Lifeline

Lifeline Australia

Frequent Help Seeker Project
Alpha Closure Report & Recommendations – Abridged

Product & Experience Team

Release Date: 28 February 2025

Foreword from the CEO – Colin Seery

For a long time, Lifeline has known that a small portion of our service users are using a high proportion of our service. Over the years, we have grappled with what to do about this situation. We have questioned why some callers call as frequently as they do, and whether we are supporting these frequent callers appropriately. We considered whether these callers needed linking to other services and supports, which might reduce their reliance on Lifeline. We discussed whether frequent help seekers were 'an issue to be solved'.

The findings from this project have changed the way we view those who seek support more frequently. Now, we understand that many of our more frequent callers have very complex situations, challenges and vulnerabilities. They call Lifeline because we offer them a unique and valuable service. We listen, we care, and we offer human connection, which they don't get from other supports or services.

We are proud of the support we offer. By offering support and being available to help seekers in their moments of need, however often that is, we are playing a vital role in suicide prevention. Our crisis supporters offering human connection in a moment of despair, loneliness, or hopelessness might not "fix" a help seeker's issues, or reduce their need to call Lifeline again in the future. However, it meets a help seekers' needs in that moment. This work is suicide prevention, and it is the core of Lifeline's work.

This project has demonstrated that there are opportunities for Lifeline to better meet the needs of the people who use our service the most. I am excited to keep improving our service for all help seekers, and the experiences of our crisis supporters working tirelessly to deliver those services.

Colin Seery

CEO

Lifeline Australia

About this document

Overview

This document is a shortened version of the Alpha Closure Report and Recommendations (available at request), which evaluated and reported the findings from the Frequent Help Seekers Project undertaken by Lifeline Australia. The Alpha Report and its recommendations were endorsed by the Executive Leadership Team (ELT) at Lifeline Australia on 28th January 2025.

Authors

This full report was authored by the Frequent Help Seeker Project Team: Lara Johnston (Service Enhancement Implementation Manager), Philippa Butt (Service Designer), Stephen Cooper (Service Enhancement Team Manager), Juliet Burston (Project Manager), Therese Foster (Clinical Subject Matter Expert) and Jennifer Dally (Clinical Subject Matter Expert). Dane Glerum (Chief Experience and Product Officer – Product and Design), provided oversight, guidance and review of this report.
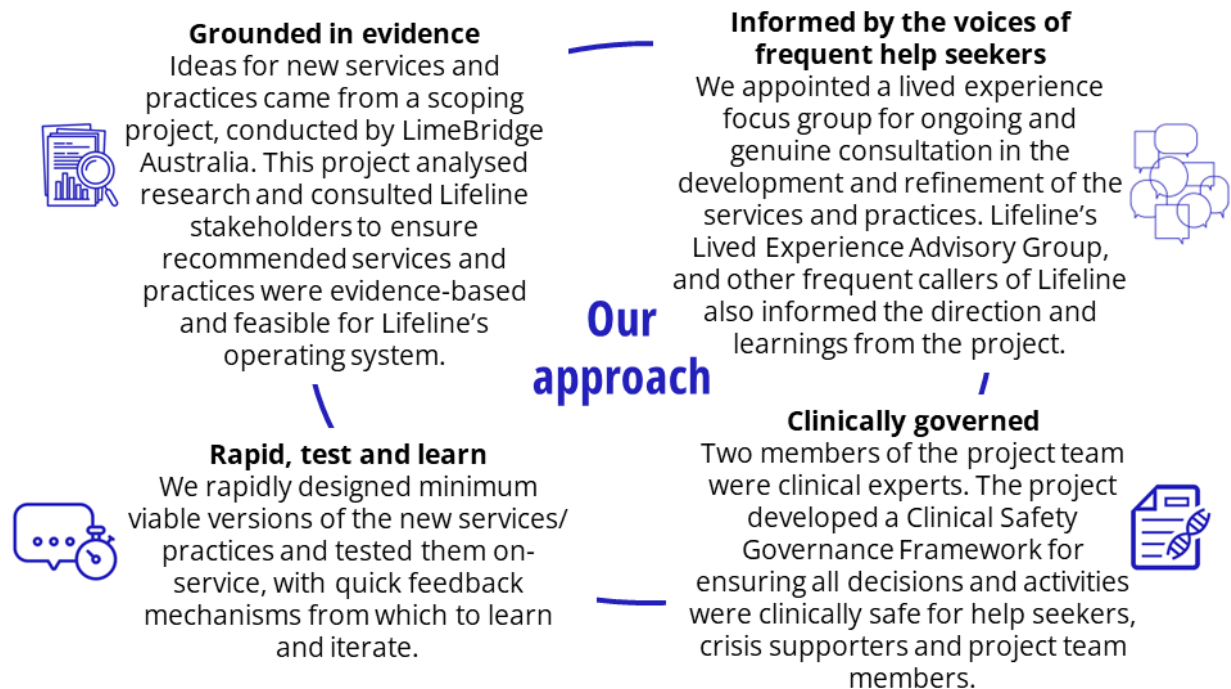
Acknowledgements

What did the project set out to achieve?

The project set out to:

- Understand more about frequent callers to Lifeline, including their characteristics, behaviours and needs
- Trial whether different practices and services could better meet frequent help seekers' needs, while maintaining sustainability for Lifeline

The project took a novel approach for Lifeline

- A multi-disciplinary project team was appointed
- Nine experienced crisis supporters were appointed to the Service Enhancement Team (SET) into paid positions

Grounded in evidence
Ideas for new services and practices came from a scoping project, conducted by LimeBridge Australia. This project analysed research and consulted Lifeline stakeholders to ensure recommended services and practices were evidence-based and feasible for Lifeline's operating system.

Informed by the voices of frequent help seekers
We appointed a lived experience focus group for ongoing and genuine consultation in the development and refinement of the services and practices. Lifeline's Lived Experience Advisory Group, and other frequent callers of Lifeline also informed the direction and learnings from the project.

Our approach

Rapid, test and learn
We rapidly designed minimum viable versions of the new services/ practices and tested them on-service, with quick feedback mechanisms from which to learn and iterate.

Clinically governed
Two members of the project team were clinical experts. The project developed a Clinical Safety Governance Framework for ensuring all decisions and activities were clinically safe for help seekers, crisis supporters and project team members.

Crisis supporters on SET worked in a unique environment

SET worked in an incubator like environment with an intense schedule (4 shifts per week), exclusively taking calls from frequent help seekers, with wrap-around supports, including:

- Dedicated team manager
- Training (CARE refresher, boundaries, micro-skills),
- Clinical supervision and debriefing
- Encouraged to use self-care strategies on-shift

- Regular team meetings
- Supportive team culture
- Peer connection
- Opportunities to learn and develop skills
- Involvement in service design and iteration activities

Who was involved, and when?

The cohort were 874 "frequent help seekers"* calling from known numbers.

The project was active for 8 months, from April to November 2024

*"Frequent help seekers" were all people who called 48 times or more in a 90-day period during the project period.

Compared to non-frequent help seekers (all other service users), the project cohort, on average:
- Were **older**
- Made up of **more males** than non-frequent help seekers (i.e. 43.7%, compared to 36.2%)
- Had higher rates of **sickness and disability** (48% living with disabilities compared to 26%)
- Had **lower rates of employment** (25% employed compared to 41%)
- Were more likely to **live alone** (74% living alone compared to 47%)
- Were more likely to be **unpartnered** (8% with a partner versus 23%)

What was the basis for trialling different supports?

The CARE Framework guides crisis supporter's interactions with help seekers. From the research and the views of frequent help seekers and crisis supporters, we identified shortcomings with Lifeline's model of care for people who call frequently, including:

- Some interactions feeling **robotic and scripted**
- Crisis supporters not always responding supportively when help seekers present in **heightened emotional states**
- Help seekers feeling the need to **retell their stories**, which can be distressing and frustrating for help seekers and crisis supporters
- Conversations feeling **inauthentic** because they assume a one-off, or first-time call to Lifeline, which is not the reality for many
- Challenges understanding how best to **connect and understand underlying needs**
- **Lack of certainty** among help seekers and crisis supporters about Lifeline's scope (e.g. whether there are limits to calling, or what reasons are valid to call)

The CARE Framework assumes a one-off interaction.

It doesn't always feel right with frequent help seekers whose needs and presentations are different from one-off callers in acute crises.

Three key new and enhanced practices and services were trialled

① Crisis supporters had different conversations

Crisis supporters used conversational techniques aimed at enhancing feelings of authenticity and connection, reduce retelling of stories, and to support them to keep calls safe and within their scope of practice. Some of these techniques were new (i.e. outside of the CARE Framework, and others were existing (i.e. within CARE). For those that were outside of CARE, SET were given permission and instruction to deliver the new practices. SET were involved in designing all techniques (new and existing), and were given time to learn and practice each one. This included additional support such as coaching, opportunities to reflect, and new sentence stems to use them skilfully and effectively.

We trialled the following techniques:

NEW (outside of CARE)	EXISTING (within CARE)
A **Opening line** changed to "Hello this is Lifeline Crisis Support, what's happening for you today?" [from "Hello this is Lifeline, may we help you?"	**D** Carefully guiding the conversation to the present i.e. "**here and now**" when help seekers retell past stories
B **Acknowledging help seekers** who say they have called before, and using help seekers' learnings from past calls to offer better support	**E** **Wrapping up and containing calls** when it is appropriate to do so.
C Offering tentative **recognition of a help seeker** who they are confident they recognise, and allowing help seeker to acknowledge, without time-based restrictions. [Operations Manual currently limits this to within the same shift].	**F** **Reflecting the meaning** of a help seekers' story or experience, that goes beyond paraphrasing and reflects the meaning and values that sit behind the feeling.

> **SET answered 5,413 calls from frequent help seekers – which was 3% of calls made by the cohort during the active project period.**

SET were coached to be selective about using the techniques, and only used them on calls, and in moments where it was appropriate to do so.

SET recorded how many times they used each conversational technique, and how well they perceived help seekers responded to it (well, neutrally, or badly).

		Number of calls it was used	Received well or neutrally	What changes did crisis supporters observe?
A	New opening line	3,211	99.8%	Set expectations and direction for the call: *"It was helpful to focus the conversation from the get-go"* – SET member
B	Acknowledging help seekers have called before	795	99.7%	Enabled them to collaborate with help seeker on how best to support them on the call, using help seekers' past experience. One SET member said: *'I could ask, Would you like to pick up where you left off?'*
C	Recognising help seekers outside the shift	285	98.2%	Enhanced connection, reduced story-retelling, accelerated the call and made help seekers feel valued. A SET member said *'it become a richer conversation in which he shared more about himself on the call that he hadn't previously shared...'*
D	Bringing help seeker to the "here and now"	2,221	98.3%	Reduced the need for retelling distressing stories in detail. We heard from SET that *'a help seeker said "I am going back into my story again; you guys have told me that that isn't helpful – which is probably right"'.*
E	Wrapping up and containing calls	2,076	98.9%	Helped to signpost that the call was ending soon, and therefore it was more comfortable for SET to end calls that don't have a neat finish.
F	Reflection of meaning	1,492	99.7%	Improved connection, trust and understanding between help seeker and crisis supporter, and reduced story-telling. *"It's 'brilliant for validating the help seeker and takes things to a deeper level quickly."* – SET member

Overall, SET considered that the conversational techniques enabled them to accelerate connection with help seekers, reduced help seekers' retelling of stories and supported help seekers to feel understood. SET likened it to having a toolkit which they could use their skills and judgement to select the appropriate tool(s) for each call.

> **When SET answered frequent help seekers' calls, they were 5 times less likely to call back within 10 minutes than when they spoke with other crisis supporters.**

② Crisis supporters referred help seekers to other supports

We tested the hypothesis that frequent help seekers need additional support such as advice or strategies that can't be given in a crisis support model.

Ⓐ Support Toolkit

Support Toolkit is a resource on Lifeline's website which provides evidence-based information, strategies, techniques, and links to other tools and services on a range of topics related to mental health and wellbeing (e.g. depression, sleep, financial stressors).

SET were given time to explore the Toolkit, and coached in identifying appropriate calls to refer to the Toolkit. Referrals to the Toolkit could be done in many ways – SET

could direct the help seeker to use the resource after the call, SET could navigate the Toolkit on behalf of the help seeker and read them some of the content, and SET and help seeker could navigate the content together.

238	Referrals to Support Toolkit by SET
99%	Of referrals perceived as being received "well" or "neutrally" by help seeker

SET considered that the Toolkit was a good adjunct support for some callers, but not as a replacement for calling Lifeline, and internet access was a barrier for many callers.

> **On calls where Support Toolkit was offered, callers were 4 times less likely to call back within 10 minutes.**

B Short-term counselling

We tested whether short-term counselling was appropriate for frequent help seekers experiencing a new or situational crisis that might support them to manage their immediate needs, in addition to any other complexity they were experiencing.

Features of counselling	Findings from counselling
• **Phone-based** • Up to **4 sessions** • Delivered by **STS** (a counselling service delivered by Lifeline Direct) • **Solution-focused** • **Strict eligibility criteria** – e.g. help seekers with a new/recent crisis, motivation, without imminent suicidality, and without existing therapeutic support	• **SET offered counselling to 8%** of the project cohort, (73 out of 874), of which 34 accepted the offer, and 9 began. Many **declined or dropped out**. • **Mismatch** between the needs and characteristics of the cohort, and the eligibility criteria which limited SET's ability to refer. Many had existing therapeutic supports. • **4 sessions is not enough** for most frequent help seekers who have complex needs • The **goal-setting agenda is not** what most frequent help seekers want • **No evidence of improvement** to help seekers' coping strategies or wellbeing

> **The type of counselling that was offered (brief, solution-focussed) did not suit most frequent help seekers.**

③ Crisis supporters delivered a brand-new Outbound Call service

An outbound program was designed with input and consultation with SET and the lived experience focus group. The goals of the outbound program were to:

- Generate a different conversation outside moments of crisis
- Build coping strategies and a Wellness Plan to prepare for future crises
- Enhance connection and feelings of being seen and heard
- Create a positive shift that could lead to changes in their life and their usage of Lifeline

SET were responsible for identifying suitable callers, offering the service to help seekers and delivering the service. SET provided ongoing quantitative and qualitative feedback about their own experiences and their perceived experiences of outbound participants in the trial. Participating help seekers were interviewed after the trial to gain a deep understanding of their experiences, and there was strong support for continuing to offer the program.

Features of Outbound	Findings from Outbound
• **2 calls/week**, for 4 weeks • Calls within 2-hour windows on Mon & Fri • Delivered by same crisis supporter (**continuity**) • **CARE-like model** i.e. flexible and responsive to help seekers' needs on the call • **Topics** woven in as appropriate, which included developing coping strategies, identifying supports, and planning for the future • **Broad eligibility criteria**	• **Acceptable:** 61 help seekers invited, 21 accepted,19 began, and 16 completed • Most suitable for help seekers with **motivation to change** • Help seekers felt **valued and cared for**, experienced **deeper connection**, had opportunities to go deeper, and valued continuity with crisis supporters, and familiarity and flexibility of Lifeline's approach • Enabled **different conversations** because help seekers could engage outside moments of crises and reduced retelling stories • Many participants developed improved **coping strategies**, and positively shifted their perspectives and behaviours • **Reduced need for Lifeline**: Over 50% reduction in calls to Lifeline in the follow-up period (30-60 days post-trial)
"The person calling regularly and not having to go over my whole backstory meant the world" - Participant	*"Having someone walk alongside and encourage you and support you and challenge you in the right ways."* - Participant

Help seekers who participated in the Outbound Program, on average reduced their calls to Lifeline by <u>half</u>:

- **From 65 to 30 calls in a 30-day period (pre-trial- to follow-up)**
- **From 22 to 11 hours of total talk time in the same 30-day periods**

We trialled two other approaches too

① We delivered an information session on frequent help seekers to crisis supporters

The information session was designed to improve crisis supporters' attitudes, knowledge, and confidence supporting frequent help seekers.

The session was delivered to crisis supporters at one site – Harbour to Hawkesbury on two separate occasions with different attendees in each. We collected pre- and post-training survey data from attendees to assess the value and future opportunities of a session like this for crisis supporters.

Session details	Findings from the session
• **One-off, 2-hour session** • Delivered **face to face and virtually** • **Voluntary** to attend • Included an **interview with a member of SET** • **Topics** included: research on frequent help seekers, Lifeline's role with frequent help seekers, crisis supporter experiences, and strategies for improving self-care and confidence with frequent help seekers	• **High attendance rate** (96 crisis supporters attended) • **Face to face** session was most engaging for attendees • Crisis supporters deeply valued learning from the member of SET • Attendees self-reported **significant changes in attitudes** (e.g. greater positivity towards frequent help seekers) and **improved understanding and knowledge** about frequent help seekers (e.g. greater recognition that their calls are crisis calls)

② We did a deep-dive discovery of some of Lifeline's highest volume service users

We sought to learn more about Lifeline's highest volume callers, including their demographics, calling behaviours, clinical and risk profiles, access to supports, reasons for calling Lifeline and perceived benefits of calling Lifeline. We believe there are opportunities for Lifeline to approach and respond to these callers differently once we understood more about them. We have recommended further exploration in this area.

What did we do?	**What did we discover**
• **Analysed calling data** to identify 20 callers who made the most calls to Lifeline or had the highest total talk time. • **12 help seekers** were identified for clinical analysis • Clinical team members **developed an assessment tool** which assessed demographic characteristics, and key risk factors for suicide (e.g. past suicidal behaviour), and the perceived needs of the caller and the impact of each Lifeline call. • Clinical team members **listened to a selection of call recordings** for each of the 12 help seekers, and assessed them using the tool	• Negligible correlation between call frequency and total talk time • Calling patterns are **highly heterogenous** • In preceding 12 months, **65% of the top 20 callers had an imminent safety issue** identified on a call and nearly 50% had Emergency Services contacted for intervention • Four times **lower rate of "unwelcome"** calls than the whole of service average • 100% of the top-20 callers had at least one **social/health vulnerability** • Variable **suicide risk**, including very high • High rates of **enduring serious mental illness** and unstable emotional states • High rates of persistent **hopelessness, loneliness**, inability to cope or change their circumstances • Variable social contexts and social supports • Most had professional supports • Mixed demographics, including teenagers and at risk population groups • Lifeline provided a unique and valued experience

> **Any response from Lifeline to its highest volume callers requires clinical assessment on a case-by-case basis to assess an individual's needs, suicide risk, contextual factors and potential responses.**
>
> **This requires further exploration with clinical experts.**

We deepened our understanding of Lifeline's frequent help seekers

This project generated rich new data from various sources, and analysed data in new ways.

> **Frequent help seekers make up <1% of service users and use 45.5% of total talk time.**
>
> **Their needs are high, and Lifeline meets those needs by listening and understanding, not seeking to "fix" or refer them elsewhere.**

How did we do it?	What did we discover about frequent help seekers?
• **We deeply listened**: We asked the right questions, and listened to the perspectives of frequent help seekers, and crisis supporters who engage with them. • **We analysed Lifeline's data** on the calling patterns and demographics of its frequent callers • **We triangulated data** from multiple sources to build comprehensive pictures of who our frequent help seekers are, and how and why they use Lifeline the way they do.	• They **are diverse –** on average they are older, more often male, and living alone • The cohort is **dynamic, not static** – callers use the service at high volumes as and when needed • Often experience **complex and life-long challenges and vulnerabilities** (e.g. mental and physical illnesses, disabilities, isolation, loneliness, trauma, chronic suicidality) • **Crises often chronic and present differently** from acute crises (e.g. anger, loneliness, despair, heightened states) • Deeply **value the support from Lifeline** – person-centred, non-judgmental, human connection, without trying to "fix", available for free and 24/7 • Lifeline is **mostly meeting their needs** (connection, to be heard and understood) • **Calling Lifeline takes courage** • Some struggle with not knowing if their crises are "enough" to call • Lifeline is an established part of some people's support networks, including to prevent crises • Low rate (1%) of calls are "unwelcome" • Lower rates of emergency interventions and Safety Plans than other callers

'So many frequent help seekers are dealing with trauma, mental illness and isolation they are so worthy of support, and while their needs are less apparent, their needs are no less real than those in acute crisis'. SET member

'There is a need for Lifeline to bear witness to their life stories - calling Lifeline is their testimony.' SET member

We deepened our understanding of our crisis supporters

We worked very closely with the SET team. Clinical experts on the project team provided supervision and monitored their wellbeing, behaviours, needs and performance. We sought feedback throughout the project via surveys, debriefs, and informal methods. We also assessed their shift time spent taking calls, and with their status set to "ready", and "not ready" to measure fatigue and wellbeing.

Typical crisis supporters' experiences	What we discovered from SET's experiences. Crisis supporters need:
• **Varying attitudes** towards frequent help seekers, largely shaped by team culture • **Unrealistic expectations:** Don't expect to frequently engage with frequent help seekers in entrenched despair and non-acute crises • **Don't feel adequately trained, skilled or confident** supporting the needs of frequent help seekers • **CARE Framework** doesn't work as predictably with frequent help seekers and interactions can feel inauthentic • Unsure if frequent help seekers are **genuine users** • Can feel **frustrated, demotivated, emotionally burdened and challenged** over time	• **Better understanding** about who frequent help seekers are, what they need, and what can be achieved on a call, which creates more **empathy and more positive attitudes** • **Realistic expectations** about proportion of their roles will be spent with frequent help seekers • **Clarity from Lifeline** about what is appropriate use of the service by frequent help seekers • **Training and skills support** (e.g. coaching, supervision) to better support frequent help seekers • **Greater flexibility and more tools** to support frequent help seekers • **Supportive work culture and environment** (e.g. team culture and values-setting, peer connection, focus on self-care not performance metrics)

I wouldn't look forward to the call, I wouldn't pay attention and felt they were abusing the service, but since joining SET something shifted, I've started really listening. It feels different. With help seekers, even the ones that frustrate you. I used to be judgmental, but now I am not. The connections have definitely got deeper – it's so easy to connect and listen." – SET member

Giving crisis supporters the understanding, supports and skills to engage effectively with frequent help seekers enhances their feeling of authenticity and connection.

With the right supports, crisis supporters can value and feel satisfied by their work with frequent help seekers.

What should Lifeline do with these new learnings?

To improve the way Lifeline supports frequent help seekers and crisis supporters, in ways that are sustainable for Lifeline, we recommend:

1. **Lifeline recognises and embraces the valuable work it does with frequent help seekers as upstream suicide prevention**, and ensures all its work aligns with this positioning.
2. **Provide crisis supporters with supports and training** to better understand and value their work with frequent help seekers. This includes improving the conversations between crisis supporters and frequent help seekers, by:
   - Introducing a new opening line
   - Introducing new conversational tools (e.g. recognition, acknowledgement)
   - Enhancing the skills and confidence of crisis supporters

3. **Exploring the feasibility of introducing a new outbound service** that better meet the needs of frequent help seekers
4. **Improving data collection and monitoring of callers** to inform service responses. This could include an individualised response to identified callers managed operationalized by Lifeline Australia.
5. **Improving operational aspects of the service**, such as the IVR messaging.

How do we get there?

This project has delivered findings and learnings that change the way Lifeline views its frequent callers. This is a big shift, and we will take the time required to communicate these findings broadly within Lifeline Australia and the member network.

Concurrently, we will be working with key teams in Lifeline Australia and the network to define an action plan for delivering changes to Lifeline's service delivery. We will ensure that the changes are planned for, communicated, resourced, and delivered feasibly to the Network.

What does the future look like?

We see a future where Lifeline delivers services that better meets the needs of all its callers - people calling in acute crises, and people who use Lifeline in chronic states of despair/loneliness, or to prevent their states from worsening.

We envisage our crisis supporters feeling supported, skilled and motivated to effectively take calls from frequent help seekers. With these changes, we expect to see greater job satisfaction and improved retention among crisis supporters, with positive impacts on service capacity.

Who can I contact?

If you would like more information about the project, or would like to have a discussion, please contact:

Lara Johnston

Service Enhancement Implementation Manager

Lara.Johnston@lifeline.org.au