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# [ Lifeline Calls ]

An insight into community concerns

Profile No. 1 August 2004

## Lifeline's History

The idea of helping people by telephone was the inspiration of the Reverend Dr Sir Alan Walker. He had been Superintendent of the Central Methodist Mission in Sydney since 1958. After several radio and TV appearances, the Rev. Walker found that people facing difficulties and personal crises were reaching out through calling him. Determined to throw a 'mantle of care' over the city, he conceived the idea of inviting the lonely and troubled to call a telephone number where trained volunteers could offer a listening ear and allow the caller a place to be heard. In March 1963, Rev. Walker launched the Sydney-based telephone counselling service, Lifeline. Within its first day of operation, the centre received over 100 calls for help.

In the early years, Lifeline quickly expanded with Centres opening in both rural and metropolitan areas across Australia. In 2004, there are 42 Centres Australia-wide – 19 in metropolitan areas<sup>1</sup>, 32 in rural areas (17 in large rural centres, 15 in small rural centres) and 4 in remote areas. In 2002/2003, Lifeline received over 450,289 calls to its 24 hour counselling service. (Figure 1 over page)

Soon after the Sydney Centre opened, the American-based 'Time' magazine ran a feature article on the Lifeline service. This resulted in enquiries from all over the world. Centres began to emerge in other cities around the globe. To assist with the establishment of new Lifeline Centres, an International Convention was held in Sydney in August 1966. From that

*This is the first of three profiles that Lifeline will produce throughout 2004 that will provide insights into the calls received by Lifeline's 24 hour counselling service, with a particular emphasis on rural and regional areas. The purpose of the profiles is to provide health and welfare government and non government agencies with insights into population well being, identify local and regional variations in caller needs and service usage and promote awareness of social trends and changing priorities.*

gathering Lifeline International was developed ([www.lifeline.web.za](http://www.lifeline.web.za)). Today there are 300 Lifeline Centres operating in 15 countries throughout the world.

In Australia, Lifeline Centres operate as either independent community organisations, with their own board of governance or as part of the Uniting Church, in some cases through Wesley Missions. Lifeline Australia is the national body which accredits Lifeline Centres, manages the 13 11 14 telephony system, conducts national programs and devises national policy.

<sup>1</sup> This is based on the RRMA classification – metropolitan (over 100,000), large rural (25,00–99,000), small rural (10–25,000) and less than 10,000 is remote.

# Lifeline Centres around Australia



Figure 1

Lifeline is a values based organisation and views the present and future through a series of Key Statements that affirm its commitment to expanding the horizons of care. (Figure 2)

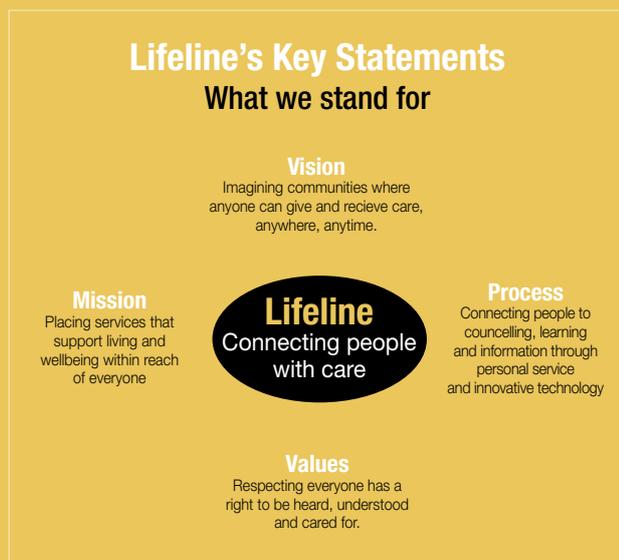


Figure 2

In addition to providing 24-hour telephone counselling, Lifeline has diversified to offer a range of community support services. Locally, Centres have responded to community needs by initiating a wide variety of services such as face to face counselling for financial, domestic violence and relationship issues. Lifeline Centres also conduct and participate in a range of projects in the areas of mental health and community development.

*Lifeline national projects include **Lifeline's Just look**, a comprehensive, accessible, online database of low cost or free, health and community services offered throughout Australia. Lifeline also auspices **LivingWorks** suicide intervention training. The program promotes suicide awareness and conducts two-day suicide intervention workshops which develop practical skills in suicide first aid in community caregivers. **Lifeline's Just ask** is a rural mental health information line which provides an information based intervention for the community in rural and regional areas. The service specialises in self help approaches to mental health.*

## Telephone Counselling

Lifeline's telephone counselling service is provided by over 5000 trained volunteers across 42 Centres. These counsellors maintain a constant presence and availability of non judgmental, person-centred counselling. The counsellors work to provide an atmosphere of safety and openness to enable the caller to explore their feelings and problems. This provides an opportunity for the counsellor and the caller to consider the various alternatives that might be available to the caller in seeking to cope with their problem or in finding solutions for their problem. This process works to empower callers for their future based on informed choices. Lifeline's model of confidential counselling affords counsellors and callers the opportunity to enter into a unique relationship of one to one, person-to-person communication.

In Australia, Lifeline counsellors may undertake an accredited training program to develop telephone counselling skills. This program, accredited through the Australian National Training Authority (ANTA), focuses on developing knowledge and skills to assist distressed callers. All telephone counselling volunteers receive regular supervision from professionally trained staff.

Two out of every three callers to Lifeline, phone outside normal business hours, overnight, or on weekends, when other services are less accessible. Callers phone about a wide range of concerns. The four main areas of concern for Lifeline callers are relationship issues, mental health, adjustment or loss and suicide. Many callers feel isolated and alone. The most common age of callers is 22–34 with approximately 70% of callers being female and 30% being male. Callers with thoughts of suicide continue to view Lifeline as a source of help.

A national review of tele-counselling and web-counselling services (Australian Government Department of Health and Ageing 2002) demonstrated the important role for telephone counselling services in the broader health sector. An increasing number of callers are struggling with a range of mental health issues. This increase appears to be the result of mental health organisations and general practitioners increasingly utilising telephone counselling services as an adjunct support service.

The review also found that some mainstream health services seem to rely heavily on the telephone counselling services as a source of support or information to their clients who are in need of assistance out-of-business hours.

## Developing a National System for Data Collection

During the 1990's Lifeline developed a number of frameworks for collecting caller information. Despite this, there remained considerable diversity in the information gathered by Centres. In 1997, Lifeline's national Youth Suicide Prevention Project introduced the first nationally standardised format for collecting information on suicide calls. With the support of the Commonwealth Department of Health this led toward the development of a comprehensive national framework for data collection, the National Client Service Management Information System (CSMIS) or the *Call Database*. In addition to this national framework, many Centres have continued to collect additional information for local or regional needs.

Several factors guided the transition to the national data collection framework. This included the introduction in the early 1990's of a single telephone number for accessing



Figure 3

Lifeline. Centralising the access point for Lifeline callers strengthened the perception of Lifeline as a national service, based on community-based Centres. Lifeline also moved to strengthen its advocacy role. In meeting this objective, Lifeline prioritised the development of a system for the collection of standardised national data. Through this data collection system, Lifeline sought to improve its effectiveness and responsiveness to the needs of callers.

After each call, Lifeline telephone counsellors complete a tally sheet where non identifying information such as gender, age and type of issues raised and referrals made are noted. No questions are asked of the caller, the information being obtained throughout the course of the counselling session. Information collected is on the basis of calls, not callers and is based on the counsellor self report. (Figure 3)

### Lifeline's Call Database Objectives

The primary objective for gathering and analysing call data was to increase the effectiveness and accountability of the Lifeline service. Complementary objectives were to provide a window into community need and to contribute to national and regional service development planning.

A comprehensive call information management system would assist Lifeline to meet its responsibilities to clients and to the service agreement requirements of stakeholders such as funding bodies. Collecting and analysing data on specialised areas, such as mental health, suicide intervention and family violence, would be essential to securing specialised funding.

In consultation with Centres, objectives were identified to achieve goals across five domains of interest. These identified domains were consistent with government strategies to develop an infrastructure for collecting community services data.

The domains are listed as follows, with examples of *Call Database* data from 2002/2003.

### 1. Population Wellbeing

- *Understand callers and their concerns.* This facilitates responsiveness to callers and enhances the capacity to inform counsellor training.
- *Monitor social needs and trends.* Lifeline provides a window into community needs and issues. Call data could provide indicators of social distress (regional and national) and help inform Lifeline's role in social development. (Figure 4)

### Comparing regional differences

Some issues are more prominent in rural calls

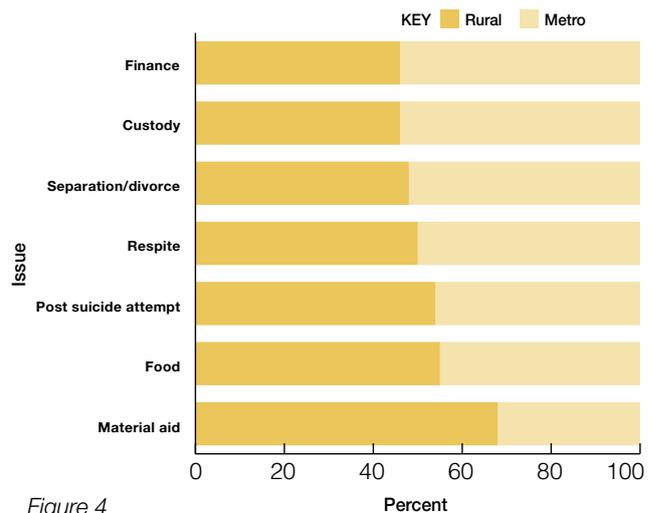


Figure 4

Note: about 1 in 3 calls are to rural Centres  
Lifeline call data 2002 (N=344,583)

- *Identify areas for priority action.* Data could be correlated to indices of social need to identify priorities for service delivery. Priorities may also be determined by national or state initiatives in areas such as mental health, suicide prevention or protection from abuse. Needs may be based on temporary or longer term regional requirements, the type of need, or urgency of the response required. (Figure 5)

### Understanding Caller Concerns

e.g. What are mental health callers most concerned about?

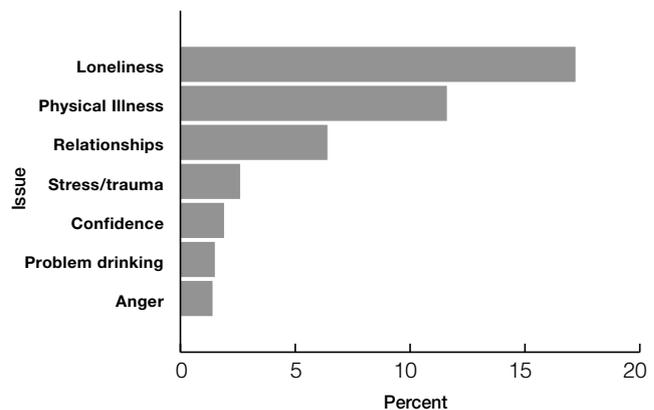


Figure 5

Lifeline call data 2002 (N=8356)

### 2. Service Provision

The *Call Database* has been utilised for the following purposes:

- *Facilitate counsellor supervision, service management, and monitor traffic flow.*

- *Clarify Lifeline's role in the service sector.* Lifeline needs to be able to articulate its current role in relation to other services and to plan avenues to continue to develop or expand that role.

### 3. Service Utilisation

- *Build caller profiles.* This enables Lifeline to develop a collective picture of those choosing to use the service. (Figure 6.1 and 6.2)

#### Comparing Rural Metro Profiles

Higher proportion of males in rural areas.

#### Rural 2002 57% Under 45 61% Female

	F	M	Total
0 – 14	153	25	178
15 – 19	1163	343	1506
20 – 24	1079	376	1455
25 – 34	2630	1715	4345
35 – 44	3392	2736	6128
<b>45 – 54</b>	<b>3565</b>	<b>2841</b>	<b>6406</b>
55 – 64	1209	741	1950
65 – 74	1049	358	1407
75 – 84	307	69	376
85+	70	7	77
<b>Total</b>	<b>14617</b>	<b>9211</b>	<b>23828</b>

Figure 6.1

#### Metro 2002 61% Under 45 67% Female

	F	M	Total
0 – 14	205	95	300
15 – 19	1297	796	2093
20 – 24	2581	1205	3786
<b>25 – 34</b>	<b>7915</b>	3561	11476
<b>35 – 44</b>	<b>7879</b>	<b>5056</b>	<b>12935</b>
45 – 54	5984	3299	9283
55 – 64	4616	2081	6697
65 – 74	1628	248	1876
75 – 84	890	261	1151
85+	409	45	454
<b>Total</b>	<b>33404</b>	<b>16647</b>	<b>50051</b>

Figure 6.2

Lifeline call data 2002

- *Map patterns of service utilisation* including service uptake and service avoidance where there is an evident need. This information would enable Lifeline to investigate reasons why some groups call less often, to reshape the service delivery, and to market more effectively to these groups. Monitoring service utilisation would also provide information on any daily, seasonal or time-related fluctuations in call demand.
- *Track call trends.* Lifeline is better able to identify and respond to emerging needs or priority emphases in service delivery. (Figure 7)
- *Document service linkages* such as referrals given or emergency responses facilitated.

#### Comparing Caller Groups

Mental health calls show weaker links to relationships.

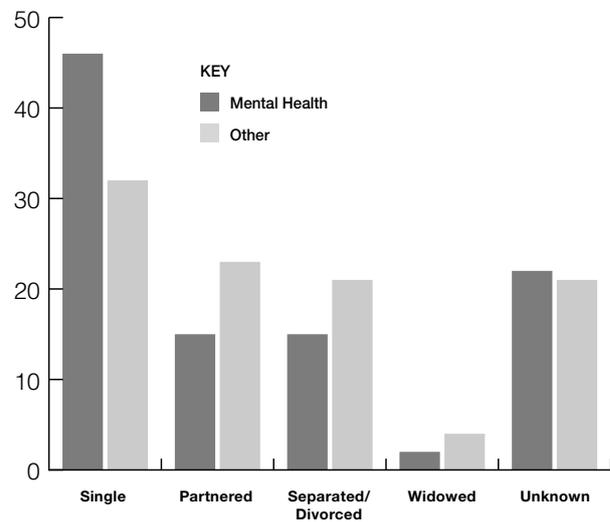


Figure 7

Lifeline call data 2002 (N= 304,714 between group differences significant [p<0.001])

## 4. Service Development

- Provide an informed basis for training and refining service delivery features.
- Provide a basis for fund-raising and marketing.
- Monitor the impact of initiatives, projects and marketing strategies. (Figure 8)

### Posing Service Development Questions...

Why do adolescents and older adults call less often?

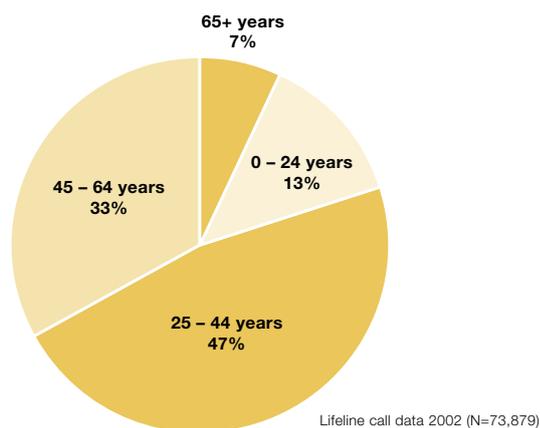


Figure 8

## 5. Client/Carer Outcomes

The basic call data form provides:

- A tool for supervision and the monitoring of counsellor effectiveness.
- Data for quality management and accreditation.

The *Call Database* commenced operation in July 2001.

In consultation with Centres, a process for the systems development, familiarisation and training was gradually rolled out. This included important decisions about the format of the database, the development of database fields, and structuring regional trainings.

Since its inception the *Call Database* has been reviewed and updated yearly through a Reference Group. This process ensures that the system remains responsive to the needs of the community, and ensures that it continues to be both useful and easy to use.

## Conclusion

The National *Call Database* system has provided Lifeline with access to comprehensive information on calls from 42 Centres across the breadth of Australia. Since its inception, Lifeline has been able to draw upon this data to provide a decisive evidence-base to substantiate commentary in the areas of community services, mental health services, gaps in service delivery, suicidality, and the trends and changing needs of Australian society.

The Lifeline telephone counselling service is highly visible and accessible. The high level of service use across Australia, together with the development of an effective data collection instrument, has positioned Lifeline Australia uniquely to track the changing needs and experiences of a range of Australia's most isolated and service-depleted people. This information could be utilised in the future to track social trends, monitor the impact of government policy initiatives, and feed into emerging social policy.

*Lifeline acknowledges the support of the Commonwealth Department of Health and Ageing, Rural Health and Palliative Care in the publication of this profile.*



For any further information about Lifeline visit [www.lifeline.org.au](http://www.lifeline.org.au) alternatively, contact the National Projects Manager at Lifeline Australia on phone 02 6215 9400 or email [national@lifeline.org.au](mailto:national@lifeline.org.au).

People seeking counselling should phone 13 11 14 to access Lifeline's 24 hour telephone counselling service.