evaluation are as follows:

- Total awareness of R U OK? reached a peak of 78% in the post-campaign period (i.e. after R U OK? Day);
- Participation in R U OK? in some way occurred across almost half the Australian population (48%), with the most common form of participation being to ask someone face to face if they were alright;
- For those participants who asked someone if they were alright, 34% received a response that the person was not, prompting in most cases a conversation about why the person was feeling that way.

These results suggest that the reach of R U OK? in Australian society is quite substantial, although demographic differences do arise – males are for instance less aware of R U OK? than females (72% compared 83%). Those in regional or remote areas are more aware than metropolitan residents (82% compared to 76%).

The results also suggest that awareness and participation is supporting behavioural activity around helping conversations, and that these conversations are soliciting responses from people who are facing personal troubles and are regarded as a beneficiary of the campaign purpose.

The public perception of R U OK? as an organisation is also examined in the 2017 evaluation survey data. Key findings are shown below:

• 69% thought that the organisation's statements were credible (stable with previous waves);

• 74% thought the organisation was compassionate (stable with previous measures);

• 72% felt it was relevant (stable with 2016 and pre-campaign 2017 measures);

• 70% rated it as trustworthy (stable with 2016 and pre-campaign 2017 measures);

• 68% thought it was for ordinary people (stable with 2016 and pre-campaign 2017 measures).

[11] For 2018 and future survey research on R U OK? a different methodology has been adopted, with quarterly survey research being undertaken. The 2017 evaluation is used as a benchmark.

For a population wide campaign, the public perception on these measures is important to ascertain the 'street credibility' and authenticity with which the campaign messages will be received. To a large extent these perceptions will influence how deeply the campaign can impact on people's attitudinal and behavioural responses – people will not shift on these if they do not trust and believe the organisation behind the campaign. Further, to create a social change on the provision informal and relationship-based support – through positive helping conversations – the perceived authenticity of the messages in the 'real world' is critical.

The 2017 Evaluation Survey also examined people's supportive behaviours towards others including conversations, follow up in ways such as sending SMS messages or a phone call, and suggesting/referring someone to contact another support service. The survey results showed an association between awareness of R U OK? and these supportive behaviours (78% of those who were aware of R U OK? compared to 68% of those who were unaware of R U OK?).

R U OK? Future Directions on Development and Monitoring Impact

In 2016 a Theory of Change was prepared for the R U OK? campaign to inform further program development and research/evaluation on its impact, with the expert input of Dr Lucio Naccarella of the Centre for Health Policy at the University of Melbourne.

Drawing on several theoretical perspectives to build a Theory of Change for R U OK? and a related Program Logic evaluation framework, the long-term outcome for R U OK? as a continuing program is described as:

"People are connected and protected from suicide."

This reflects the application of the Interpersonal Theory of Suicide, developed by Professor Thomas Joiner and others[12], to the behavioural and social influences that R U OK? can exercise. This theory places suicidal behaviour within the context of the individuals view of themselves and how they relate to the world around them, with particular attention to the concepts of social connection and interpersonal relationships. The Interpersonal Theory of Suicide identifies two psychological phenomena that can generate a desire for suicide:

- **Thwarted Belongingness:** the individual perceives that they are isolated or disconnected from others, that they do not belong.
- **Perceived Burdensomeness:** the individual sees themselves as a burden to others.

This theory also identifies that suicidal thoughts and feelings will be enacted upon when a person acquires the capability to end their life – another key component in the psychology of suicide.

For R U OK? this theory on suicidal behaviour is relevant because of the campaign's ability to address and challenge the social connection and interpersonal elements of suicidal thinking. Accordingly, there is a theoretical pathway created between the purpose, design and activities of R U OK? and the evidence base established for the Interpersonal Theory of Suicide which the Theory of Change and the Program Logic for R U OK? can examine through program evaluation.

More specific intermediate outcomes have been developed for the impact of R U OK? as a continuing program. These are 'enabling' outcomes that relate to the long-term outcome and can be considered against the activities that R U OK? itself conducts and those that are generated by individuals and communities:

[12] Van Orden K A, Witte T K, Cukrowicz K C, Braithwaite S R, Selby E A, and Joiner Jr T E. 'The Interpesonal Theory of Suicide.' Psychological Review. 2010. Vo 117, No. 2. American Psychological Association.

- People feel empowered to take action - the assumption is R U OK? requires peers to have the know-how and skills to – Ask, listen, encourage and check in with their peers.

- Peers re-connect to peers - the assumption is R U OK? is most effective when it is amongst people who know each other – not complete strangers.

- Peer to peer have meaningful conversation with a view to increase sense of belonging - the assumption is R U OK? is most effective amongst peers who have a trusted interpersonal relationship.

Further research and evaluation action is underway for R U OK? using the Theory of Change and program logic matrix as the basis for data collection, analysis and measurement. A Scientific Advisory Group operates to provide advice and input to R U OK? activities in this regard. Moreover, the development of R U OK? in a programmatic sense is being informed by the theoretical pathways identified as relevant to its overall objective of suicide prevention.

These developments reflect a maturing of R U OK? from the early stages where activity and reach were the focal priority towards the development of a more carefully framed, evidence informed design.