Background and Methodology.
Background

R U OK? is a not-for-profit organisation dedicated to inspiring people to really talk and help build more connected communities to prevent suicide. The vision of R U OK? is a world where we’re all connected and protected from suicide. R U OK? work alongside other mental health and suicide prevention organisations to ensure those who are struggling find the care and support they need. R U OK? has a wide variety of initiatives aimed at building connection between people, but the most high-profile and iconic of these initiatives is R U OK?Day, where people are encouraged to ask each other “R U OK?”. R U OK?Day has been run since 2009, and continues to grow in recognition and in raising awareness of the importance of connecting with others to prevent suicide.

Since 2013, Colmar Brunton has partnered with R U OK? to conduct research to measure the impact of R U OK?Day on the Australian population. This research has historically consisted of two paired online surveys: a “pre-campaign” survey conducted in June each year, and a “post-campaign” survey conducted in late September, soon after R U OK? Day is held. These surveys were only focused on collecting data connected with R U OK?Day (before and after the event).

The current program now examines how people are connecting with each other all through the year by conducting online surveys every quarter.
Campaign and communication strategy for 2018

• The theme for 2018 was Every day is R U OK?Day. This built on the 365 day strategy and aimed for R U OK? to be recognised as a year-long campaign with a timeless message.

• 2018 marked the tenth year of R U OK?Day

• The goal of the 2018 campaign was to show how conversations can make a difference every day of the year.

• With the objectives the campaign being to:
  1. Increase participation;
  2. Keep the community interested; and
  3. Keep media interested

• As part of the 2018 campaign R U OK? staff hit the road for six weeks. They traveled 14,000 kilometers and visited 26 communities to show Australians that every day is the day to ask, “Are you OK?”.
Research objectives

The current program was designed to:

• Measure and track participation in help-giving behaviours that promote connection and support from others;

• Measure and track awareness and understanding of R U OK? throughout the year;

• Measure and track levels of participation in R U OK? activities and promotions throughout the year (including R U OK?Day);

• Measure perceptions of the R U OK? brand;

• Obtain a deeper understanding of what happens after someone is asked “R U OK?”;

• Evaluate areas such as Mental Health Status and Perceptions of Stigma; and

• Investigate other topical ad hoc issues that may arise during the year.
Key Findings June 2018 to March 2019 in a Nutshell.
About R U OK?

- 67% recognised R U OK?
- 10% had prompted awareness
- 19% participated in R U OK? activities
- 30% likely to participate in the next year
- 62% feel that the R U OK? campaign makes people feel more connected

Talking/Mental health

- 82% had engaged in at least one form of supportive behaviour towards someone else in the month prior to the surveys
- 78% have the ability to get support from family, friends and colleagues if they need it
- 70% felt that if someone close to them was obviously very troubled they would ask them to talk or ask them if they are ok?
- 76% Indicated that they have close bonds with family and friends
- 35% Had in the month prior to the survey listened to someone talk about their problems 3 or more times
Comparisons in a nutshell

- From June 2018 to March 2019 an average of 19% of respondents indicated that they had participated in R U OK? Activities within the prior year. In previous years participants were asked whether they participated in any activities for R UOK? Day, with the results being fairly similar (16% for post-campaign 2017 and 19% for pre-campaign 2017), however not directly comparable.

- In September 2018 (post R U OK? Day) 58% of respondents suggested that they felt they either should or should definitely ask someone they were close to about what was troubling them. This was slightly higher than the same time period in 2017 (51% for the 2017 post-campaign).

- Just over half (52%) of the respondents in September 2018 (post R U OK? Day) proposed that they would find it easy or very easy to talk to a close friend about their wellbeing if they seemed troubled. This was again slightly higher than the same time period in 2017 (46% for the 2017 post-campaign).

- Post R U OK? Day in September 2018 just under half (48%) of respondents suggested that the R U OK? campaign has made people more willing to ‘tell their friends what is troubling them if asked’. This was similar to the result recorded in September 2017 post-campaign (51%).

- Females (85% in September 2018, compared to 83% in the 2017 post-campaign) continue to be more aware of R U OK? than males (74% in September 2018, compared to 72% in the 2017 post-campaign). While males (21%) in September 2018 were slightly more likely to suggest that they would participate in R U OK? activities in the coming year compared to females (16%).
Key Findings in detail.
• Recognition and awareness remained fairly stable across all waves in 2018 and early 2019.
• Total awareness was highest in the September and December waves (80% respectively), which isn’t surprising given that R U OK? Day is held in early September. However, total awareness was still high in June 2018 and March 2019 (75% and 76% respectively).
• Respondents that were aware of R U OK? (either unprompted or prompted) were most likely across all waves to suggest that it is about asking someone if they are ok/have a chat with someone.
• While on average across the four waves 30% of respondents indicated that they would be likely to participate in R U OK? activities and promotions in the following year.
• The top reasons for wanting to participate across the four waves were: ‘I think the message is important’, ‘I think asking “are you ok?” can make a difference to people who are troubled’ and ‘It helps people’.
R U OK? Brand Image

- Across the four waves of research just under a third (30%) of respondents on average indicated that they thought R U OK? Day was a one-off annual event, while 44% on average noted it as being part of a set of year round activities.
- R U OK? as a brand was perceived to be compassionate, relevant, for ordinary people, trustworthy and very well-known.
- The majority of respondents across the four waves of research (June 2018, September 2018, December 2018 and March 2019) felt that the R U OK? campaign had made people:
  - More willing to ask their friends about what’s troubling them (63%);
  - More willing to tell their friends what is troubling them if asked (51%); and
  - More willing to seek professional help for things troubling them (46%).
- On average across September and December 2018 just under two thirds (60%) of respondents indicated that the R U OK? campaign has indeed reduced the stigma associated with seeking professional help for things that are troubling us.
- When asked about the possible outcomes of the R U OK? message the top responses across the four waves were ‘it helps someone admit that they are struggling’ and ‘it encourages someone to seek professional support’.
Conversations and Talking Behaviours

- Across the four waves of research the most common reaction to thinking that someone close was very troubled would be to ‘ask them to talk about what was troubling them’. While the top response for if respondents thought someone close might possibly troubled was to ‘ask them if they are ok’.
- Just of over half (58%) of all respondents across the four waves felt that they should ask a seemingly troubled friend/relative/colleague what was troubling them.
- Approximately half (53%) of all respondents across the four waves felt that it would be easy or very easy to talk to a close friend about their wellbeing if they seemed troubled, while on average just 15% felt that it would be difficult.
- On average across the four waves of research 82% of all respondents indicated that they had engaged in at least one form of supportive behaviour towards someone else in the month prior to the survey. With the most common behaviour being to ‘listen to someone talk about their problems’.
- In March 2019 respondents were asked how often in the month prior to the survey they had engaged in a variety of behaviours aimed at reaching out for help. Overall 58% indicated that they had engaged in at least one of these behaviours.
- Respondents were also asked how many people they felt they could turn to if they were having a problem or needed someone to talk to, with the average being 5 people.
Perceived Influence on Factors Predicting Suicide

• In June and December 2018 respondents were presented with four risk factors for suicide and asked ‘which of the following feelings do you think people like yourself can MOST help prevent becoming serious in friends, family or colleagues?’ The most common responses across the two waves were: ‘feeling of not belonging, feeling alone’ and ‘feeling isolated and disconnected’.

• Respondents that felt that they could most help to prevent feelings of not belonging or feelings of being alone suggested that the best ways to do this would be to keep in touch with or spend time with the person or to just be there for the person and to let them know that they are loved and are not a burden.

• Respondents that felt that they could most prevent feeling of being isolated or disconnected suggested that they could best achieve this by again keeping in touch with and spending time with the person and by just being there for the person and letting them know that they are loved and are not a burden.

• Respondents were also asked about the impacts of talking to each other more often and more seriously about their troubles, with most respondents agreeing that this would help to build stronger relationships and encourage them to be happier and more mentally healthy.
Mental Health Status and Perceptions of Stigma

- On average across June 2018, December 2018 and March 2019 just 15% of respondents had sought help from a counsellor, doctor or psychologist because of a mental health problem and just 18% had ever been diagnosed with a specific mental illness.

- Between two thirds and three quarters of respondents across all four waves tend to agree that:
  - ‘I have close bonds with family and friends’ (76% agreed on average);
  - ‘I feel accepted by others’ (72% agreed on average);
  - ‘I feel connected with others’ (70% agreed on average);
  - ‘I have a sense of belonging’ (70% agreed on average); and
  - ‘When I am with other people I feel included’ (71% agreed on average).

- The majority of respondents also generally agreed (78% on average) that they have the ability to get support from family, friends and colleagues if needed and that they are comfortable with their overall wellbeing (72% agreed on average).

- On average across June 2018, December 2018 and March 2019 just under half (48%) of all respondents feel that there are people they can turn to in times of need.
What do you think **R U OK?** is about?

“Just letting people know that it is OK not to be OK and there is people out there to talk to”

“Checking in with the people around you. Empowering people to ask each other if they are OK.”

“Normalising the question, ‘are you okay?’.”

“It is a day to promote mental health awareness and encourages the public to check in with others using the line ‘R U Ok?’. A great initiative.”

“Encouraging people to genuinely reach out and indicate concern for the welfare of another.”

“Asking people are you okay? Making mental health the focus. Putting mental health in the spotlight and removing the stigma attached to it.”

“Making sure that we actually ask people if they are OK because sometimes people think that no one wants to listen, but by asking if they are OK it may give them the assurance they need to open up.”

“Looking out for your mates.”

“Encouraging people to check in on those around them and make sure that they are OK. It is about creating community networks and support lines for all.”

“A movement that encourages people to check in with each other, discuss how they are feeling and acknowledge that it’s OK not to be OK.”

“Encouraging people to talk about mental health and normalise the sharing/discussion of problems. Also to start conversations with people who might not be OK, but might not feel like they can reach out or talk about their concerns/problems.”

E4. What do you think **R U OK?** is about?

**Base:** All respondents aware of **R U OK?**, Mar 2019 (n=647)
Conclusions and recommendations.
Conclusions and recommendations

Awareness
Total awareness of R U OK? has remained consistently high at 78% on average from June 2018 through to March 2019, peaking slightly to four in five (80%) in the quarters directly after R U OK? Day in September and December 2018.

- An increase can be observed from the pre-campaign 2017 total awareness of 65% to the quarter of June 2018 before R U OK? Day of 75%.
- The difference between awareness of R U OK? before R U OK? Day and after the event has reduced in the year 2018 (5%) when compared with 2017 (12%).

These encouraging findings on the 10% growth in awareness from pre-campaign 2017 compared with June 2018 highlight the success of the previous years R U OK? campaigns in raising the profile of the organisation amongst the general public.

Likewise, where awareness unsurprisingly increased after R U OK? Day in 2018, the difference in awareness results before the campaign to afterwards has reduced to 5% from 12% in 2017. This shows that the organisation has grown in it’s ability to remain salient and relevant throughout the whole year. R U OK? should continue to maintain and grow on this success.
Conclusions and recommendations

Demographic awareness
While the combined total awareness from June 2018 to March 2019 (78%) was high, it was significantly lower for men (72%) compared to women (83%). It was also significantly lower for those aged 55 and over (72%) compared with 16-34 year old’s (82%). This suggests that a focus on raising awareness of R U OK? with males and those aged over 55 would help to bring the overall awareness of the organisation to be even greater.

When looking across the states, those in Victoria were significantly less aware of R U OK? (72%) compared with the other regions, potentially suggesting that this state could benefit from further marketing in order to attempt to bring awareness here on par with the other states. In addition, those with lower income levels of $0 - $60,000 were significantly less aware (72%) than those with a higher income of over $120,000 (84%).
Conclusions and recommendations

Participation
From June 2018 to March 2019 around one in five (19%) of those aware of R U OK? said that they had participated in R U OK? activities in the past year. With total awareness of R U OK? in this period being almost four in five (78%), it is apparent that there is further scope to encourage the 59% who are aware of R U OK? but not yet participating in any activities.

When looking at intention to participate in the future, almost a third (30%) of those aware of R U OK? say they would be likely to participate.

Demographic cohorts with lower participation rates
Older people (aged 55 and over) and those living in regional areas have lower participation rates, whilst those over 55 are also significantly less likely to participate in the future compared with the other age groups. This group should continue to be a key focus for future campaigns to increase overall participation.

Encouragingly, despite lower awareness figures for males, in the period of June 2018 to March 2019 there were no significant differences between male and female participation rates or future participation rates.
Conclusions and recommendations

Reasons for and against future participation

Key reasons for future participation from June 2018 to March 2019 were ‘I think the message is important’ (62%), ‘I think asking “are you ok?” can make a difference to people who are troubled’ (57%) and ‘It helps people’ (55%), consistent with previous years. Therefore, these remain to be key messages for R U OK? to focus on.

The main reasons that people were unlikely to participate next year included: ‘I just haven’t thought about it’ (41%) and ‘I don’t know enough to participate’ (21%).

Future campaign messages from R U OK? could address these barriers through further messages about the importance of checking in on the individuals in their lives and the benefits of doing so. More communication with further detail about R U OK? activities, or promoting more messages with information of this nature may benefit the one in five (21%) who don’t know yet enough to participate.

Those aged 16-34 and those living in metro areas were significantly more likely than other groups to say that they ‘just haven’t thought about it’, so further raising the profile of the importance of asking R U OK? would be particularly important in targeting these groups.
Conclusions and recommendations

Conversation and talking behaviours
Positively, from June 2018 – March 2019 the two most selected answers for the most likely behaviour on encountering a very/possibly troubled friend was to ‘ask them to talk about what was troubling them’ and ‘ask them if they are okay’, in line with R U OK? objectives of encouraging people to ask the questions.

Those aware of R U OK? were significantly more likely in this period to feel that they should ask someone who appeared troubled what’s troubling them (61%) compared with those not aware of R U OK? (45%). Likewise, those aware of R U OK? were significantly more likely to find it easy to ask someone about their wellbeing (56%) compared with those not aware (43%).

Demographics
Males, younger people (aged 16-34), and those living in metro areas answered that they found it significantly less easy to ask others about their wellbeing than other groups, indicating that these groups would benefit from more information from R U OK? on how to approach discussions on this topic.

Additionally, males and respondents under 55 years old are significantly less likely to feel like they should ask someone what’s troubling them and may require further persuasive communication on the importance of this.
Conclusions and recommendations

Attitudes and behaviours
The importance of increasing awareness and participation in R U OK? is highlighted in the results by the number of positive attitudes and behaviours that are correlated with awareness of R U OK? and participation in R U OK? activities. For example, people who are aware of R U OK? are significantly more likely to:

- Engage in pro-social behaviours such as asking someone if they are okay or if something was troubling them, ask them to talk about what was troubling them and listening to someone talk about their problems.
- Feel comfortable with their overall wellbeing and feel connected with others.
- Find it easy to ask someone close to them if something is troubling them

In addition, people who have participated in R U OK? activities (such as R U OK? Day and other events) in the last year are significantly more likely to indicate that they will participate again in the following year. This demonstrates the importance of encouraging participation in R U OK? activities as these behaviours are more likely to become habitual, keeping with the momentum of the organisation.
Respondent Profiles.
Respondent Profile – March 2019

- **Gender Distribution:**
  - 49% Male
  - 51% Female

- **LGBTQI+ Identity:** 9%

- **Age Groups:**
  - 16-34: 38%
  - 35-54: 31%
  - 55 years +: 31%

- **Aboriginal or Torres Strait Islander:** 1%

- **Location:**
  - Metro: 78%
  - Regional: 22%

- **Employment Status:**
  - Working full time: 34%
  - Working part time: 11%
  - Working casually: 5%
  - Self-employed: 5%
  - Retired: 24%
  - Students: 6%
  - Home duties: 8%
  - Unemployed: 5%

- **Income Distribution:**
  - Under $30,000: 32%
  - $30,000 to under $60,000: 17%
  - $60,000 to under $90,000: 14%
  - $90,000 to under $120,000: 10%
  - $120,000 to under $150,000: 10%
  - $150,000 or more: 10%

- **Living Arrangements:**
  - Living with partner - no children at home: 32%
  - Living with partner - children at home: 26%
  - Single - living alone: 18%
  - Living with parents: 12%
  - Unrelated adults share house: 5%
  - Single parent household: 5%

- **Education:**
  - Postgraduate degree: 16%
  - Undergraduate Degree: 25%
  - TAFE/diploma/certificate: 29%
  - High school (Yr10 to 12 or equivalent): 29%
  - Born overseas in a Non-English speaking country: 14%
  - Born in Australia: 73%
  - Born overseas in an English speaking country: 10%

- **Birthplace:**
  - Born in Australia: 10%
  - Born overseas in a Non-English speaking country: 16%
  - Born overseas in an English speaking country: 12%

**Base:** All respondents, December 2018 (n=824)
Respondent Profile - December 2018

**Gender Distribution:**
- 48% Male
- 52% Female

**Identity:**
- 11% identify as LGBTQI

**Age Distribution:**
- 34% 16-34
- 34% 35-54
- 32% 55 years +

**Aboriginal or Torres Strait Islander:**
- 1%

**Geographical Distribution:**
- 80% Metro
- 20% Regional

**Employment Status:**
- 35% working full time
- 10% working part time
- 6% working casually
- 4% self employed
- 22% retired
- 8% students
- 5% home duties
- 6% unemployed

**Living Arrangements:**
- 29% Living with partner - no children at home
- 23% Living with partner - children at home
- 22% Single - living alone
- 14% Living with parents
- 5% Unrelated adults share house
- 5% Single parent household

**Education Level:**
- 27% Undergraduate Degree
- 15% Postgraduate degree
- 32% High school (Yr10 to 12 or equivalent)
- 26% TAFE/diploma/certificate

**Income Distribution:**
- 29% Under $30,000
- 20% $30,000 to under $60,000
- 14% $60,000 to under $90,000
- 14% $90,000 to under $120,000
- 10% $120,000 to under $150,000
- 13% $150,000 or more

**Birthplace:**
- 12% Born overseas in a Non-English speaking country
- 13% Born overseas in an English speaking country
- 75% Born in Australia
- 1% Born in New Zealand

**Base:**
All respondents, December 2018 (n=824)
Respondent Profile - September 2018

- **51%** identify as LGBTQI
- **33%** are 16-34 years old
- **32%** are 35-54 years old
- **16%** are 55 years or older
- **1%** Aboriginal or Torres Strait Islander
- **82%** from Metro areas
- **17%** Regional areas
- **32%** working full time
- **11%** working part time
- **5%** working casually
- **5%** self employed
- **24%** retired
- **9%** students
- **8%** home duties
- **3%** unemployed
- **29%** Living with partner - no children at home
- **27%** Living with partner - children at home
- **19%** Single - living alone
- **11%** Living with parents
- **7%** Unrelated adults share house
- **5%** Single parent household
- **14%** Born overseas in a Non-English speaking country
- **14%** Born overseas in an English speaking country
- **71%** Born in Australia
- **16%** Postgraduate degree
- **30%** High school (Yr10 to 12 or equivalent)
- **25%** Undergraduate Degree
- **29%** TAFE/diploma/certificate
- **1%** Aboriginal or Torres Strait Islander
- **17%** Metro areas
- **82%** Regional areas

**Base:** All respondents, September 2018 (n=813)
Respondent Profile - June 2018

- 49% male, 51% female
- 9% identify as LGBTQI
- 36% 16-34, 34% 35-54, 30% 55 years +
- 2% Aboriginal or Torres Strait Islander
- 78% Metro, 22% Regional

- 33% working full time
- 12% working part time
- 6% working casually
- 4% self employed
- 23% retired
- 8% students
- 7% home duties
- 4% unemployed

- 32% Living with partner - no children at home
- 26% Living with partner - children at home
- 17% Single - living alone
- 14% Living with parents
- 5% Unrelated adults share house
- 5% Single parent household

- 14% Postgraduate degree
- 28% High school (Yr10 to12 or equivalent)
- 25% Undergraduate Degree
- 32% TAFE/diploma/certificate

- 12% Born overseas in a Non-English speaking country
- 15% Born overseas in an English speaking country
- 71% Born in Australia

- 15% Under $30,000
- 21% $30,000 to under $60,000
- 19% $60,000 to under $90,000
- 13% $90,000 to under $120,000
- 9% $120,000 to under $150,000
- 9% $150,000 or more

Base: All respondents, June 2018 (n=886)
Technical Appendix.
Quantitative Research Approach

An online approach was used to administer the survey as this approach provides a greater flexibility to cover more types of questions and to cover more length without fatigue or significant expense.

The research used the ORU Consumer Panels which are explained in further detail on the slide titled 'fieldwork overview'.

Approximately n=800 persons were interviewed each quarter, with the exact sample sizes for each quarter being:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 4 FY 17-18 (June 2018)</td>
<td>n=886</td>
</tr>
<tr>
<td>Quarter 1 FY 18-19 (September 2018)</td>
<td>n=813</td>
</tr>
<tr>
<td>Quarter 2 FY 18-19 (December 2018)</td>
<td>n=824</td>
</tr>
<tr>
<td>Quarter 3 FY 18-19 (March 2019)</td>
<td>N=851</td>
</tr>
</tbody>
</table>
Fieldwork Approach

As noted on the previous slide the Online Research Unit’s (ORU) Consumer Panel has been used to conduct this research.

Panel Recruitment and Validation:

The members of OpinionsPaid™ and the ORU Consumer Panel were recruited by multiple sources including but not limited to: Target invitations through panel partners, Telephone recruitment, Search engine optimization, Membership referrals, face to face or central location testing, print advertisements, targeted invitations to members of specialist managed marketing lists & river sampling through social networking sites. As the majority of panel members have been recruited using offline methodologies, concerns associated with online self-selection recruitment are effectively ruled out.

In addition to this, sophisticated validation methodologies prevent panellist over-use and ensure member authenticity by excluding 'professional respondents'.
Analysis and Reporting notes

• Quotas were set by age, gender and location each quarter to ensure a nationally representative sample, as such no post weighting of data has occurred.

• Respondents who completed a survey but were not exposed to certain questions were excluded from the tabulation of results and calculation of statistics for that question. All sample sizes can be found either in the relevant chart or in the footer of each slide.

• Percentages are generally rounded to whole numbers. Some percentages may not add to 100 percent due to rounding. Additionally, because of rounding, some subtotals may appear to be up to 1% different to the individual numbers used in calculating the subtotal.

• Where appropriate, rows in tables and charts are sorted from most frequent response to least.

• Where sub-sample sizes are low (less than n=30), these are marked by an asterisk (*) in this report. These results should be interpreted with caution. Where sub-sample sizes are extremely low (less than n=10), these results are not displayed in this report.

• In terms of the software tools used for computation, analyses were conducted using Microsoft Excel, Statistical Package for the Social Sciences (SPSS) and Q Professional.
Sampling Error and Non-sampling Error

Sampling Error

The sampling error is the error that arises because not every single member of the population was included in the survey. Naturally it is simply not feasible to survey the whole population to avoid this type of error. One can, however, estimate how big this error component is, using statistical theory. This theory indicates that with a sample of 1,000 people from a population of 100,000 people or more, the maximum margin of sampling error on an estimate of a proportion is 3.1%.

The way this can be interpreted is as follows. If the samples each quarter were random probability samples, the margin of error associated with each sample at the 50% level would be 3.5%. For all quarters combined in a year it would be 1.7%. That is, if the samples were random probability samples we could be 95% certain that an observation of 50% in each quarter would be between 46.5% and 53.5% in the population, and for each year as a whole it would be between 48.3% and 51.7%. However, for online surveys where the sample is largely self-selected, the actual error margins are simply unknown.

Non-sampling Error

All surveys, regardless of whether they are samples or censuses, are subject to other types of error called non-sampling error. Non-sampling error includes things like interviewer keying errors and respondents misunderstanding a question.

Every attempt has been made to minimise the non-sampling error in this study. For example, all questions in the survey required a response from respondents. However, some types of error are out of the control of the researcher. In particular, the study is reliant on accurate reporting of behaviours and views by respondents. For example, a respondent may forget that they had participated in activity or they may not be able to accurately remember how they felt at a certain point in time.
Significance Testing

Where appropriate, statistical comparisons were undertaken within this report between sub-groups and the total or between this quarter and the results from the previous quarter, with differences tested for statistical significance at the 95% confidence level (note: significance testing could not be undertaken on sample sizes smaller than n=30). Significance tests undertaken that are reported are based on t-tests at the level of p<0.05.

In tables and graphs, a result that is significantly higher compared the total has been coloured blue or identified with a ↑. Conversely, a statistically significant lower result compared to the total has been coloured red or identified with a ↓.

An exception reporting approach has been undertaken in that if no statistical significance was mentioned, there was none associated with these groups.