# Preliminary Submission to Senate Select Committee on Mental Health

**“Australia’s ‘safe haven’ at risk”**

**Version 1.0**

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# 1. Executive Summary

1. There is no doubt that a 24 hour telephone counselling service plays a uniquely valuable role within a contemporary and comprehensive mental health system. It has:
   a. the ability to provide counselling that is more widely available to the general public than face to face counselling services,
   b. the ability to provide a rapid response intervention eg in the case of a suicide in progress,
   c. the ability to detect and manage early indications of an illness, refer to other appropriate services, and
   d. the ability to support clients who are waiting to gain access to a specialist mental health service or are currently involved in a service but are needing additional support and connection.
2. Lifeline is a key source of social and emotional support for many thousands of people living with mental illness in Australia today.
3. Lifeline is the after hours referral point for many mental health services, GPs, psychologists, psychiatrists and other allied health services.
4. Lifeline does not receive recurrent state government funding to manage increasing demand of mental health callers or enable service development. (The exception is Victoria which has renegotiated part-funding of Lifeline in Victoria from July 1 2005. NB this is not an increase of funding to telephone counselling but a rationalisation of funding across health regions.)
5. Many Commonwealth and state government services advise clients to call Lifeline if they are in crisis.
6. Increased demand on Lifeline's 24 hour telephone counselling service over the past 10 years from people living with a mental illness, experiencing high levels of psychological distress and not coping with daily living has meant many callers cannot get access to Lifeline for long periods of time exacerbating their distress and placing them at risk.
7. Evidence suggests that Lifeline is regularly talking to people who are not receiving any other mental health services yet they are experiencing high levels of psychological distress.[1]
8. Evidence also suggests Lifeline is providing an additional support service in an area where public services are stretched, where there are GP shortages and where after hours access to support is required.
9. For many people seeking mental health services the barriers of high cost, confusion of where to go to get help, stigma and long waiting lists are too high.
10. Lifeline's community based, decentralised model enables community capacity building and other support services to be delivered at the local level which is particularly important for rural and regional Australia where other services are

[1] "Who Calls Lifeline South Coast: Baseline Study" CEPHRIS, David Perkins, 2004

limited. This approach helps address community attitudes on mental health and reduce stigma.

# 2. Recommendations

1. Recurrent state government funding for Lifeline's 24 hour telephone counselling service to enable it to meet increased demand of mental health callers and appropriate service development which can respond to the high usage and referral traffic by government agencies.
2. Recognition of the unique role of the NGO in service delivery. The whole community must be engaged to properly service mental health needs in Australia. It cannot all be done by government. However the NGO sector must have financial and policy support to fulfil this role.
3. Recognition of the role telephone counselling plays in the spectrum of care for mental heath from prevention to early intervention and recovery.
4. Recognition of after hours needs of clients and resourcing of these services including Lifeline's 24 hour telephone counselling service.
5. Continuity of care approach to people living with a mental illness, enabling agencies at the community level to link together to ensure adequate are plans are carried out.
6. Funding for outreach telephone services for people living with mental illness will significantly prevent the load on the mental health system and more effectively contain the impact an illness has on the individual.
7. Recognition of the complexity of practical, social and emotional needs of mental health consumers – a medical model alone cannot meet needs.
8. Provide more effective responses to those lacking adequate accommodation and those needing help with living skills (supported accommodation).
9. Investing in capacity building of Lifeline services at a local level (especially in rural and regional Australia) will enable other key services such as suicide prevention services to further develop.

# 3. Background

## 3.1 History

Lifeline was established in 1963 by the late Reverend Dr Sir Alan Walker. He started Lifeline after receiving a telephone call from a distressed Sydney resident. Three days later, feeling lonely and depressed, the man tragically took his own life. Determined to prevent even one more death as a result of loneliness or isolation, Sir Alan launched a Sydney-based telephone counselling service. Within its first day of operation, the centre received over 100 calls for help.

In keeping with Sir Alan's original vision, Lifeline centres overcome time and distance by providing compassion and care to all Australians. The mission of Lifeline is to strengthen the capacity of communities and individuals to make life-affirming choices which alleviate distress and promote well-being.

Lifeline today is a federation of 42 Member Centres who operate local services in over 60 locations around Australia. Lifeline is a grass roots organisation and the 42 Centres rely on the support of their local communities to maintain volunteer participation and financial resources. Lifeline also maintains a national office for the management of the 13 11 14 phone number, for policy development, maintenance of service standards and to operate some national services which are currently funded through the national office of Lifeline by the Australian Government. It also operates in 15 other countries around the world.

Although Lifeline is most well known for its 24 hour telephone counselling service (13 11 14) it provides a comprehensive range of services depending on local community need such as free personal counselling, financial counselling, suicide prevention training and support, youth services, disability services, welfare programs, rural services, migrant support services, family mediation services and information education and support groups.

## 3.2 Lifeline as a 'safe haven'

Over the past 10 years, the issues surrounding mental health have become critically prominent in Australian society. There can be no argument that significant stigma still exists around a diagnosis of a mental illness, and that a large number of people do not seek help due to this stigma[2]. Lifeline's confidential telephone counselling service has always provided a safe haven for persons with a variety of social and emotional problems to seek support and assistance due to the non-judgemental, confidential nature of the service.

This 'safe haven' for the Australian community is currently at risk because of a number of factors.

1. The view held by many government funded or mainstream health services that Lifeline is a 'defacto' after hours mental health service has increased demand from callers with complex mental illnesses at an unprecedented rate. This demand has meant that our traditional 'callers in crisis' or suicidal callers are the least likely to gain access to our telephone counselling service – potentially putting lives at risk and damaging the faith the community has in the service.
2. The lack of resourcing to the whole sector, particularly for community based care, has meant that <u>adequate continuity of care cannot be developed or</u>

[2] National Mental Health Survey "62% of people do not receive care etc"

maintained in any meaningful way which is essential to protect against risk of suicide or recurrent personal crisis for people living with a mental illness. Lifeline has not been resourced to link effectively with other mental health service providers at a local level to provide adequate continuity of care or adequate responses to the complex needs of many referred callers. The result of this is that many people 'fall through the cracks' and are at high risk.

3. The lack of adequate provision of services designed to meet the complex range of practical, social and emotional needs of mental health consumers results in high levels of frustration by carers, consumers and service providers and is an ongoing risk to individual and community well being.

## *3.3 The Role of Lifeline in Mental Health*

The role of Lifeline in mental health was acknowledged by the Mental Health Council of Australia when Lifeline was granted entry to the Mental Health Council in November 2001. For an organisation to be granted full membership of the Mental Health Council, the Constitution of the Mental Health Council requires that the majority of that potential member's work be focussed in the area of mental health. Lifeline has also been acknowledged for its mental health work by being chosen as the pilot host for the "Just Ask" program operating out of the South Coast of NSW and its significant role in suicide prevention over years through the Youth Suicide Prevention Program and now Living Works Suicide Prevention Programs. In 2004 Lifeline was given an award at the 2004 THEMHS Conference in recognition of an exceptional contribution to Mental Health Services in Australia. This award is coordinated and judged by mental health consumers in Australia.

Yet in spite of this recognition at a national level, by key peak bodies, the Australian government and by consumers and carers there is little or no recognition by state governments that Lifeline plays a key role in the spectrum of care for those with mental health problems. It has not received recurrent state government funding to manage increased demand of mental health callers or enable service development for the role it plays. Lifeline is overburdened by people referred to our service with complex mental health needs. Appropriate service development and an adequate response to caller needs have not been possible due to a lack of resources.

Lifeline as a largely self funded Non Government Organisation (NGO) has become a defacto after hours mental health service with volunteers answering call after call from people with a mental illness that have been referred to Lifeline from other mental health services unable to cope with high levels of demand. Lifeline is not adequately equipped, resourced or developed to fulfil this role appropriately. Many of our traditional crisis callers have not been able to access our service because of the dominant usage of some mental health callers. With over half a million calls per annum being answered by Lifeline volunteer telephone counsellors it is clear that this is a significant community problem.

It has also been Lifeline's experience that because we do not receive funding for service delivery, we are not consulted about state government mental health policy or invited to contribute in any meaningful way to service planning or program development.

Adding to these difficulties is the additional problem of confusion of terminology and stigma for the community. As stated earlier – stigma cannot be underestimated as a barrier to accessing help and early detection of mental health problems. According to the definitions of mental health generally applied – there is no doubt that most callers to Lifeline are experiencing impaired mental health at some level. However the terms 'mental

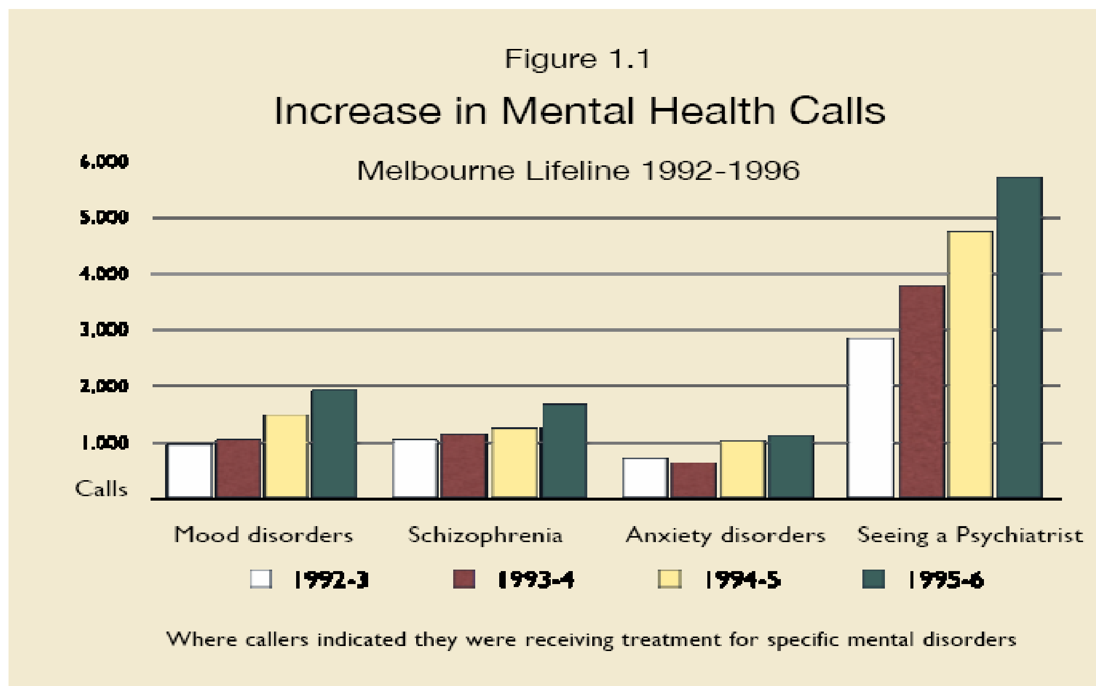
health' and 'mental illness' are often wrongly applied by the community, the media and the health sector, thereby confusing the community and imposing another barrier to help for those in need.

It has also been Lifeline's experience that many people cannot articulate why they 'feel sad' or 'feel distressed' and as a result, accurate self diagnosis is very difficult for many people. The benefit of having a non exclusive service, accessible to 'anyone, anytime, any issue' is that early detection of potential mental health problems can occur and referrals to more appropriate services can be made by skilled and trained counsellors.

For this reason, Lifeline does not wish to identify itself publicly as a 'mental health' service because the public assume that this means it is only a service for those with a mental illness which is a barrier to some people calling. It is essential that Lifeline retains its position in the community as being a generic, non exclusive, caring compassionate service, connected to communities, accessible to all Australians.

## 4. Evidence of Mental Health Demand on Lifeline's Service in the 1990s

Standardised national Lifeline data on mental health calls was not collected until recently. However, research conducted by Lifeline Melbourne during the 1990's showed that the number of calls from people seeing a psychiatrist increased 102% in a pivotal four year period in the 1990s.[3] This increase (Figure 1.1) came in the context of an overall increase of 8% in all calls during the same period. So the proportion of calls known to be about mental health increased dramatically.




[3] Lifeline in Mental Health, B. Turley 2002

# 5. Rural and Metropolitan Differences

- Rural Australia is characterised by distance, sparse infrastructure and population, and a lack of health services. Even if services are readily available to rural clients they may be reluctant to seek assistance such as face-to-face counselling from services located within their community. Telephone counselling means people can gain access to a counselling service and referrals to other providers whilst they maintain their anonymity and dignity. For housebound callers, people in rural communities and isolated individuals, a telephone counselling service can be thought of as an important component of the mental health service. For these and other reasons telephone counselling services have become an integral part of community health care and welfare resources throughout the developed world.
- Health services access, help seeking behaviours, health risk factors, and health status have all shown differences between geographic areas of Australia, and elsewhere in the world. There are clearly recognised differences in health care access and availability between metropolitan and rural populations. Compared to metropolitan areas the health services access for people living in regional Australia are influenced by the lower number of general practitioners, lower rates of bulk billing, and lower levels of access to specialists and major hospitals as a consequence of longer travel distances.
- Help-seeking behaviour in non-metropolitan areas may also be different. Non-metropolitan and metropolitan individuals with equally severe disorders can perceive a similar need for services, yet non metropolitan residents may need to reach a higher need-for-care threshold before seeking care. A traditional stereotype of rural masculinity is associated with stoicism and a stigma attached to seeking help with problems. Stigmatisation and confidentiality issues may be responsible for reluctance to accept assistance from formal services in rural areas.
- Health risk factors have been reported to be higher in rural and remote Australia. For example, rates of asthma and diabetes have been reported to be greater in rural Australia. Residents in rural and remote areas were more likely to be regular smokers (26%), compared to people from metropolitan areas (21%). Compared with their metropolitan counterparts, rural/remote areas males and females aged 20-29 were twice as likely to consume alcohol in hazardous or harmful quantities.
- Health status between metropolitan and non-metropolitan areas also shows inequalities. Metropolitan areas of Australia have the highest life expectancy, while those in rural areas follow. Remote areas report the lowest life expectancy. There has been a trend for higher rates of suicide amongst males in rural and remote areas when compared to metropolitan areas. Significant increases in suicide rates have been reported from populations of less than 4000.
- Telephone counselling services such as Lifeline represent a health service with few barriers to there access, which make them vital to rural and isolated people. A significant advantage to the use of a telephone service is that a person can decide to seek assistance and receive it whenever and wherever the need arrises with complete confidentiality. Geographic distance and isolation is

no obstacle to people benefiting from being linked to telephone support at all times.

- The accessible nature of the Lifeline telephone counselling service suggests it has a particularly important role to play in contributing to the health and wellbeing of rural and remote Australians. In support of this claim Men's Line Australia report almost 60% of its calls for counselling are from men living in rural Australia, yet only around one third of Australia's population live outside major metropolitan areas. Lifeline data demonstrates that as rural Australians have generally poorer access to health care, less opportunity for social interaction, and, in many cases, a relatively greater risk of health problems than in metropolitan areas, they use the Lifeline service with greater frequency than those in less remote and more accessible areas of Australia.

# 6. Case Studies and Personal Stories

## *6.1 Letter sent to Lifeline in 2004.*

*"I am writing this letter to say thank you for saving my life. You see, over a year ago I suffered from an illness called alcoholism. This suffering and pain lead me into deep depression and very frequent suicide attempts, as I felt I had no way out of the pain.*

*I am writing to thank you for your compassion, patience and understanding with me for always being there for me when I called no matter how verbal or aggressive I was. I would also like to apologise very much for anger when I did call at times, I didn't know about alcoholism then but the workers there did not deserve my unsettled behaviour.*

*After 6 months of extreme suffering, a woman on the phone at Lifeline said, "do you think you have an alcohol problem?" I have been in Alcoholics Anonymous for over a year now and live a very happy wonderful life.*

*I just wanted to say thank you for helping to give my life back, I know I would be dead now otherwise.*

*The work you do is truly a godsend.*

*Sincerely*

*A grateful member of the community"*

## *6.2 The benefit of outreach services – a case study*

- Frequent Caller with mental health diagnosis
- Receiving care from Psychiatrist, Mental Health team, GP, disability and home care services
- Conflictual relationship with <u>all</u> service providers
- Often calls when suicidal and unable to access other support systems
- Was making between 10-20 calls daily to Lifeline, over several months
- Challenging behaviours raise high level of duty of care for caller, and also for volunteer counsellors

- Limited opportunity for further referral of client
- Needs a collaborative care plan
- Unfunded 'call backs' initiated by Lifeline once per week to frequent caller are reported by the client as making a significant contribution to helping stabilise their circumstances. Now rings occasionally though relies upon outbound Lifeline calls to reduce distress levels. This has significantly reduced the effect this one client has had on a whole network of mental health services.

*Lifeline Sydney*

## 6.3 Need for long term social and emotional support – personal story

Letter from 'Vincent'

*"Since my father's death on 27 May 1997, I have been a regular caller to Lifeline on the 13 11 14 number. I live with schizophrenia and I was devastated by my father's death. I have at times been suicidal, delusional, hallucinating, grieving and living with the body blow that life with a mental illness can deal plus I was a 50 cigarette a day smoker and I believe that at least in part I owe my life to Lifeline.*

*During this period all but one or two of your counsellors were warm and empathetic to my cause. The work these volunteers do go largely unrecognized by bureaucracy or government bodies but Lifeline always gave me support even though government organizations quite often were very short with me, for example Mental Health services.*

*If it wasn't for Lifeline, CentaCare and my family, I probably wouldn't be alive today."*

*Lifeline Mid Coast*

### 6.3.1 Other reports from callers in the Mid Coast NSW Area

Below are listed the most common comments made to both Telephone Counsellors and face to face counsellors on a regular basis.

- Client is in crisis and states they presented to Accident & Emergency (A&E) but were turned away
- Client released from hospital without a release plan - no follow-up or supports in place (there are no support programs)
- Client is suicidal and has been turned away from A&E
- Parent (often elderly) calls because their schizophrenic child has taken themselves off their medication and has become dangerous.
- Parent told by A&E the child has to voluntarily present to A&E. Child has previously been turned away because not sick enough.
- Mental Health team asked to see client who is extremely suicidal and is told that Mental Health does not deal with personality disorders. Told to try Community Health - given the same information – then told to call Lifeline.
- Suicidal clients feel like they are belittled and devalued when they call to seek help from Mental Health

- Clients reluctant to go back into hospital because there are no programs there. They sit around smoking all day with no intervention - not even counselling for their depression. Usually see their doctor once or twice in a week.
- No follow-up plans for suicidal clients - just discharged (if on rare occasions they are admitted to hospital)
- After a suicide, no follow-up with family and friends for support/education
- Clients have a difficult time staying in housing - need supportive housing initiatives which include mental health support
- Since the Mental Health line commenced in the Mid Coast area, the number of calls to Lifeline has increased significantly, as has demand for face to face counselling. The Mental Health line cannot cope with the volume of calls and referrals to Lifeline and personal counsellors has increased
- Rural GP's often don't bulk bill so Mental Health clients must go to Accident and Emergency (A&E) to get prescriptions.

In short, the mid north coast Mental Health department has not enough people on the ground to cope with the numbers of sufferers of mental health in our area. There are no programs, and no case workers (two for the estimated 5,000 critical sufferers of mental health). There are no gazetted beds between Taree and Coffs Harbour, and only visiting psychiatrists. '*We can't even say there are huge gaps in our mental health programs because we do not have any programs' Lifeline Mid Coast Manager.*

*Lifeline Mid Coast NSW*

## 6.4 Benefit of community based 24 hour response – a case study

A local transport Company in Liverpool contacted Lifeline Macarthur regarding a recent traumatic incidence of a suicide on their premises.

Lifeline received a call from this company on 4th April 2005, informing them one of their staff members had taken his life on their premises. Colleagues and staff were distressed.

A female member of staff contacted their local GP whose office is just around the corner to seek counselling for the staff members. The local GP then recommended the company contact Liverpool Health Service to request trauma counselling. The service advised that the counsellors go home at 1pm and there is a 2½ to 3 weeks wait for counselling. The person they spoke to at the Liverpool Health Service didn't know of anyone else in the area that could help the receptionist who was making the call. We understand the female staff member was quite distressed. She contacted another place in Parramatta and they could not come out until the following week.

Using initiative, and seeing the need of the staff, the female staff member got the telephone directory out to find services that may help. She found Lifeline's phone number and phoned us at 1.17pm. The lifeline staff and volunteers informed the female staff member that we could attend if there were no other services available. The caller was very frustrated and angry with the lack of assistance from a government department and others that could not attend to a crisis situation. Lifeline Macarthur immediately organised for two staff members to travel to the company and attend to the trauma, distress and crisis of their staff members. (The two Lifeline staff members arrived at the premises at about 2.30pm).

The Manager introduced the Lifeline team to members of the staff who were closely associated with the suicide victim. We were all placed in the men's lunch room and the distressed work colleagues were able to discuss their role and their association with their mate, and the anguish and shock they were experiencing. We spent about two hours listening and supporting the enormous impact the death of their colleague had on them and their co-work mates. A package of bereavement after suicide material was left with the company, with cards and Lifeline phone numbers offering anyone to phone Lifeline at any time.

A telephone follow up call has been undertaken by Lifeline, and continued to deal with the emotional trauma and distress of the Manager who discovered his staff member and who played an active part in contacting the police and ambulance. (This person was not part of the initial group as he wanted his staff to be attended to and felt he needed to keep the place operational). The funeral has taken place, but staff remain quite traumatised and distressed. We have been informed that the 11 year old son is having difficulty in dealing with his father's death. It is apparent that management and staff will have issues to resolve. A further follow-up call has been arranged and if necessary a further site visit.

*Lifeline Macarthur*

### 6.5 The value of taking time to care – a view from a telephone counsellor

Nearly a third of all calls emanate from troubled people with some form of mental health problem. Mostly they are or have been clients of Psychiatric Services and many have been disenchanted with the treatment they say they have received. They often turn to Lifeline for emotional support. Lifeline counsellors are trained to listen and validate callers concerns. They make time to reinforce callers as worthwhile human beings. Psychiatric services often do not have the time to do this. They are also under resourced and largely do not have time to sit and listen to clients and provide emotional support. Most people with a mental illness are not in a position to 'get on with it'. Consequently they can be very frustrating to a carer who has a 'time limited round' to attend to.

Psychiatric care is embedded in a medical model of treating illness, which leaves the responsibility of care largely with the client. A medical practitioner, in this model, may prescribe medication however it is entirely up to the patient to see that this medication is appropriately consumed. This model is not appropriate for many people in crisis. A suicidal person can be discharged from hospital the moment the self-inflicted wounds are treated. But the crisis is not over. Follow up is required. But follow up is rarely provided. Lifeline talks to many such people. They need a higher level of care.

The above explains the essence of what Lifeline regularly experiences through its telephone counselling service. People under stress need more human care. They cannot get it from the current public system, which is itself under stress. Lifeline counsellors are trained to listen, to validate, and to affirm which we are told is valued by callers.

*Lifeline Ballarat*

### 6.6 Face to face counselling and support enabled by a decentralized community based service delivery model.

Lifeline Bundaberg have run groups for people experiencing anxiety and/or depression for a number of years. The groups include people who care for those who experience these conditions. In the first group run for depression (9 week program) in 2001, 53 people

attended on the first night. The room could only cater for 25-30. This program has had to be scaled down due to a lack of resources. We now only have a short 4 hour 'Understanding Depression' course. Demand is still high.

Lifeline face-to-face counselling delivers services to a high percentage of people who experience anxiety and/or depression. Many times we are the referral point for a client to see a GP, but most often clients are referred from the GP to the counsellor. Trauma is often a feature of personal and relationship counselling and there is a raft of evidence associating episodes of mental illness with past trauma.

Time: By far the most critical asset offered by our counselling service is the time to fully engage with the client to help them in the most appropriate way. All our counsellors are trained in a number of therapies including Cognitive Behaviour, Solution Focused, Emotion focused and family and relationships counselling. These are well recognised was having an effective influence on the treatment of depression (DSM IV-R). All these therapies, through considered brief, take more time then the medical profession have to offer and are not affordable or available for many people through the private sector. Not withstanding the willingness to provide the client with the time needed to overcome their experience, we have an embarrassingly long waiting list due to insufficient resources to meet the demand.

***Benefits of after hours support***

The 24/7 telephone counselling is frequently a referral point for support to people experiencing less than severe and acute mental illness. One of the features of depression is early morning wakening (2am) and hence the 24 hour service is particularly useful to this target group. Telephone counselling is a vital preventative support to people vulnerable to mental health issues and is a useful and sometimes crucial stop-gap support for people experiencing mental illness waiting to receive more specialized therapy. It can be used to identify and mobilize support for people having an acute episode, but also, with specific training and a skilled counsellor, the service can also be therapeutic for some forms of mental health issues – especially anxiety and depression.

***Benefits of volunteering***

Lifeline Bundaberg provides numerous opportunities for people vulnerable to mental health issues performing valued and meaningful activity in the community. This ranges from working in the fundraising (opportunity shops), to doing Telephone Counselling work. At the moment Lifeline Bundaberg have a large number of people with disabilities (some including mental health issues) working as a paid team doing rag cutting. The support afforded to these people is made possible because of the ethos and training provided by the organisation. Meaningful work is well known to be a protective factor for some people living with a mental illness.

*Lifeline Bundaberg*

## 6.7 The effects of increased demand from mental health callers on volunteers, staff and resources – case studies

***Introduction***

As people with mental health difficulties now form a bulk of Lifeline's service after hours, Lifeline Newcastle and Hunter has had to both alter the form of training presented to trainees, and find new ways of handling regular special needs callers, or those who require sustained consistent support over the telephone counselling line.

A relationship has been formed with Hunter Mental Health, who visits the Lifeline Centre once a fortnight to assist in forming a case plan for special needs callers where possible. Consistency of response is given by detailing features of ongoing problems of regular callers to assist the counsellors to respond appropriately.

All of this takes a considerable amount of time and resources, but has reduced the stress levels of the Telephone Counsellors (TC"S) in confidently knowing how to respond. A negative effect of being used as an after-hours defacto mental health service provider is that the turnover of volunteer counsellors has accelerated, particularly over the past five years. This creates great stress on staff in recruiting and training at a more intense rate, and in losing the potential quality of trainees who do not stay long enough to mature and grow in the role.

This increased costs and strain threatens the sustainability of Lifeline Newcastle and Hunter to continue providing a 24/7 service.

A second major negative effect is that the call access rate has reduced, because of the length of time spent with our special needs callers. Who is missing out?

***Some typical case studies:***

"Bob" suffered frontal lobe damage in a car accident when he was 20. This damage may explain why Bob can become very fixed on one idea. He can present as very low and depressed, or very excitable and speedy. In the past has disclosed a history of suicidal thinking and behaviour, as well as self harm. He has reported recreational drug use. Has had a history of calling Lifeline from 2000, especially when he is distressed i.e. after a relationship breakdown.

"Gary" is in his 60's and has a mental illness. He reports being lonely and often discusses wanting a relationship with a woman. He suffers from chronic depression, reported Obsessive Compulsive Disorder or symptoms, and schizophrenia. Sometimes reports feeling suicidal. Gary becomes stressed anxious and depressed when he experiences change. He has reported feeling unappreciated and disempowered in many areas of his life. He has family, but mostly reports feeling isolated. Has been calling since 1998. Involved with the local mental health team. Suicidal ideation. Suicide method – electrocution. Cyclic bouts of suicidality, subsequent hospitalisation, and changing medication. Counsellors use HARP method to keep him supported.

"Grace" - about 40 years old but may present as childlike and lonely. Grace has schizophrenia and lives in a group home, but sometimes feels lonely. Can talk about the voices in her head, sometimes calls to have a chat, other times seeking reassurance that the voices in her head do not have to be obeyed.

Counsellors do risk assessment and refer back to her carer or mental health support team. Has been calling Lifeline since early 2004

"Mary" very isolated no contact from family. She rings for support. Elderly and in state housing. Suffers from arthritis, diverticulitis, gall stones, leg ulcers, epilepsy, and agoraphobia and depression. History of abuse with ex-husbands, drug dependant daughter. Presents as good humoured, or angry and frustrated. Been ringing Lifeline since 2000, Regularly depressed and frustrated.

For each of these cases and all others we maintain a specific approach to our counsellors to gain consistency, and to help, not hinder, the person's ability to cope with their difficulties, feel socially connected and maintain hope.

*Lifeline Newcastle and Hunter*

# 7. Consumers and Service Providers Experience of and Need for Lifeline Services

During attendance at the THEMHS conference in 2004 Lifeline were approached by two distinct groups who expressed there views of Lifelines role in mental health :

***Consumers***

Many consumers spontaneously approached the Lifeline stand to express their appreciation for the Lifeline Service. Visitors thanked Lifeline for being there in their time of need. Some indicated that they called the Telephone Counselling service 13 11 14 during times of crisis while others indicated that they contacted Lifeline more regularly.

***Mental Health Workers***

Mental Health Workers visited the Lifeline stand to collect copies of the Lifeline card and requested posters to provide information to their clients. Mental Health workers stated that they provided the Lifeline number to their clients and suggested that if they were in need, out of business hours, that they contact Lifeline's 24/7 telephone counselling service.

Mental Health workers stated that the Lifeline card with the phone number was placed at their reception desk and in one instance the mental health worker said that they displayed the Lifeline contact details on their shop front window. These people also expressed their appreciation to Lifeline because Lifeline provided a 24 hour service when they were not available to support their clients.

This anecdotal story is repeated over and over throughout Australia – both consumers and mental health workers are appreciative and value the work Lifeline does and consider it an essential service.

# 8. The Contribution of Lifeline Training to improving the Mental Health of Communities and Individuals

***Lifeline Certificate IV Telephone Counselling Service***

The Certificate IV Telephone Counselling course provides volunteer Telephone Counsellors (TC's) with knowledge, skills and attitudes that increase community capacity to support and accommodate people with a mental illness. The TC training includes an elective which provides an orientation to mental health work. The more than 5,000 TC's throughout Australia provide a significant base for community understanding of mental wellness and support for people who are experiencing mental illness.

The Certificate IV TCS provides an articulation pathway to higher education for mental health workers within rural and regional areas. The University of Ballarat, University of New England, James Cook University, Southern Cross University, Wollongong University and, University of the Sunshine Coast consider applications for unspecified and/or specified credit for graduates of the Certificate IV TCS into courses of counselling and psychology.

The Certificate IV TCS is often the entry point for future mental health professionals. Women returning to work and workers exploring career changes into helping professions, use the telephone counseling training program to investigate the possibility of entering the mental health profession.

The Telephone Counselling course is also used by students in undergraduate courses of Social work, Counselling and Psychology to gain experience in interacting with clients with mental health conditions.

# 9. The Suicide Prevention Role of Lifeline and what still needs to be done

Lifeline also delivers a range of other suicide prevention services apart from the 24/7 telephone counselling services throughout Australia. Lifeline staff and volunteers regularly visit places such as schools and workplaces to attend to individuals, families and communities who are struggling with suicide and loss. All day, every day, Lifeline is working to prevent suicide and increase help seeking behaviors in the Australian community. This is also part of the role Lifeline plays in mental health.

Some of these services are:

- LivingWorks Applied Suicide Intervention Skills Training (ASIST) and suicide awareness programs (there are over 400 trainers throughout Australia and more than 20,000 have been trained)
- Suicide Buddy programs to support people after a suicide attempt
- Suicide bereavement, grief and loss programs (support after suicide)
- Encouraging help seeking in the workplace (e.g. Motor Traders Superannuation ‘Read the Signs’ Program)
- Depression awareness training and support
- Suicide Prevention Network (support groups)
- A mental health information service ‘Just ask’ (1300 13 11 14)
- A free – web based national referral database for help seeking
- Self help resources available via the web or hard copy

However there is much that yet needs to be done especially to support and protect those most at risk such as those living with a mental illness. Some of the most at risk of suicide in our community are those people with a mental illness, especially after discharge from hospital or following treatment. Follow up for these people is essential, yet does not often occur due to a lack of coordination and resources. Also those bereaved after a suicide or for families and friends after a suicide attempt – there are few services for these people and research shows they are at high risk.

Lifeline is ideally positioned to assist in this work if resourced to do so.

# 10. In Summary

Australia has come a long way in the treatment and care for people with mental health problems since Lifeline began in 1963. However there is much yet to be done to achieve an appropriate system of care. This cannot be achieved by one sector alone – it is everybody’s business and we must work together until we get it right. Lifeline can be part of this solution given adequate recognition, resources and respect for its unique role.

# 11. References

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