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Professional counselling, research and training

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Dear Ms Bleeser

# Senate Community Affairs References Committee – Inquiry into Suicide in Australia Further Information and Request for Correction to Hansard

Thank you for allowing Crisis Support Services (**CSS**) the opportunity to provide further information to the Senate Committee Affairs References Committee – Inquiry into Suicide in Australia, following our appearance before members on 25 March 2010, during which they requested that we provide further information on a number of points.

We have provided the statistical responses required by the Senators below, however, would be most pleased to provide further information or clarification, as required.

### Request for correction to proof Hansard – Community Affairs Public Hearing, 25 March 2010

We request that the following correction is made to our testimony. Please change the word 'or' to 'and' in the following sentence on page CA25, as follows:

'Ms Kennan – I think we would be able to get records of it, yes. Certainly we have records of our incoming er and outgoing calls.'

## 2. Additional Support for Patients at Risk of Suicide and Self Harm – After Hours Support (ATAPS)

The percentage of calls from clients to the ATAPS line, is approximately 60%. Clients are encouraged to call if they are not able to reach their regular psychologist or health provider, particularly overnight or on weekends and public holidays. Approximately 35% of referrals are received from psychologists, with an additional 5% being a request for contact to be made with a client within 24 hours.

#### 3. Suicide Call Back Service (SCBS)

a. Percentage of clients from regional and remote areas

At this stage, the regional or remote location of those clients is not reported against, however, CSS collects information on the State, suburb and postcode of clients within the SCBS and, indeed, across all of our services. We are currently exploring a number of technological options to increase the quality of our data collection and

analysis, including programs that will allow us to analyse postcode data by LGA and/or regional areas.

We can report that, from July 2007 to present, we have provided the SCBS to clients from every State and Territory in Australia, as follows:

ACT:	7	NSW:	115	SA:	38	VIC:	360
NT:	6	QLD:	78	TAS:	18	WA:	30

CSS is currently working on a national promotional campaign for the SCBS, aimed at both health professionals and people who need the service.

#### b. Percentage of clients who continue after 6 sessions

Approximately 5% of clients continue with the SCBS following the allotted six sessions. This is generally due to the client not being able to access appropriate services in their area, for example due to being in a regional location, or requiring more regular support than they are able to access.

#### 4. Mobile phone

Across services, approximately 5% of people (7,600) per annum request a return phone call as they are not able to afford to continue the call. In most cases, this is due to a lack of credit on their mobile phone. In all cases, CSS immediately returns the call.

#### 5. MensLine Australia

We can confirm that approximately 90% of MensLine Australia clients have indicated that the gender of the counsellor they spoke to was not important.

MensLine Australia counsellors do not specifically ask the sexual preference of a caller, although do include identification in the call notes if it comes up as a relationship issue and has relevance for the support provided to that caller.

#### 6. Training

Without active promotion, CSS currently receives approximately a dozen requests for training per month. With a small team (2 trainers plus the ability to access external trainers), CSS is not yet able to meet all requests for training.

Presently, we are working with Centrelink in Victoria to provide suicide risk assessment and 'working with difficult clients' training to staff.

CSS is considering the expansion of our training provision and is eager to explore opportunities for funding.

CSS is committed to the provision of accessible, professional counselling to people who need it, when they need it. We would welcome further questions and discussions, or, indeed, a visit to our offices, from the members of the Senate Committee at their convenience.

Yours sincerely,