Do Australian media apply recommendations when covering a suicide prevention campaign?

Renate Thienel, Marc Bryant, Gavin Hazel, Jaelea Skehan and Ross Tynan

Abstract

Purpose – *Media reporting and portrayals of mental illness and suicide can play an important role in shaping and reinforcing community attitudes and perceptions. Depending on the content, a report about suicide can have either a negative (Werther-) or a positive (Papageno-) effect. Evidence-informed recommendations for the reporting of suicide in Australia are provided under the Mindframe initiative. The purpose of this paper is to assess the application of these recommendations in broadcasts associated with one of the largest national campaigns to promote suicide prevention, the R U OK? Day, a yearly campaign of the Australian suicide prevention charity R U OK?*

Design/methodology/approach – *The sample consisted of 112 (32 TV, 80 radio) Australian broadcasts discussing the R U OK? Day suicide prevention campaign during the month preceding the 2015 campaign and on the national R U OK? Day itself. Broadcasts were coded for medium (TV or radio), content (suicide focus, mental illness focus or both) and consistency with Mindframe recommendations.*

Findings – *Over 97 per cent of broadcasts used language consistent with Mindframe recommendations. None of the broadcasts used images that negatively portrayed mental illness or suicide; there were no instances of using mental illness to describe a person's behaviour; and no sensationalizing or glamorising terminology was used in the broadcasts. However, less than 40 per cent of the broadcasts included help-seeking information (e.g. helplines) and some of the broadcasts used negative or outdated terminology (e.g. "commit" suicide; "suffering" from mental illness).*

Originality/value – *The present study is the first to examine consistency with reporting recommendations around a national suicide prevention campaign (R U OK? Day). The results can steer improvements in current reporting and inform strategies to optimise future reporting.*

Keywords *Suicide, Prevention, Media recommendation*

Paper type *Research paper*

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Mindframe and R U OK? are in an ongoing partnership, including advisory roles regarding adherence to reporting recommendations and JS is a current member of the R U OK? Conversation Think Tank. Furthermore, R U OK? is a member of the Mindframe communication managers group. Mindframe and R U OK? have also collaborated on the development of a community-based help-seeking guide. If you or anyone you know is thinking about suicide, please call Lifeline (Australia) on 13 11 14 (www.lifeline.org.au), or beyondblue (Australia) on 1300 22 46 36 (www.beyondblue.org.au). For international helplines please visit www.suicide.org/international-suicide-hotlines.html

Introduction

Suicide is a global public health concern, with an estimated 800,000 suicide deaths each year (WHO, 2017). In Australia, data from the Australian Bureau of Statistics indicate that 2,866 people died by suicide in 2016 (Australian Bureau of Statistics, 2017). As risk factors associated with suicide are diverse, suicide prevention approaches (e.g. Lifespan in Australia, www.lifespan.org.au/ or SUPRANET in Europe Gilissen *et al.*, 2017) suggest an integrated systems approach (WHO, 2014). One of the recommended strategies is to ensure accurate and sensitive portrayal of suicide in the media (WHO, 2014), as evidence has shown a clear link between the reporting of suicide and subsequent suicidal behaviour (for review see Pirkis and Blood, 2001). This has led to the development of reporting recommendations in more than 30 countries, including Australia (Pirkis *et al.*, 2006, pp. 82-7). The present study is the first to examine whether media reporting associated with a national suicide prevention campaign (R U OK? Day) adheres to national reporting recommendations on suicide and mental illness.

The links between media reporting and suicide

Evidence has shown that how the media portrays suicide and mental illness can have a significant impact on vulnerable audiences. Depending on the way suicide is reported, this impact can be either helpful or harmful. A compelling body of evidence has shown a contagion-like relationship between some media reporting of suicide and subsequent suicidal behaviour (Hawton and Williams, 2005; Pirkis and Blood, 2001; Stack, 2005). Previous research has shown that the risk of subsequent suicides increases when reports contain specific details on methods and/or location, sensationalise suicide, portray suicide as a solution (Sisask and Varnik, 2012), focuses on celebrity deaths by suicide (Cheng *et al.*, 2007), is prominent and repeated, or glamourises the death (Edwards-Stewart *et al.*, 2011). This contagion effect of the media has often been referred to as the "Werther effect" (Phillips, 1974, pp. 340-54), due to an increase in suicidal behaviour after the publication of Goethe's novel "The sorrows of the young Werther" (Goethe, 1774), using a similar method of suicide as the protagonist. More recent studies demonstrated an interaction between personal suicidal ideation and how people coped with the content of movies, with viewers scoring higher on suicidal ideation, using the films about suicide more to develop ideas on how to go through life and address problems (Till *et al.*, 2013), which is consistent with previous research, indicating that individuals with a history of suicide attempts or suicidal ideation are particularly vulnerable to engaging in suicidal behaviour following exposure to a suicide story in the media (Cheng *et al.*, 2007) and are also more likely to report exposure to movies involving the protagonist's suicide (Stack *et al.*, 2014).

There is emerging evidence that the media can also exert protective effects when reports focus on personal stories of overcoming suicidal thinking, often referred to as the "Papageno effect" (Niederkrotenthaler *et al.*, 2010), accrediting Mozart's opera "The magic flute" (1791), in which a young man overcomes his suicidal thoughts. Benefits are observed, when reporting frames suicide as a tragic waste and avoidable loss, focusing on the devastating impact on others (Martin and Koo, 1997) and when contact details for support services are added (Stack, 2005).

Recommendations on how to report suicide safely

The World Health Organization and many other organisations across the globe have developed individual reporting recommendations (Pirkis *et al.*, 2006; see www.iasp.info/media_guidelines.php). Most recommendations stress the importance of ensuring that the content is accurate and balanced and does not include specific details that may increase risk. In Australia, evidence-informed recommendations for media are provided under the Mindframe initiative (Everymind, 2014; Pirkis *et al.*, 2006), with reporting recommendations and supporting resources available at www.mindframe-media.info. The resources have been developed under guidance from people with lived experience and experts in the field and cover recommendations not only for the reporting of suicide but also for guiding accurate and sensitive portrayal of mental illness as the media plays an important role in shaping and reinforcing community attitudes, perceptions and, importantly, stigma that inhibits help-seeking (Polacsek *et al.*, 2018). The recommendations include adding help-seeking information to stories (e.g. helplines) as reports of suicide and mental illness can prompt help-seeking (Burgess *et al.*, 2009; Pirkis *et al.*, 2006); use of appropriate language when reporting suicide and mental illness, such as avoiding the term "committed" suicide, as the word may associate suicide with crime or sin (Silverman, 2006; Sisask and Varnik, 2012) or stigmatising language that suggest a lack of quality of life (e.g. "victim" of, or "suffering" from mental illness) or reinforce stigma (e.g. "psycho", "deranged"), thereby increasing barriers to help-seeking for people with mental illness (Polacsek *et al.*, 2018) and avoiding explicit descriptions or images of methods or location used in a suicide as these details have been linked to increases in both the use of that method or location and overall suicide rates (Niederkrotenthaler *et al.*, 2010). Recommendations also suggest sensitive reporting of celebrity stories as several studies (Fink *et al.*, 2018; Hegerl *et al.*, 2013) and a meta-analysis (Niederkrotenthaler *et al.*, 2012) have shown that some reports on celebrity suicides are associated with increases in subsequent suicide rates, as coverage can glamourise and normalise suicide, potentially prompting imitation and/or reducing help-seeking (Cheng *et al.*, 2007). On the contrary, if positively framed, stories about celebrities living with a mental illness can be a powerful tool in breaking down stigma and encouraging help-seeking (Nairn and Coverdale, 2005).

Effectiveness of media recommendations

The application of media recommendations has shown to reduce the suicide rate following recommendation implementation (Bohanna and Wang, 2012; Pirkis *et al.*, 2009). In Vienna, railway suicides were reduced by 75 per cent, after the introduction of media recommendations (Etzersdorfer and Sonneck, 1998), with the observed reduction localised to areas where compliant newspapers reached more than 67 per cent of the population (Niederkrotenthaler and Sonneck, 2007).

In Australia, national media monitoring studies have been used to assess the consistency with recommendations in Australian media (e.g. newspaper, television and radio). In two seminal publications, Pirkis *et al.* showed evidence that both the quantity and the quality of reporting were significantly increased in 2007 (Pirkis *et al.*, 2008) when compared to baseline measures in 2001 (Pirkis *et al.*, 2001).

Suicide prevention campaigns and the media

Systems approaches addressing suicide recommend the application of media recommendations, as well as the involvement of the media in supporting community campaigns that promote literacy and help-seeking (WHO, 2014). In a recent study on public service announcements as part of suicide prevention campaigns, Ftanou *et al.* (2017) concluded that further evaluation is needed on their impact on people with varying degrees of suicide risk and the consistency with current recommendations. Incomprehensibly national suicide prevention campaigns, as exemplary public announcements that reach a broad audience but particularly resonate with vulnerable people, have been understudied to date.

This study monitors the quality of the media coverage of one of the largest annual suicide prevention campaigns in Australia – the R U OK? Day campaign, a national day dedicated to encourage everyone to connect to other people by asking the question "R U OK?" and having a meaningful conversation with someone who may be at risk of suicide, as it could save their lives (https://www.ruok.org.au/). Positive, sensitive and safe messaging is particularly important in wide-scale community campaigns such as the R U OK? Day as they target the whole community, including potentially vulnerable audiences.

Aims of the research

Our study examines whether national Australian broadcasts (TV and radio) around the R U OK? Day suicide prevention campaign are consistent with Mindframe recommendations for reporting suicide and mental illness. Factors that are associated with the quality of reporting, including broadcast medium, length of the report and whether an R U OK? employee is featured, are evaluated in order to identify strengths and areas of inconsistency with current reporting recommendations, in order to inform strategies to optimise future reporting and the campaign overall.

Methods

Sampling protocol

Media items where sourced from "isentia" (a media intelligence and data technology company) including national broadcasting items (TV and radio) between August and September 2015. To ensure a representative cross-section, we employed a quota sampling approach for item selection, with selection stratified across Australian states, medium (TV and radio) and broadcasting dates. Broadcasting channels included free to air national and local channels, across commercial and state-funded channels.

Broadcast items

The sample included 112 items, consisting of 32 TV items (avg. length 110 s; SD = 35) and 80 radio items (avg. length 286 s; SD = 234), aired between August and September 2015.

Coding protocol

Items were coded according to the type of medium ("TV" or "Radio"), the focus of content ("mental health exclusive", "suicide exclusive", "both-mental health and suicide" or "neither") and the consistency with Mindframe recommendations, based on a nine-dimensional quality scale, used previously (Pirkis *et al.*, 2001, 2008). As the guidelines have been updated since then, the dimensions were updated and extended to include important protective factors as identified by Niederkrotenthaler *et al*. (2010) and align with the Risk of Imitative Suicide Scale as developed and validated by Nutt *et al*. (2015). The quality scale measured the promotion of help-seeking, appropriateness of suicide and mental health language, images, statistics, celebrity status, overcoming suicide and mental illness, methods and location (Table I).

Overall quality scale

Overall quality was assessed using the 13 items from the quality scale that could be binarised, providing an overall quality score (Table II). Broadcasts that were consistent with reporting recommendations were given a score of 1 for each consistent dimension, giving a total possible quality score ranging from 0 to 13, with higher scores indicating higher quality, i.e. consistency with recommendations.

Raters

Items were coded by three independent raters, participating in regular meetings to discuss coding criteria. To ensure consistency in rating across coders, 26 of the 112 items (23 per cent) were rated by all three coders, to determine the level of inter-rater agreement (inclusion criteria Cohen's κ coefficient, $K \geqslant 0.60$).

Analysis

Data analysis was performed using Statistical Package for the Social Sciences (SPSS Version 23). Descriptive analysis was used to assess consistency with Mindframe recommendations, with χ^2 analysis used where appropriate. The α criterion was set at $p < 0.05$ to indicate a statistically significant association. Φ statistics as a measure of association of nominal data was performed in cases where the χ^2 statistics indicated significant findings. Relationships between factors and the binarised overall quality score were determined using logistic regression. As all broadcasts scored highly on the quality scale (i.e. no scores below 9/13), we classified scores below 12 as "suboptimal quality", with scores of 12 or above considered "good quality". Factors were added independently to determine their association with the primary outcome measure of quality, with only variables with sufficient inter-rater agreement ($K \geqslant 0.60$) included.

Results

Descriptive information

A breakdown of the 112 broadcast items by medium and content type shows that the majority of television broadcasts focused on mental illness specifically (59.4 per cent), whereas radio broadcasts tended to report across mental illness (17.5 per cent), suicide (35.0 per cent) and both (46.3 per cent) ($\chi^2(3) = 20.651$, $p < 0.001$; $\Phi = 0.429$, $p < 0.001$).

Quality ratings

Help-seeking

Were helplines included?. Only 43 of the 112 broadcasts contained helpline service details, which was 38.39 per cent of all broadcast items. Of these, 17 broadcasts had the recommended minimum of two helplines or more. The type of helpline was lifeline which was the most commonly

Table I Quality dimensions

Dimension	*Problematic X*	*Preferred ✓*
Help-seeking		
Help services included?[a]	No	Yes
Number of services[a]	Less than two	Two or more
Suicide language		
Suicide presented as desirable outcome[a]	"successful suicide", "unsuccessful suicide"	"took their own life", "ended their own life", "died by suicide"
Use of the word "committed"[a]	"committed suicide"	"died by suicide", "took their own life"
Glamourisation[a]	"failed suicide", "suicide bid"	"made an attempt on his/her life", "suicide attempt", "non-fatal attempt"
Sensationalisation[a]	"suicide epidemic", "spiking rates"	"higher rates", "increasing rates", "concerning rates"
Mental illness language		
Sensationalisation[a]	"mental patient", "nutter", "lunatic", "psycho", "schizo", "deranged", "mad"	"a person is living with", "has a diagnosis of" a mental illness
Negative terminology[a]	"victim", "suffering from", "afflicted with"	"a person is being treated for" or "someone with a mental illness"
Labelling[a]	"schizophrenic", "anorexic"	"has a diagnosis of", or "is being treated for" schizophrenia
Description of behaviour that implies mental illness or is inaccurate[a]	"crazed", "deranged", "mad", "psychotic"	"the person's behaviour was unusual, or erratic"
Colloquialism[a]	"happy pills", "shrinks", "mental institution"	antidepressants, psychiatrists, etc.
Negative stereotype[a]	"violent", "unable to recover", "mental illnesses are all the same", differ in appearance (dishevelled), head clutcher	No stereotype
Images (TV only)		
Images that increase risk/perpetuate stereotypes[a]	Images showing grieving family, funeral, memorials or dishevelled or different looking	More general images
Statistics		
Correct information/statistics presented[a]	No	Yes
Celebrity[b]		
Reference to celebrity deaths by suicide/ mental illness[a]	Yes (suicide, mental illness, both)	No
Overcoming suicide/mental illness		
Personal stories overcoming suicide ideation/mental illness[a]	No	Yes
Personal experience	No	Yes
Bereaved (suicide only)	No	Yes
Ambassador of R U OK[a]	No	Yes
Seek professional help[a]	No	Yes
Seek non-professional help[a]	No	Yes
Methods		
Explicit method mentioned (suicide only)[a]	Yes	No
Location		
Specific location mentioned (suicide only)[a]	Yes	No

Notes: Coverage of celebrity mental health and suicide may be of public interest, however, extra caution should be applied when reporting on celebrity death by suicide, as coverage can glamourize and normalise suicide, which can prompt imitation by vulnerable people. [a]Variables with sufficiently high inter-rater agreement (Cohen's κ coefficient, $\kappa \geqslant 0.6$); [b]context specific

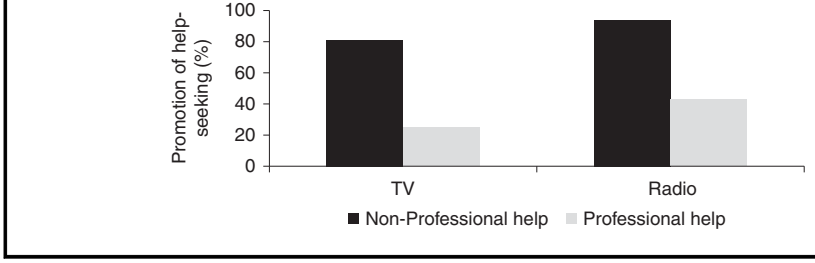
provided service (40 items, 98 per cent), with other support services being provided less frequently (19 items, 46 per cent).

Promotion of professional and non-professional help-seeking. Unlike the low rates of inclusion of professional helplines, non-professional help-seeking (friend, family, colleagues, etc.), as anticipated, was promoted in almost all reports, with 100 broadcasts (89 per cent) encouraging non-professional support (see Figure 1).

Table II Scoring criteria for quality scale

Dimension	*No*	*Yes*
Help-seeking		
Help services included?	0	1
Suicide language		
Suicide presented as desirable outcome	1	0
Use of the word "committed"	1	0
Glamourisation	1	0
Sensationalisation	1	0
Mental illness Language		
Sensationalisation	1	0
Negative terminology	1	0
Labelling	1	0
Description of behaviour that implies mental illness or is inaccurate	1	0
Colloquialism	1	0
Negative stereotype	1	0
Methods		
Explicit suicide method mentioned	1	0
Location		
Specific location of suicide mentioned	1	0

Figure 1 Promotion of help-seeking



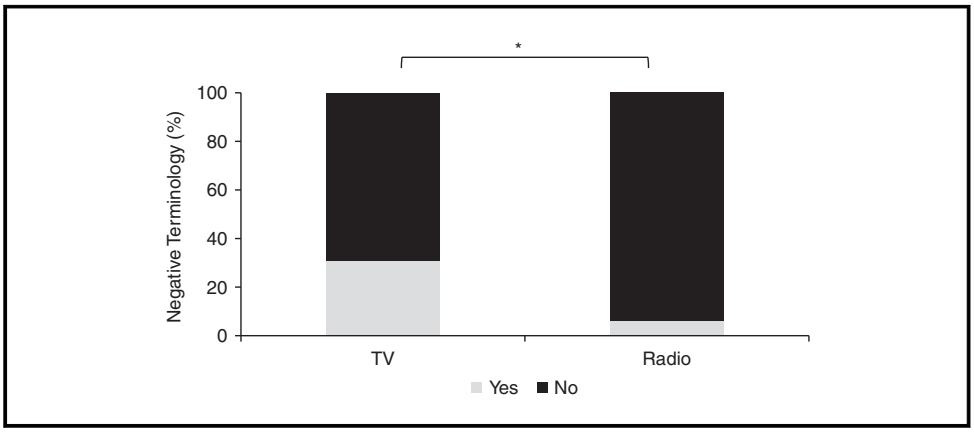
Suicide language

(a) Language not presenting suicide as a desirable outcome: most of the reports (97.3 per cent) used language that was consistent with Mindframe recommendations, with only 2.3 per cent of reports using phrases that suggest suicide is a desirable outcome (e.g. "successful suicide"); (b) avoiding stigmatising language: only 3.6 per cent of reports used the outdated terminology by using "committed" suicide; (c) avoiding sensationalist terminology: 4.5 per cent of items used sensationalist terminology, by suggesting that suicide rates were "alarming", "spiking" or an "epidemic".

Mental illness language and images

(a) Avoiding language that stigmatises mental illness: all reports (100 per cent) associated with the R U OK? Day campaign used preferred language to describe a person's experience of mental illness such as "living with" or "has a diagnosis of" a mental illness. (b) Avoiding negative terminology: negative terminology was observed in 13.4 per cent of items. In all cases, the term "suffering" from mental illness was observed and was significantly more frequent in televised broadcasts than radio broadcasts ($\chi^2(1) = 12.316$, $p = 0.001$; $\Phi = -0.332$, $p < 0.001$; see Figure 2).

Figure 2 Negative terminology by medium



(c) Avoiding labelling: no reports used labels when describing an individual experiencing mental illness and instead used preferred terms such as "has a diagnosis of" mental illness where appropriate. (d) Avoiding colloquialisms: a colloquialism, such as "shrinks" or "mental institution", was used in one case. (e) Avoiding negative stereotypes: four TV broadcasts (3.6 per cent) showed images of individuals in a head clutch pose, when referring to mental illness.

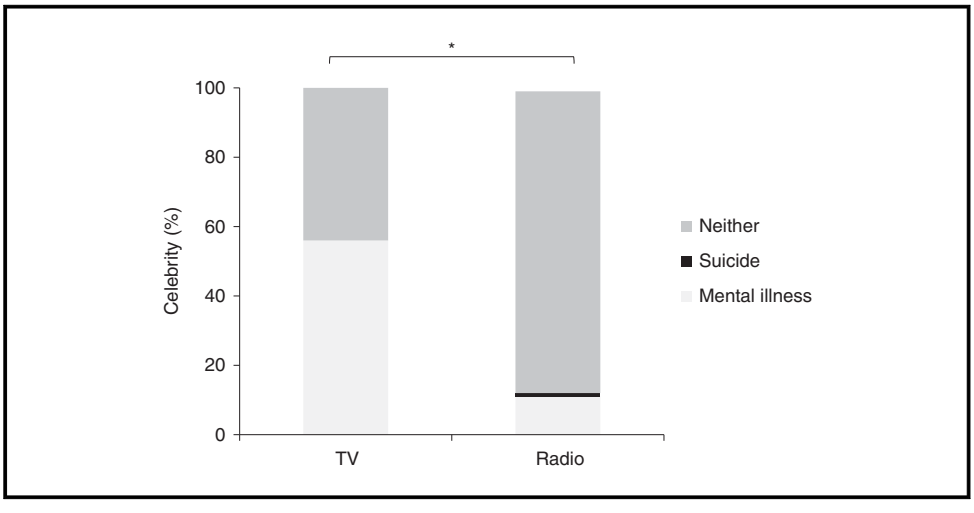
Images

None of the TV broadcast items used images that might increase risk of suicide or perpetuate stereotypes of mental illness, such as a person in a head clutch position, dishevelled looking person, grieving family, graves or memorials that glorify the death.

Celebrity

Celebrity death by suicide was discussed in only one broadcast (0.9 per cent), whereas 27 items (24 per cent) discussed celebrity mental health. Most of these reports focused on a particular celebrity football player, who publicly disclosed problems with his mental health during the week of R U OK? Day. Television broadcasts were significantly more likely to feature discussions of celebrity mental illness compared to radio broadcasts ($\chi^2(2) = 25.033$, $p < 0.001$; $\Phi = 0.475$, $p < 0.001$; see Figure 3). Negative terminology was significantly more likely in reports that featured discussions on celebrity mental illness, when compared to those that did not ($\chi^2(1) = 11.788$, $p = 0.001$).

Figure 3 Use of celebrity stories across TV and radio broadcast items



Statistics

Statistics relating to either suicide or mental illness were presented in almost half of all broadcasts (46 per cent), with only two instances (3.5 per cent) of incorrect statistics.

Overcoming suicide/mental illness

Personal stories involving individuals who have overcome suicidal ideation or mental illness were reported in 43 broadcasts (38 per cent), with reference to personal stories significantly more likely in TV broadcasts ($\chi^2(1) = 17.455$, $p < 0.001$; $\Phi = -0.395$, $p < 0.001$; see Figure 4).

Suicide method/location

Three broadcasts (3 per cent) contained explicit details of the suicide method and one regarding the location (1 per cent).

Ambassadors for R U OK?

Approximately, half of the broadcasts (59 items) featured an ambassador for R U OK?. Most of these involved an employee of R U OK? (44 items), with all others including celebrity ambassadors.

Overall quality

As shown in Figure 5, the overall quality scores were high, with radio broadcasts tending to score higher on the quality scale (mean = 12.15, SD = 0.74) than TV items (mean = 11.79, SD = 0.70), with 31 per cent of radio broadcasts scoring 100 per cent on the quality scale.

Factors associated with quality reporting

Our regression analyses showed a number of factors associated with higher quality reporting. Radio broadcasts were significantly more likely to score higher on the quality scale, whereas broadcasts that involved discussion of a celebrity's mental illness or suicide were significantly more likely to score lower. The data also showed that quality of reporting was significantly higher when a broadcast featured an R U OK? employee. The length of broadcast and the location of broadcast were not associated with broadcast quality (see Table III).

Discussion

To the best of our knowledge, this is the first study assessing the quality of the media coverage of one of the largest national suicide prevention campaigns in Australia, the R U OK?

Figure 4 Personal story overcoming mental illness or suicide

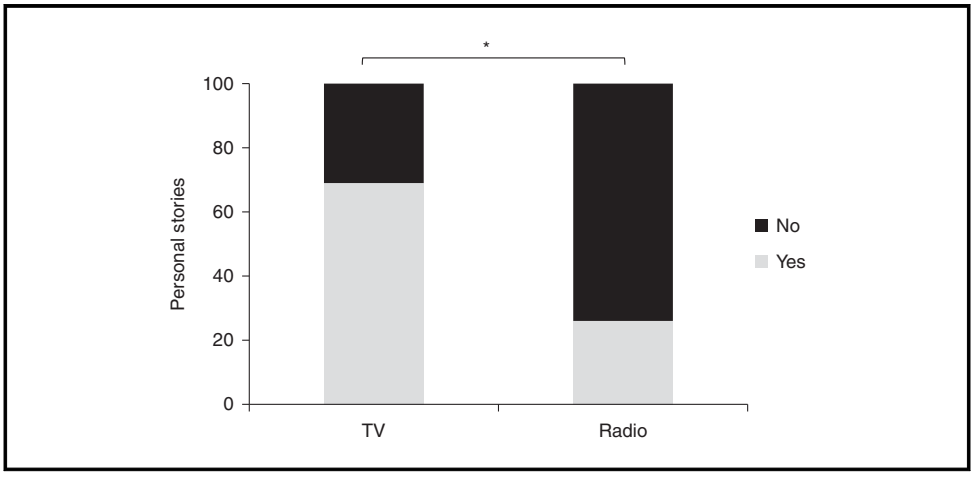


Figure 5 Overall quality scores for TV and radio broadcast items

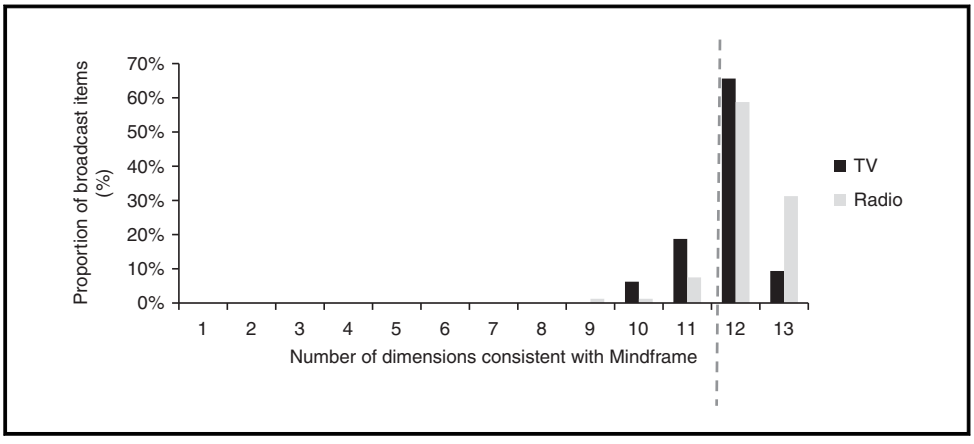


Table III Factors associated with high-quality reporting

Factor	*Subgroup n (%)*	*Good quality n (%)*	*OR (95% CI)*
Broadcast type			
TV	32 (28.6%)	24 (75.0%)	Reference
Radio	80 (71.4%)	72 (90.0%)	3.00 (1.02–8.86)*
Broadcast length			
Less than 1 min	26 (23.2%)	25 (96.2%)	Reference
1–2 min	20 (17.9%)	15 (75.0%)	0.12 (0.01–1.13)
2–3 min	18 (16.1%)	15 (83.3%)	0.20 (0.02–2.10)
More than 3 min	48 (42.9%)	41 (85.4%)	0.23 (0.02–2.02)
Location			
Western Australia	14 (12.5%)	11 (78.6%)	Reference
New South Wales	24 (21.4%)	20 (83.3%)	1.36 (0.26–7.23)
South Australia	16 (14.3%)	14 (87.5%)	1.91 (0.27–13.49)
Northern Territory	7 (6.3%)	7 (100%)	[a]
Tasmania	7 (6.3%)	5 (71.4%)	0.68 (0.08–5.45)
Queensland	7 (6.3%)	15 (88.2%)	2.05 (0.29–14.39)
Victoria	13 (11.6%)	12 (92.3%)	3.27 (0.29–36.31)
ACT	7 (6.3%)	7 (100%)	[a]
National	17 (15.2%)	5 (71.4%)	0.68 (0.08–5.45)
Statistics			
Incorrect statistics reported	2 (1.9%)	0 (0%)	[b]
Correct statistics reported	50 (46.7%)	42 (84.0%)	0.64 (0.21–2.00)
No statistics reported	55 (51.4%)	49 (89.1%)	Reference
Reference to celebrity mental illness or death by suicide			
No	84 (75.0%)	76 (90.5%)	Reference
Yes	28 (25.0%)	20 (71.4%)	0.26 (0.09–0.79)*
R U OK? employee interviewed			
No	76 (67.9%)	61 (80.3%)	Reference
Yes	36 (32.1%)	35 (97.2%)	8.61 (1.09-67.96)*

Notes: [a]Unable to calculate OR as 100 per cent correct; [b]unable to calculate OR as 0 per cent correct.
*$p < 0.05$

Day campaign. Our study addresses this important gap, as sensitive reporting is particularly important in mental health and suicide campaigns because the audience likely includes vulnerable people. Overall, broadcast items associated with the R U OK? Day campaign were mostly consistent with Mindframe recommendations. None of the broadcast

items included images that negatively portrayed mental illness or suicide; used mental illness to describe a person's behaviour; or used terminology that may sensationalise mental illness or glamourise suicide. However, there were a few instances where the discussion of suicide used language that should be avoided, such as the use of the term "committed" when talking about suicide, or presenting suicide as a desirable outcome (e.g. "successful" suicide).

The results also highlight some areas where improvements could be made, such as the addition of helplines for immediate crisis support and avoiding the use of negative terminology when referring to mental illness. The majority of instances where broadcasting items used the negative terminology "suffered from mental illness" involved a focus on an Australian celebrity football player, following his public disclosure of mental illness. This type of language can be problematic as it focuses on deficits/diagnosis rather than strengths. The preferred terminology would be "being treated for" or "living with" a mental illness because the latter wording can carry a sense of hope and possibility instead of being associated with a sense of pessimism and low expectations, both of which can influence personal outcomes. This is consistent with the guidelines developed by the Australian Mental Health Coordinating Council in 2013 "Recovery Oriented Language Guide" (Mental Health Coordinating Council, 2018), based on Rapp and Goscha's "Strength Model" (Rapp and Goscha, 2006), emphasising to use language that focuses on solutions rather than problems/prognosis/limits.

The overall quality scale showed that broadcasts associated with the R U OK? Day campaign were generally consistent with Mindframe recommendations, with all broadcasts receiving scores of 70 per cent consistent or higher, with a number of reports scoring 100 per cent consistency. Due to a lack of studies evaluating suicide prevention campaigns, we cannot directly compare our data; however, when measured against studies into the general adherence to media recommendations, this is very encouraging, as the overall quality is higher than the overall quality score in Pirkis *et al.*'s media monitoring study, who could demonstrate that the overall quality, using a similar score increased from 57 per cent in 2000/2001 to 75 per cent in 2006/2007 for suicide-related items and from 75 to 80 per cent for mental health-related items after the introduction of the previous version of the Mindframe guidelines (Pirkis *et al.*, 2006). Furthermore, international studies into the general adherence show mixed results, with high adherence in countries such as Austria, Slovenia and Switzerland (Etzersdorfer and Sonneck, 1998; Michel *et al.*, 2000; Niederkrotenthaler and Sonneck, 2007; Roskar *et al.*, 2017), and lower adherence in the USA and Asia (Fu *et al.*, 2011; Jamieson *et al.*, 2003; Tatum *et al.*, 2010). The analysis did show that the quality of reporting was higher in radio broadcasts and items that featured an interview with R U OK? employees, who received ongoing communication support by Mindframe. The quality was lower in reports that discussed a celebrity experience of mental illness or suicide. The fact that interviews with non-R U OK? employees presented lower reporting quality could indicate that further Mindframe training focusing on staff involved in broadcasting, particularly TV broadcasters, could be beneficial.

Overall, these results provide evidence to suggest that media reports associated with the R U OK? Day campaign were largely consistent with Mindframe guidelines, which may reflect ongoing communication support of Mindframe throughout the campaign. To test this hypothesis, future research could compare the quality of reporting to a suicide prevention campaign that is not supported by Mindframe and add a control sample of general news items targeting some of the limitations of the current study such as small sample and no control group. Another limitation was the necessary restriction to traditional media; therefore, future research should include media like magazines and internet/social media.

Conclusion

Although the reporting was mostly consistent with Mindframe recommendations, the current data showed that reporting quality could be improved by promoting professional help-seeking behaviour by adding helplines on all reports and avoiding the use of negative terminology when referring to mental illness. These reporting inconsistencies could be addressed by R U OK?,

and strategies should be developed to ensure further optimisation. Future research could evaluate the effectiveness of implementation of such strategies in upcoming – including international – media campaigns.

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