



MCKELL INSTITUTE VICTORIA

Calling for help

HOW CRISIS LINES *support*
VICTORIANS' MENTAL HEALTH

DECEMBER 2021

About the McKell Institute Victoria

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ABOUT THE REPORT

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This report was written on the lands of
Wurundjeri people of the **Kulin Nations**.

The opinions in this report are those of the authors and do not necessarily represent the views of the McKell Institute's members, affiliates, individual board members or research committee members. Any remaining errors or omissions are the responsibility of the authors.





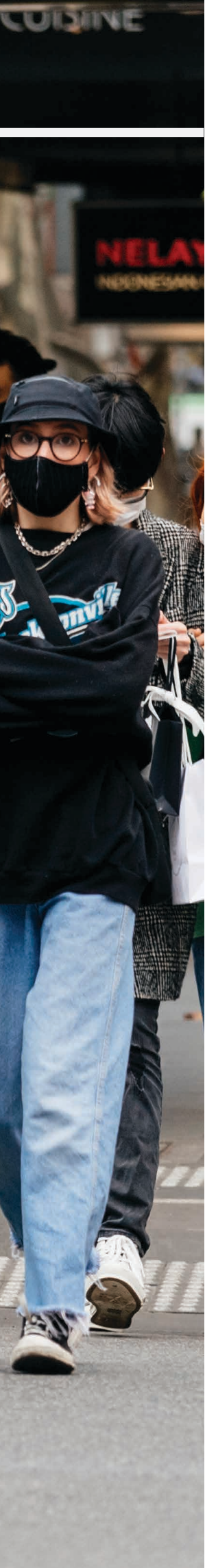
M C K E L L I N S T I T U T E V I C T O R I A

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FOREWORD

The COVID-19 pandemic has not been easy for Victorians. Social distancing, stay at home orders, closure of non-essential activities, remote learning, masks and more have become part of our lives and lexicon in ways we never contemplated. While these public health measures helped prevent death on a scale seen in so many other countries, they took their own toll. Our analysis in this report shows the average daily calls from Victorians to Lifeline's crisis line increased by 35 per cent during the pandemic.

As our COVID-19 vaccination rates climb and begin to look forward to post-pandemic life, the reality is that for many of us, the trauma of the last two years will remain for a long time. Our research demonstrates the long tail of trauma associated with community disasters, of which the COVID-19 pandemic is our most recent and most severe example.

Even before the novel coronavirus came to dominate our lives, the importance of our mental health was firmly on the public policy agenda in Victoria. The landmark Royal Commission into Mental Health told us that each year one in five Victorians experience mental injury and acknowledged that the state's mental health system was broken. The Victorian Government announced a multi-billion-dollar reform agenda in response.

Mental injury is taking an increasing toll in our lives – at home and in the workplace – and being able to access support services is critical to help Victorians recover. Lifeline is one of those important services, acting as a 24/7 support that's always just a phone call away, and one that can be a gateway to a wider array of appropriate service responses.

The McKell Institute Victoria was proud to partner with Lifeline Australia to produce this report which gives us new insights into these important issues, can help to raise further awareness of the importance of mental health support, and help reaffirm our collective commitment to provide support to those in need.

If this report or any of the issues raised causes any distress, **Lifeline crisis support** is available 24/7 on **13 11 14**.



KEY FINDINGS

FINDING 1

Lifeline Australia's crisis line is an important part of Victoria's mental health infrastructure. In 2020, Lifeline Australia answered 237,777 calls from Victorians.

FINDING 2

60% of calls to Lifeline are referred to other services for additional support, such as GPs, mental health services, and community facilities.

FINDING 3

Demand is increasing. The daily average number of Victorian calls to Lifeline Australia's crisis line have increased by 52%, from 580 per day in 2013, to 880 per day in 2021, well above population growth.

FINDING 4

During the coronavirus pandemic, daily calls from Victoria increased by 35%. There appears to be a consistent association between the COVID-19 public health measures and Victorians' mental health, with calls increasing, decreasing, and increasing again in line with lockdowns during the pandemic.

FINDING 5

More than three-quarters (82%) of Victoria's highest call days since 2013 have occurred since the start of 2020.

FINDING 6

Victorian women are more likely to call Lifeline than men, and this increased significantly during the pandemic. During the second Victorian lockdown in 2020, monthly call numbers increased by 31% for women, but only 14% for men.

FINDING 7

During the pandemic more Victorians volunteered to answer Lifeline calls than ever before – a 31% increase in volunteer hours, which was higher than the rest of the nation – yet additional paid staff were still required to meet high demand.

FINDING 8

Despite improving during the pandemic, Victoria's contribution to Lifeline's national crisis service capacity remains below the demand it generates, with fewer Lifeline calls answered in Victoria than are made by Victorians.

FINDING 9

Lifeline is part of the default support infrastructure when public commentary is being made on difficult topics. Ministers, MPs and community leaders, and the media, frequently refer to Lifeline's crisis line. Online and broadcast media mentions of Lifeline services grew from 35,500 in 2018 to 68,300 in 2020.

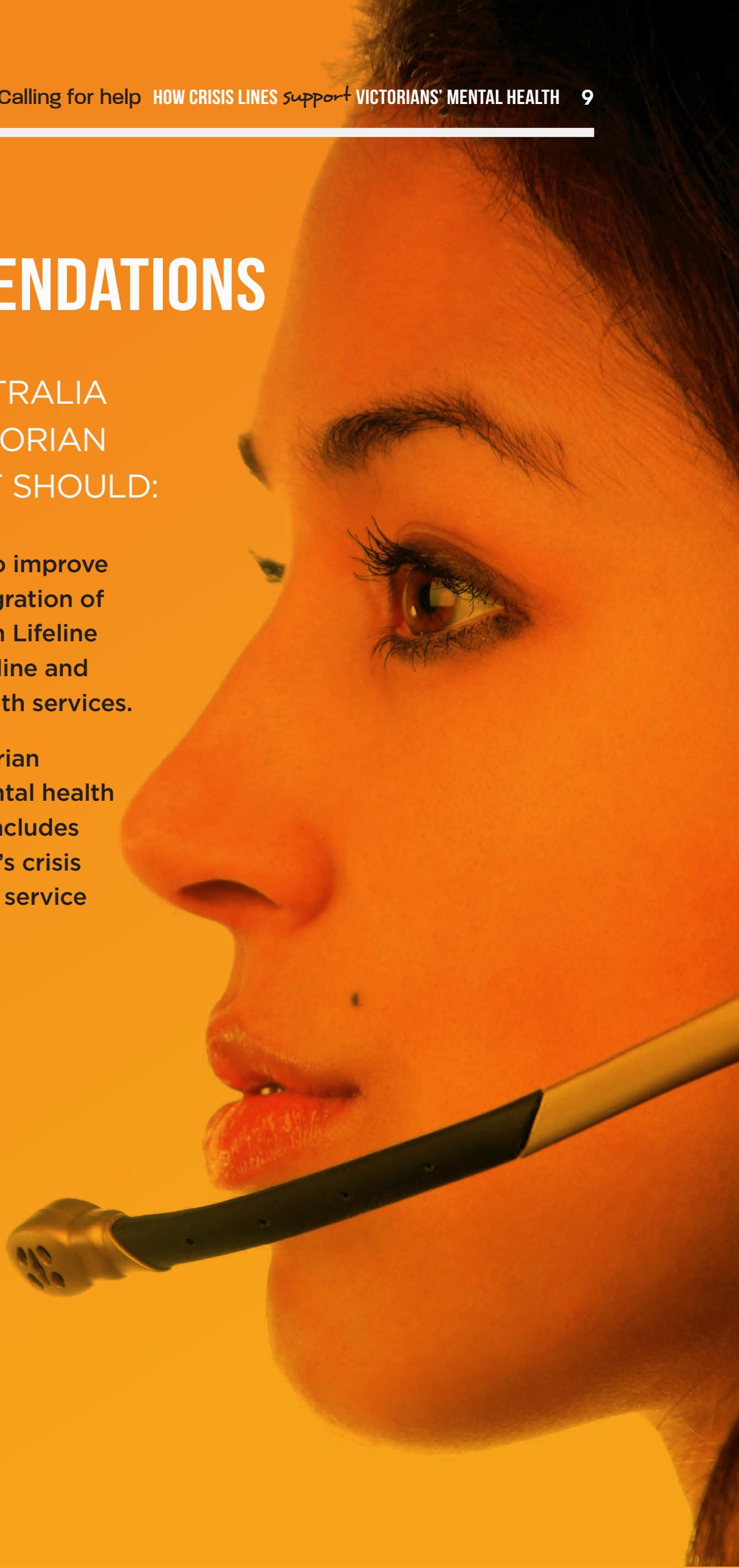
FINDING 10

Call numbers suggest that individuals continue to use Lifeline Australia's crisis line long after community disaster events have passed.

RECOMMENDATIONS

LIFELINE AUSTRALIA AND THE VICTORIAN GOVERNMENT SHOULD:

- Work together to improve referral and integration of services between Lifeline Australia's crisis line and local mental health services.
- Ensure the Victorian Government mental health reform agenda includes Lifeline Australia's crisis line as part of its service structure.



EXECUTIVE SUMMARY

Most people living in Victoria will be affected by mental illness at some point in their lives, either directly or indirectly, through the experiences of family and friends. Unfortunately, mental health issues have been exacerbated by the COVID-19 pandemic. Public health actions, such as social distancing, are needed to reduce the spread of COVID-19, but can lead to isolation, loneliness and increases in stress and anxiety.

Recent research shows that people living in Victoria — the state most affected by COVID-19 — are experiencing higher levels of psychological distress compared with the rest of Australia (27% vs. 18%).¹ During this period of high emotional distress, Victorians require access to suitable mental health services. The urgent need for an accessible and responsive mental health system has been recognised by the Victorian Government through the recent Royal Commission and subsequent reform program.

Lifeline is Australia's leading suicide prevention service. The charity provides a range of in person, online and telephone support services to Australians, but is most well-known for its crisis line (13 11 14). Lifeline has six physical Centres across Victoria; crisis call services supported by this extensive volunteer network are coordinated on a national basis by Lifeline Australia.

The current report utilised Lifeline Australia's crisis call data to explore trends in calls since 2013. Our analyses demonstrate that Victorian calls to Lifeline have increased dramatically in recent years. The average number of calls per day has increased by 52% since 2013, whilst the population has only increased by 16%. This growth has been especially prominent since COVID-19 reached Australia. Between January 2020 and September 2021, Victorian daily call numbers increased by 35%, and of Victoria's highest 10% of call days, over three quarters (82%) have occurred since the start of 2020.

Research suggests this increase in call numbers will be sustained for years to come, as disasters tend to have a 'long-tail' of mental health effects. Reflecting this, our analyses show that Lifeline callers have continued to ring about other community disasters, years after the event.

Our research found that increases in call numbers during the pandemic have been especially prominent amongst Victorian women. During the second Victorian lockdown in 2020, monthly call numbers increased by 31% for women, but only 14% for men. This finding aligns with other research investigating the gendered impact of COVID-19, which has found that increases in unemployment, domestic abuse, unpaid labour, and childcare have disproportionately impacted women throughout the pandemic.²

Lifeline Centres in Victoria receive some ongoing funding directly from the Victorian Government to assist with delivery of the crisis support service in the state. Prior the pandemic, the Victorian Government's financial support of Lifeline was targeted at these Victorian-based Centres, rather than Lifeline Australia, which manages the national crisis line.

During the pandemic, COVID-19 emergency funding (\$2.1m in May 2020 and \$1.2m in June 2021) helped support volunteers and enabled Victorian Centres to maintain the delivery of digital crisis support and suicide prevention services throughout lockdown.

Historically, Victorians have made more calls to the crisis line than are answered by volunteers or other staff based in the state. Yet in our darkest hours of the pandemic, more Victorians volunteered to answer Lifeline calls than ever before. Victorian Lifeline volunteer hours increased by 31% during COVID-19, at a higher rate than in the rest of the country.

This increase in volunteer hours, combined with additional paid hours, allowed Lifeline Centres to step up and answer the call. However, with record number of calls received across Australia, the historic trend of more calls made by Victorians than were answered by Victorians remained.

The Victorian Government recently announced an extensive reform package in the 2021-22 State Budget to transform the state's mental health system. As a high-volume, non-Government crisis line, Lifeline can play a pivotal role in Victoria's new mental health infrastructure. The charity not only provides essential suicide prevention support to those in need, but also refers over half of their callers (60%) to other services, to assist callers in their search for ongoing treatment, care and support. Victorian residents would benefit from collaborations between the Victorian Government and Lifeline Australia, to further connections between Lifeline and other Victorian mental health agencies, enhance the referral process to other services, and ensure Lifeline can continue to provide crucial assistance to Victorians when they are at their most vulnerable.







THE NEED FOR CRISIS LINES IN VICTORIA

Each year, one in five Victorians will face a mental illness, and across their lifetime approximately half will experience poor mental health. Sadly, throughout 2020 there were 698 deaths by suicide in Victoria.³

It is now well documented that mental health issues have been exacerbated by the COVID-19 pandemic.⁴ The new realities of stay at home restrictions, industry shutdowns, job losses, working from home, and home-schooling have created major disruptions to people's lives, and people's usual support networks aren't easily accessible during lockdowns. These disruptions have had significant effects on Australians' mental health. Research shows that in the initial months of COVID-19, Australians experienced increased levels of loneliness and psychological distress, and at the height of restrictions, nearly one in ten Victorians seriously considered suicide.^{4,5} During this period of instability, adequate mental health services are essential.

The recent Royal Commission into Victoria's mental health system recognised critical shortages within the sector, finding that even before the pandemic, demand had overtaken capacity.

The report notes that recent crises — including the 2019/20 bushfires and the COVID-19 pandemic — have shone a spotlight on the pressures within the mental health sector, uncovering that “the present system is not designed or equipped to support the diverse needs of people living with mental illness or psychological distress, families, carers and supporters, let alone to cope with unforeseen pressures that may arise.”³

To ameliorate these issues, the report made several recommendations aimed at improving Victoria’s mental health offerings. These recommendations include the establishment of a responsive mental health and wellbeing system, the facilitation of suicide prevention and response initiatives, better integration of services that support people’s mental health and wellbeing, and profile raising of mental health and suicide prevention services, including collaborations with funded-non-government helplines.

The Victorian government has committed to implementing these recommendations in full, and has allocated \$3.8 billion dollars to the state’s mental health system in the 2021-22 Victorian State Budget. \$173.3 million will be used to deliver new and expanded suicide prevention programs and services for children, young people and adults.⁶

Crisis lines play a pivotal role within Victoria’s mental health system. They provide a critical first line of support for community members in crisis, delivering immediate assistance to distressed individuals through anonymous single-session interventions. Lifeline — Australia’s largest suicide prevention service provider — receives over 1 million calls every year by Australians in distress. Crisis lines also act as a helpful entry point to the Victorian mental health system by providing referrals to other services. More than half (60%) of Victorians seeking help from Lifeline currently receive referrals to touchpoints, including GPs, mental health services, and community facilities.

Crisis lines have been particularly critical throughout the COVID-19 pandemic, when emotional distress is heightened and lockdowns create geographical barriers to other support services.

The increased importance of crisis lines throughout COVID-19 is evidenced by Lifeline’s call numbers. Over three quarters (82%) of Victoria’s highest call days have occurred since the start of 2020, and Lifeline has witnessed a 35% increase in Victorian calls since the pandemic began. Since the start of 2020, an average of 852 Victorians called Lifeline every day. The highest number of calls during Victoria’s second lockdown occurred on the 23 August 2020, when 1046 calls were made to Lifeline by Victorians. This constitutes a 51% increase from the same day in 2019. The equal highest day for all calls made to Lifeline since 2013 occurred on 12 July 2021.

Related services, like Beyond Blue and the Kids Helpline have seen similar increases in demand.⁴ Alongside mental health promotion and prevention and treatment of mental and substance use disorders, crisis lines are an important part of Victoria’s suicide prevention framework.

The unprecedented demand for Lifeline’s services throughout the COVID-19 pandemic was met by a nimble response from the Lifeline network, in part enabled by funding from New South Wales, Victorian, and Federal Governments. However, the economic, social and mental health impacts of the pandemic will continue to unfold for years to come. As such, Lifeline’s demand will remain at elevated levels into the foreseeable future, and requires sustained funding.

As a high-volume, non-Government helpline in Victoria, Lifeline Australia can play a pivotal role in Victoria’s new mental health infrastructure. With appropriate support from the Victorian Government, Lifeline’s services can continue to provide essential crisis assistance to Victorians when they are at their most vulnerable.

Crisis lines explained

What is a crisis line? Crisis lines typically provide immediate emergency telephone counselling services to people in the community, particularly to those at risk of suicide or thinking about suicide. Crisis lines offer non-judgemental and confidential emotional support in times of personal crisis when individuals may feel unable to cope with the challenges in their lives.

Why are crisis lines important?

Crisis lines aim to reduce the intensity of distress amongst upset and suicidal callers to enable problem-solving in response to personal problems.⁷ Crisis lines are particularly beneficial for individuals facing isolation, as they provide help to people in distress in an accessible and immediate way, regardless of geographical barriers.

Research shows that crisis lines are effective in attracting callers facing significant crises, many of whom are at high risk of suicide.⁸⁻¹⁰ Gould and colleagues' study (2007) reported a detailed risk profile analysis for callers to a crisis line who were suicidal. They found that over half had a suicide plan at the time of the call, while 8.1% had taken some action to

harm or kill themselves immediately prior to the call. Over half of callers (57.5%) reported prior suicide attempts. In sum, crisis lines are effective in attracting callers with a clear suicide risk profile.

Whilst research measuring the effectiveness of crisis lines is limited due to ethical concerns and methodological difficulties, existing research provides genuine grounds for promise. A major study of the outcomes achieved for telephone callers to a crisis line in the USA found that intent to die was reduced by the end of the call.⁸ Moreover, a study in Australia examining callers to a youth crisis line found measurable reductions in suicidal ideation during the call, and a recent study in the United Kingdom found evidence that calls to a crisis line were effective in reducing suicidal and self-harm ideation.^{11,12} A recent systematic review of studies investigating the effectiveness of crisis lines found overall support for crisis lines; their results indicate there is a positive effect of crisis calls on immediate proximal outcome measures (e.g., changes in distress over the course of the crisis line call). However, the review notes that the state of the science in this area remains limited, and would benefit from controlled, longitudinal studies.¹³

THE ROLE OF LIFELINE IN VICTORIA’S MENTAL HEALTH INFRASTRUCTURE

Lifeline is a national charity that provides 24-hour crisis support and suicide prevention services to any Australian experiencing emotional distress. Within Victoria, Lifeline is one of six generalist telephone support services available for individuals affected by mental health issues (see Table 1). Sitting alongside these services, several specialist telephone lines provide support for specific groups in the community (e.g., Kids Helpline, Gambling Helpline).

The wide variety of tele-health services available in Victoria complement each other. Their differing services, approaches, and priorities ensure that no person in Victoria has to face their darkest moments alone. Lifeline’s unique aspects include its scale and service model: Lifeline Australia receives the greatest number of calls of all crisis lines, and has a non-clinical model which utilises volunteers to help others, promoting a sense of community connection and buy-in.

TABLE 1 LIST OF GENERALIST MENTAL HEALTH TELEPHONE SUPPORT SERVICES AVAILABLE IN VICTORIA¹⁴

SUPPORT	SERVICE NAME	FOCUS	FUNDING	OPERATING HOURS
Crisis Support	Lifeline	Crisis support, suicide prevention and mental health support services	Non-profit	24 hours / 7 days
	SuicideLine Victoria	Crisis and suicide counselling	Government Contracted	24 hours / 7 days
	Emergency	Emergency assistance	Government Owned	24 hours / 7 days
Counselling and Guidance	SANE	People affected by complex mental health issues	Non-profit	10am – 10pm weekdays
	Beyond Blue	Depression, anxiety and related disorders	Non-profit	24 hours / 7 days
	Area mental health services triage	First point of contact for people seeking a specialist mental health response that will identify nature of response required	Government Owned	24 hours / 7 days



Telehealth and online mental health services available in Victoria

Lifeline

Lifeline is a non-Government, non-profit organisation. Their phone line provides crisis support services to help anyone who is experiencing a personal crisis, contemplating suicide or caring for someone in crisis. Lifeline's services are currently available over phone, text or chat. The support comes in the form of having someone who will listen without judgement, who can develop a safety plan, and who provides critical referrals to additional (often clinical) services.

Aside from Lifeline's generalist crisis phone line (13 11 14), Lifeline launched a phone line that provides support for people affected by bushfires (13 HELP), which was launched in February 2020 in the aftermath of the Black Summer Bushfires.

The charity was founded in 1963 by the late Sir Alan Walker after he received a call from a distressed man who took his own life days later. When the charity was formed, Lifeline created Lifeline Centres in all of Australia's telephone area codes to ensure no caller was forced to pay unnecessary interstate phone charges.

This established Lifeline's two-tiered organisational structure which remains in place to this day. In many ways, Lifeline's structure is a relic of Australia's long abandoned STD phone area structure. The organisation is headed by Lifeline Australia, which coordinates the charity and runs the crisis phone lines.

Complementing Lifeline Australia, 41 Lifeline Centres across the country recruit volunteers, run Lifeline stores, and organise other programs. The need for separate phone lines became redundant in 1994, when Lifeline transitioned to a single national priority 13 number. However, Lifeline Centres continue to play an important role within Lifeline's structure, as they maintain

strong community ties and organise community-based initiatives. The combined work of Lifeline Australia and Lifeline's Centres enables Lifeline to uniquely combine national reach and resources with local connection and community.

Specifically, Lifeline Australia handles all the administration for the crisis phone lines, which includes:

- Building, maintaining and supporting the contact Centre solution which enables the 13 11 14 phone line and the crisis text functionality.
- Delivering the workforce management solution which uses historical service demand data to match crisis supporter resourcing to service demand. This solution allows Lifeline Australia to support effective rostering of our 4000 crisis supporters nationally in a manner that meets the variations in intra-day call and text arrival patterns. This solution is critical in maintaining responsive service delivery for help seekers in need.
- Building, maintaining and supporting the CRM within which crisis supporters capture relevant data and case notes associated with calls and texts.
- Using Business Intelligence reporting tools to inform the operational management of Lifeline's complex national service delivery. These tools also facilitate the substantial reporting obligations Lifeline Australia manages for our Government funders.
- Managing the Lifeline Registered Training Organisation (RTO). Lifeline's crisis supporter training is accredited under our RTO.
- Providing support and 'train the trainer' services to all Centre trainers in their delivery of crisis supporter training.
- Providing 24/7 real time specialist practice support for our crisis supporters. Lifeline's

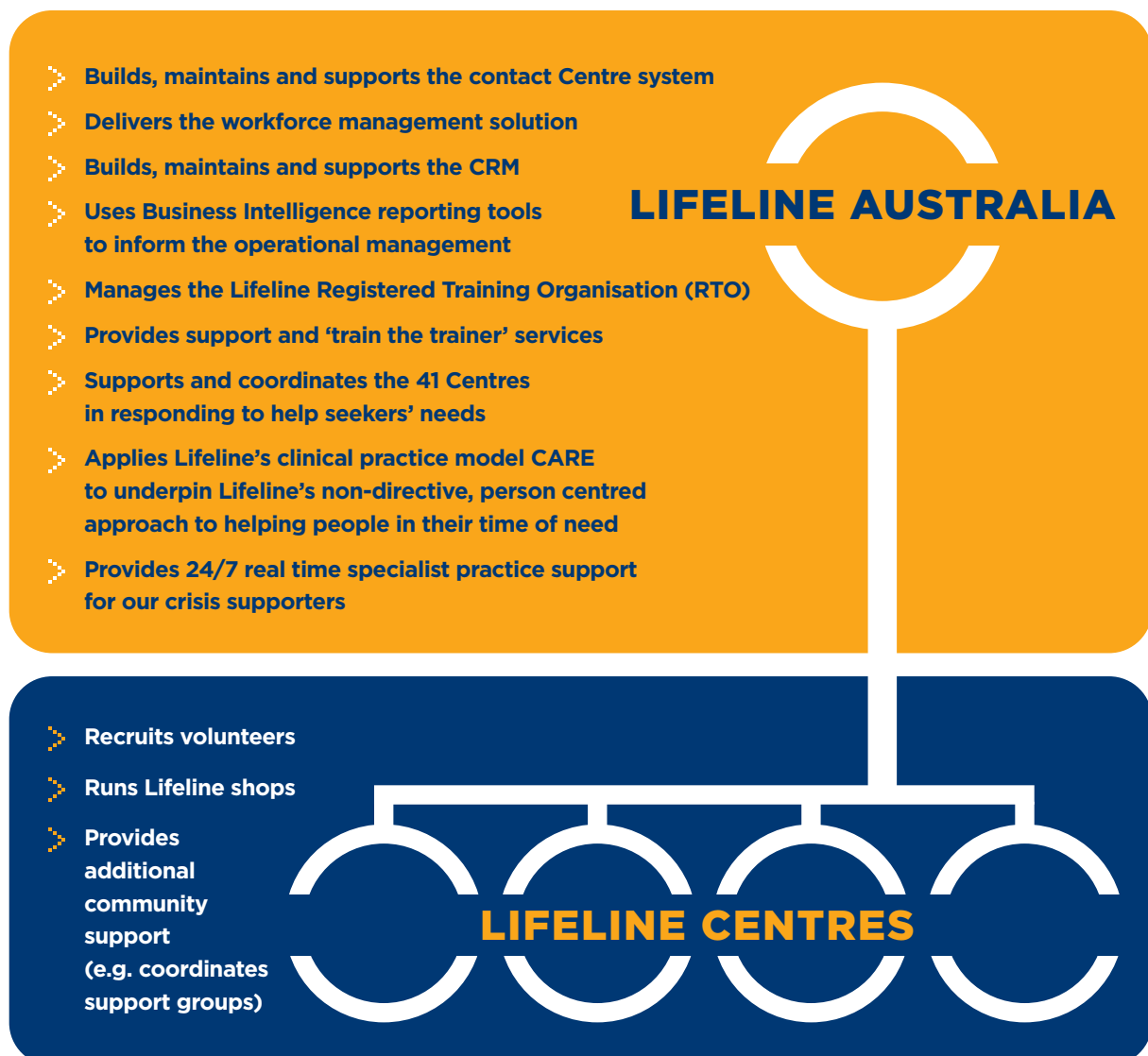
Centralised In Shift Support Team is available to all crisis supporters for assistance both during and post call/text for advice, support and debriefing.

- Supporting and coordinating, through Lifeline Australia's National Operations Team, the efforts of our 41 Centres in responding to help seekers' needs. This is a sophisticated framework including benchmarks, key performance indicators and overarching governance designed to ensure a national service delivered

by 41 Centres is responsive, consistent, safe and effective.

- Using Lifeline's clinical practice model CARE, which has been designed and is continuously developed by Lifeline Australia's clinical practice team, underpins Lifeline's non-directive, person centred approach to helping people in their time of need. The clinical practice team also leads the clinical safety, practice supervision and quality assurance of our services nationally.

FIGURE 1 DIFFERING RESPONSIBILITIES OF LIFELINE AUSTRALIA AND LIFELINE'S CENTRES





Lifeline's unique properties include its scale and community trust. The organisation receives the greatest number of calls of all crisis lines — every 30 seconds, a person in Australia reaches out to Lifeline for help. Polling research by Roy Morgan on behalf of Lifeline found that 91% of Australians surveyed connected Lifeline with crisis support and suicide prevention.¹⁵ Another recent study found that 10% of an Australian nationally representative community sample (N = 1,300) had previously contacted Lifeline Australia, and that community members expect Lifeline Australia to serve as a suicide prevention and general crisis support service — one that is able to support the community at large when members experience general crises.¹⁶

Lifeline also has a distinctive service model. The organisation is a non-government, non-profit helpline, and unlike many other crisis call lines, Lifeline's approach is one of 'people helping people'. The crisis phone lines are typically answered by volunteers. Whilst some may consider clinically trained staff members more appropriately positioned to provide support to crisis callers, research suggests that paid staff and volunteers provide similar support throughout crisis calls. Indeed, a U.S. study found that volunteer (vs. paid) crisis centre personnel conducted risk assessments more often, had more empathy, were more respectful of callers, and had significantly better call outcome ratings.¹⁷

Lifeline has become part of the default support infrastructure when public commentary is being made on difficult topics. Ministers, members of parliament, and other community leaders frequently refer to Lifeline in media statements and on social media providing options for support for Victorians in distress. The Australian Press Council's Standards Relating to Suicide notes that published material relating to suicide "should be accompanied by information about

appropriate 24-hour crisis support services" and specifically mentions Lifeline as a resource to use. Evidence indicates that people are more likely to seek help when appropriate services are included in communication referencing suicide or self-harm.¹⁸ In online and broadcast media alone, mentions of Lifeline services grew from 35,500 in 2018 to 68,300 in 2020; a 92% increase over two years.

Lifeline Australia relies on government grants to provide its services. Of the total revenue produced by the organisation in 2019-20, 73% was obtained from National and State Government grants, 18% from fundraising, and 7% from sale of goods from Lifeline stores. Notably, 88% of this funding is filtered straight back to Lifeline's services and community centres, while the remaining funds are used for essential administration and development, as per the above list of services provided by Lifeline Australia to support the crisis phone lines.¹⁹

SuicideLine Victoria

SuicideLine Victoria is a 24/7 telephone and online counselling service for people at risk of suicide, people concerned about someone else's risk, and people bereaved by suicide. The counselling service is delivered by 'On the Line' on behalf of the Victorian Government Department of Health and Human Services. On the Line is a professional social health organisation, established in 1990. Alongside the delivery of SuicideLine Victoria, the organisation is also contracted by the Department of Health to deliver the Suicide Call Back Service and the All Hours Support Service. All staff managing SuicideLine Victoria's counselling services are qualified professional counsellors, social workers or psychologists.*

* Unfortunately, On The Line is the subject of investigations after a whistleblower reported the organisation was inflating the number of Suicide Line Victoria calls answered. A recent investigation found that misreporting of call figures to the Victorian government dated back to 2018.²⁰



Emergency

In the context of suicide prevention, Victoria's emergency number '000' is a crisis telephone service used to call an ambulance if a suicidal person has harmed themselves, or is behaving aggressively and threatening others.

SANE

SANE Australia is a national mental health charity established in 1986. SANE provides an online and free call service, which delivers information, support and referral to people concerned about complex mental health issues. The online and call services are available from 10am to 10pm Monday to Friday. Their support services are staffed by qualified counsellors.

SANE does not provide crisis services. They aim to support people living with complex mental health issues, but do not provide immediate support for those in emotional distress or contemplating suicide.

Alongside their counselling services, SANE's website manages their Support Forum – a peer to peer community, moderated by SANE.

The Support Forum provides a space where people affected by mental illness, family, friends and carers can offer and receive mutual support at any time of day or night 365 days a year. Users of the Support Forum share thoughts, feelings and experiences of the difficulties and challenges that can arise from living with mental illness. SANE also conducts research and advocacy to support those affected by complex mental health issues.



BeyondBlue

Beyond Blue is an Australian mental health and wellbeing support organisation, focused on supporting people affected by anxiety, depression and suicide.

The organisation has been providing mental health support and services to people in Australia for 20 years.

Beyond Blue's free online and telephone services provide support and advice in relation to anxiety, depression, and related disorders. Their support service is aimed at providing information and support to help everyone in Australia achieve their best possible mental health. All calls and online chats are confidential, and are conducted one-on-one with a trained mental health professional.

Beyond Blue does not provide suicide and crisis support to those in an emergency, or at immediate risk of harm to themselves.

Alongside their mental health support services, Beyond Blue funds research and raises awareness of depression, anxiety and suicide.

Victoria's Area Mental Health Services Triage

The mental health triage service is the standard entry point to specialised mental health and psychiatric services in Victoria.

Victoria has 13 mental health service areas, and all areas provide a psychiatric triage and referral service 24 hours a day, seven days a week.

The mental health triage phone lines are designed to provide advice, comprehensive mental health assessment and psychiatric treatment for individuals suffering from acute symptoms of mental ill-health.

These include individuals struggling with:

- > Depression and anxiety
- > Schizophrenia and psychosis
- > Bipolar disorder
- > Borderline personality disorder
- > Drug and alcohol related problems, including psychosis

Mental health triage involves an initial assessment of a person with a mental illness (typically over the phone or face-to-face if they present in person) by a mental health clinician to determine the type and urgency of the response required from mental health or other services. The triage process also identifies whether the person needs further assessment by the specialist mental health or other services. If specialist mental health services are not the most appropriate option for the person, the caller may be referred to another service (for example, general practitioner or medical specialist) or given other advice.

ANALYSES OF LIFELINE'S CRISIS CALLS IN VICTORIA

Lifeline Australia's crisis support services are currently available over phone, text or chat. Anyone in Australia who is experiencing a personal crisis, contemplating suicide or caring for someone in crisis can contact Lifeline.

As noted above, Lifeline Australia coordinates all crisis support services, whilst Lifeline's Centres work to deliver the support through their essential staff and volunteers. In Victoria, there are currently six Lifeline Centres operating in Geelong, South West Victoria, Ballarat, Central Victoria & Mallee, Melbourne, and Gippsland. These centres are staffed by over 500 volunteer crisis supporters and over 250 paid specialist staff.

The following analyses utilised Lifeline Australia's call data from January 2013 - September 2021 to explore trends in calls over this period. All analyses were conducted by the McKell Institute, independent of Lifeline Australia. The McKell Institute obtained daily counts of calls made to Lifeline Australia, disaggregated by the state or territory the call originated from, and the phone-line the call was made to (13HELP or 13 11 14). The dataset included service performance statistics, comprising daily counts of the number of calls made to Lifeline, the number of calls answered by Lifeline, the call answer rate, and the average speed to answer. McKell also obtained practice statistics that outlined the number of daily calls designated as crisis calls vs. non crisis calls (i.e. calls that intend to reach Lifeline and discuss mental health crises, vs. those that are accidental or unwanted), the number of calls that were deemed a safety issue, that discussed suicide, that had emergency intervention requested, and that resulted in a referral. Further summary statistics outlined the number of calls that discussed specific topics (operators can choose from a set list of 15 topics, including addiction, health issues, employment etc.), and the number of calls that referenced a specific community disaster (operators can choose from a set list that varies over time, but included 24 topics as of 2021).

The dataset also included demographic statistics of callers. These summary statistics included daily counts describing the age of help-seekers (callers could be designated as under 16, 16-18, 18-24, 25-44, 45-65, over 65 years, or of an unknown age), the Indigenous status of the caller (Aboriginal, Torres-Strait Islander, Both Aboriginal and Torres Strait Islander, Neither Aboriginal or Torres-Strait Islander, or unknown), and the gender of the caller (Female, Male, Transgender/Intersex, or unknown).





Lifeline Australia utilises a national call pool structure, which means that calls made to the national number are answered by the next available operator, regardless of their geographic location. As such, there can be differences in the number of calls *made* from residents of a particular state, and the number of calls *answered* by volunteers and staff in a particular state. The McKell Institute obtained monthly summary statistics that outlined Lifeline's national call demand, each state's call demand, and the number of calls answered by each state. From these numbers, we could determine state-based discrepancies in calls offered vs. answered.

The McKell Institute also obtained summary statistics that outlined the number of work hours provided by volunteers and paid staff per month from 2018-2021, within Victoria and the rest of Australia.

It is important to note that none of the questions informing practice statistics or help-seeker demographic statistics are compulsory for call operators to complete. Consequently, there is a high proportion of missing data amongst these variables. For example, 85.9% of calls do not record the Indigenous status of the caller and 64.6% do not record the age of the caller. Given the high number of unknowns, this report does not discuss these variables. However, our report includes information about gender differences in call numbers, as there was a significantly lower proportion of missing data (36.1%).

Additionally, among the practice statistics variables, the dataset only included counts that outlined the number of calls that discussed suicide, were deemed safety issues, and required emergency intervention. We did not receive counts outlining the number of calls that *did not* discuss suicide, *did not* require emergency intervention and *were not* deemed a safety issue. Consequently, it is impossible to calculate the proportion of missing data among these variables, and any proportional analyses would artificially inflate the percentages of calls that did not require safeplans, emergency intervention etc. As such, we do not describe these variables in this report.

Calls are increasing over time

Since 2013, there has been an increase in the number of calls made to Lifeline Australia, as well as an increase in the number of calls that discuss suicide, are labelled crisis calls and are labelled a safety issue. This increase has largely taken place over the last two years, since the Black Summer Bushfires and the COVID-19 pandemic affected Australia. Notably, call numbers have spiked dramatically since June 2021, when they increased nationally from a (rolling 2-week average) of 2818 per day on 1 June 2021, to 3455 per day on 1 September 2021: a 23% increase in national call numbers. This spike correlates with the outbreak of the highly infectious delta variant of COVID-19 in NSW and later Victoria.

Figure 3 shows the breakdown of calls over time for each state, demonstrating that the 2021 jump in calls was predominantly due to increases from NSW and Victoria, the two states worst hit by recent outbreaks of COVID-19 and subsequent lockdowns. This provides evidence that the increase in calls was connected to anxieties concerning COVID-19. The particularly large increase in calls throughout 2021 (relative to 2020) may reflect the compounding effect of the COVID-19 pandemic on mental health issues, including the fatigue, loneliness, and stress associated with extended lockdowns. Additionally, financial security for those affected by COVID-19 changed in 2021, when the Commonwealth Government's JobKeeper Payment Scheme was replaced with the COVID-19 Disaster Payment, and the COVID-19 supplement to JobSeeker unemployment benefits ended.

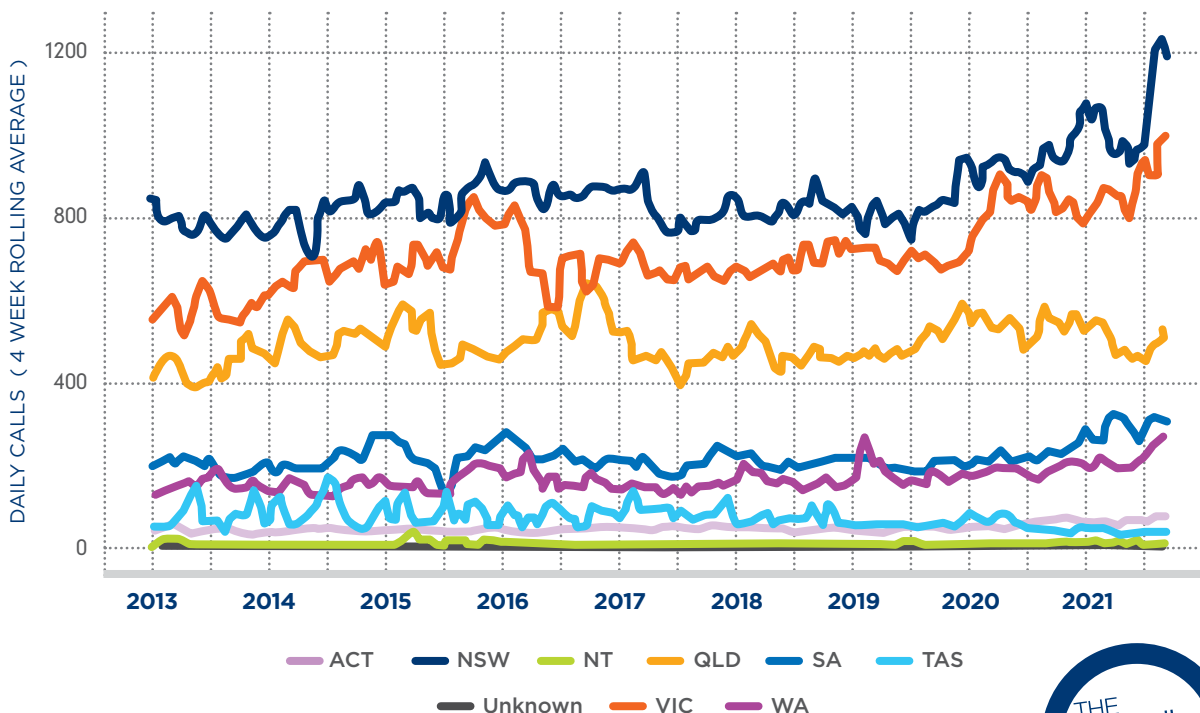
FIGURE 2 FOUR WEEK ROLLING AVERAGE OF TOTAL DAILY CALLS OFFERED TO LIFELINE AUSTRALIA FROM 2013-2021



Victoria is no exception to the trend of increased Lifeline calls. The Victorian population makes the second highest number of calls to Lifeline of any state, and the average number of calls from Victoria per day has increased from 580 in 2013, to 880 in 2021, constituting a 52% increase in calls. During this period, Victoria's population only increased by 16%. Throughout 2020, Lifeline Australia answered calls from 273,777 Victorians, the most of any year on record for Victoria.

Since 2013, 74.1% of calls made to Lifeline from Victoria were designated crisis calls, and thus were intended to call Lifeline to discuss mental health issues. This suggests that Lifeline is, for the most part, attracting Victorian callers facing mental health crises.

FIGURE 3 FOUR WEEK ROLLING AVERAGE OF DAILY CALLS OFFERED TO LIFELINE AUSTRALIA FROM 2013-2021, BY STATE





Call numbers are extremely variable

From day-to-day, there is significant random variation in the number of calls made to Lifeline Australia. As seen in the charts above, there are many peaks and troughs in call numbers, and these changes have no obvious association with cultural, economic, or news events. There also does not appear to be any strong or practically significant yearly or weekly (i.e periodic/cyclical) trends that can predict when calls will increase or decrease. High variability in call volumes renders accurate daily forecasting challenging as is ongoing workforce planning to ensure demand is met and calls answered in a timely fashion.

Victoria has experienced high call numbers throughout the pandemic

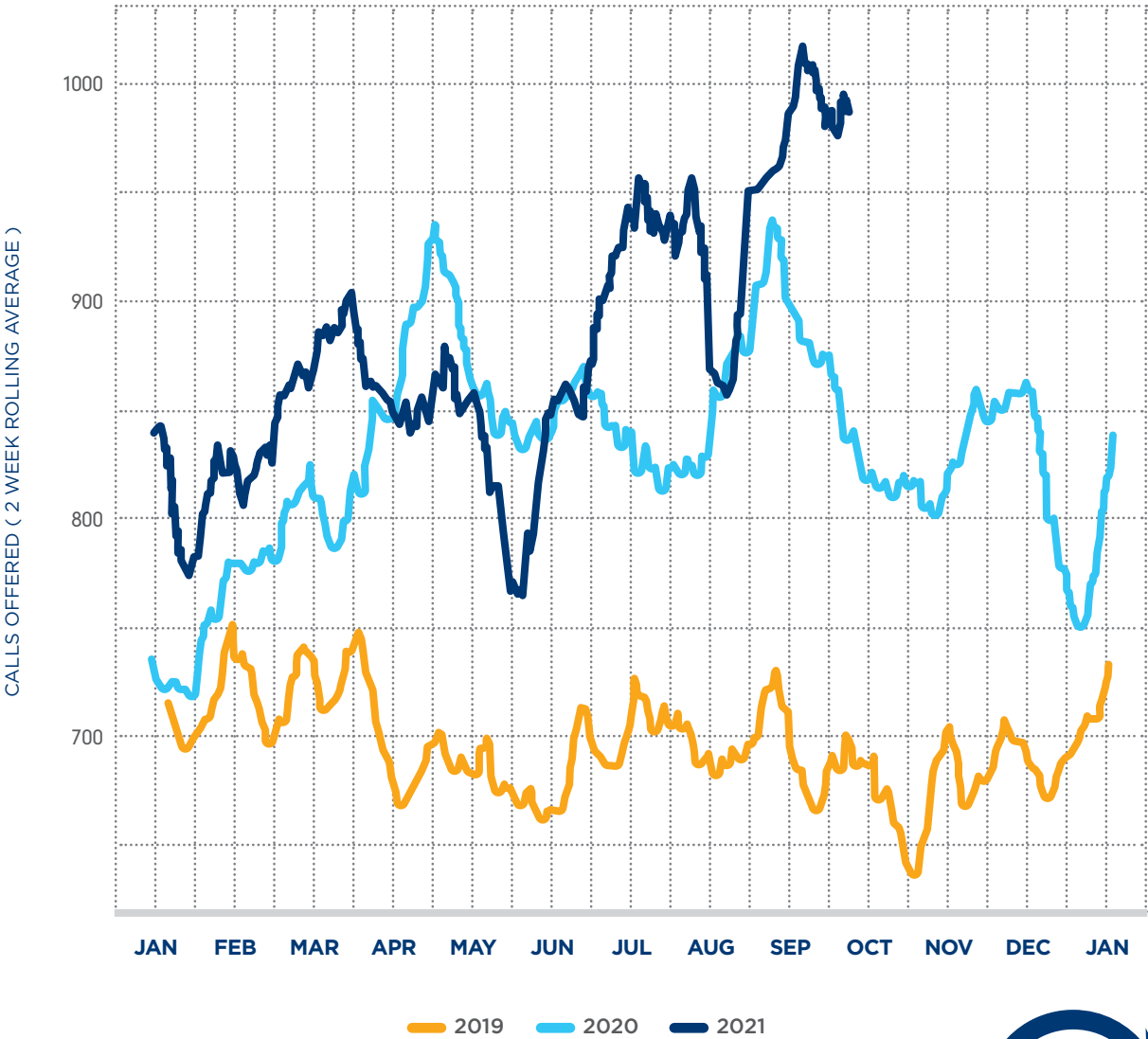
Before 2020, the average number of Victorian calls to Lifeline was 680 per day. This number started to increase in December of 2020, when the Black Summer bushfires began, and sustained growth in February and March, alongside the onset of COVID-19. In January 2020, just before the onset of COVID-19, the average number of

daily Victorian calls to lifeline was 737. As of September 2021, the average number of daily calls to Lifeline is 996. This constitutes a 35% increase in calls since the pandemic began.

The relationship between COVID-19 lockdowns and Victorians' mental health is reflected in Victoria's call numbers to Lifeline, which show an increase throughout COVID-19 lockdown periods. As seen in Figure 4, there is an increase in calls around mid-March 2020, when restrictions were first introduced (16 March), an increase in call numbers in August 2020, when restrictions for the second lockdown were implemented (2 August), a third increase around June-July 2021, throughout the fourth and fifth Victorian lockdowns, and yet another increase at the beginning of August 2021, when the sixth lockdown took effect (5 August). It is important to note that because these data are cross-sectional, we cannot prove that spikes in call numbers during lockdowns were not due to other, unknown or random factors. There are periods when calls increased in Victoria when lockdown measures were not in place. Indeed, there are a range of other stressors that could be contributing to the increase in calls, both directly and indirectly due to the increased visibility of these issues. Still, the consistent association between changes in public health restrictions during the pandemic and increasing call numbers demonstrate that Victorians utilised Lifeline's crisis support services at a greater frequency throughout these periods.



FIGURE 4
TWO WEEK ROLLING AVERAGE OF DAILY CALLS OFFERED FROM JAN 2019 TO SEPT 2021



The relationship between COVID-19 and Victorian call numbers is further demonstrated by Figure 5, which highlights the days with the top 10% number of calls. Whilst there was a brief period in 2015 that saw a consistent number of high-call days, over three quarters (82%) of Victoria’s highest call days have occurred since the start of 2020. The dense number of high-call days occurring since the beginning of 2020 suggest that there is a strong, negative relationship between COVID-19 and Victorians’ mental health.

FIGURE 5 DAYS WITH TOP 10% HIGHEST CALL NUMBERS FROM JAN 2013 - SEPT 2021

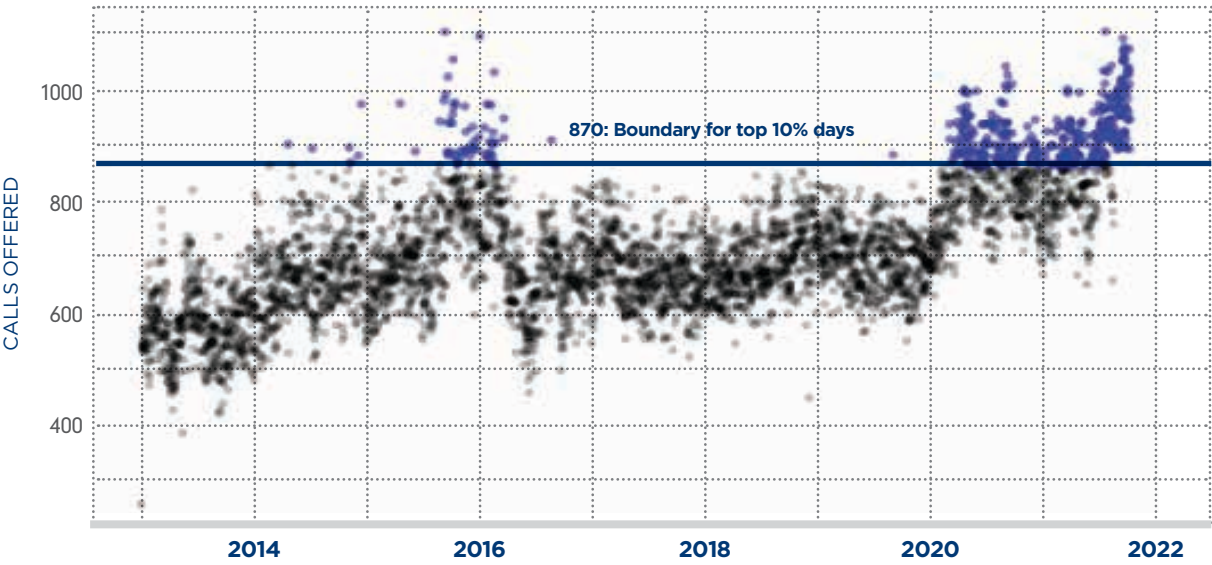


Table 2 displays the top 10 highest call days in Victoria, and the number of calls made to Lifeline from Victorians for each day. Further demonstrating the compounding impact of the COVID-19 pandemic on calls to Lifeline, the table demonstrates that seven of the top ten highest call days have occurred in the last four months (since July 2021).

TABLE 2 VICTORIA’S TOP 10 HIGHEST CALL DAYS, JAN 2013 - SEPTEMBER 2021

ORDER	DATE	NUMBER OF CALLS
1	12/07/2021	1,109
	4/09/2015	1,109
2	25/12/2015	1,101
3	7/09/2021	1,096
4	11/09/2021	1,079
5	27/09/2021	1,077
6	6/09/2021	1,072
7	12/09/2021	1,062
8	1/10/2015	1,059
9	5/09/2021	1,056

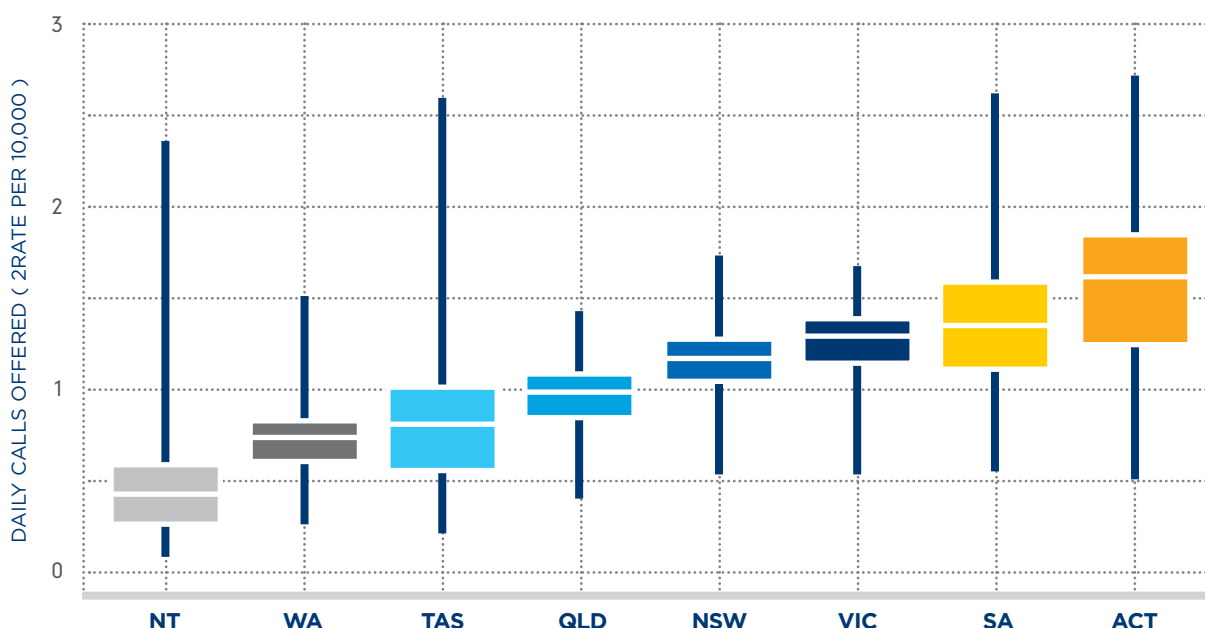
Table 2 shows that Victoria’s equal highest ever call day was 12 July 2021, with 1,109 calls made. The day prior (11 July) a total of 1,015 calls were made. Yet on both these days there were no COVID-19 cases in Victoria. In fact, Victoria had been on a 10 day stretch of no cases. However, throughout this period, NSW’s COVID-19 Delta-strain outbreak was growing and in the seven days prior, NSW’s COVID-19 cases had grown from 18 to 112.

Whilst the 12 July 2021 marked Victoria's twelfth day of no new local coronavirus infections, the day brought news that Victoria was on 'high alert' after two NSW removalists who had travelled through Victoria tested positive for the virus. This suggests that the increases in Victorian calls to Lifeline throughout this period were not driven by COVID-19 cases in Victoria, but instead may have been caused by a growing prospect of infection from NSW, and the possibility of further lockdowns. This corresponds with research that suggests a major component of COVID-19 related anxieties concerns a fear of the unknown — a fundamental fear that is exacerbated by the uncertainty brought about by the pandemic.²¹ Additionally, this finding demonstrates the importance of thinking beyond local issues when considering the demand drivers for Lifeline calls, to the wider context in which we live and its capacity to trigger collective anxieties.

Comparing Victoria to other jurisdictions

To compare the number of calls made to Lifeline across Australian states and territories, we created population-based incidence rates for each state. This rate is calculated by dividing the number of daily calls made from each state by its total population, which is then multiplied by 10,000 to convey the number of daily calls made per 10,000 people for each state. The boxplots in Figure 6 show the spread of daily call rates for each state since COVID-19 began to significantly impact Australians (in March 2020). The line in each box shows the median daily call rate since March 2020, whilst the boxes show the area in which half of the daily rates rest between, and the 'whiskers' show the full range of daily rates that occurred since March 2020. The median call rate is the most appropriate statistic to compare call numbers between states, as states with a smaller population (e.g. Tasmania and ACT) have many daily rates that count as 'outliers' and can distort the value of the mean.

FIGURE 6 DAILY AVERAGE CALL RATES MARCH 2020 - SEPTEMBER 2021 BY STATE



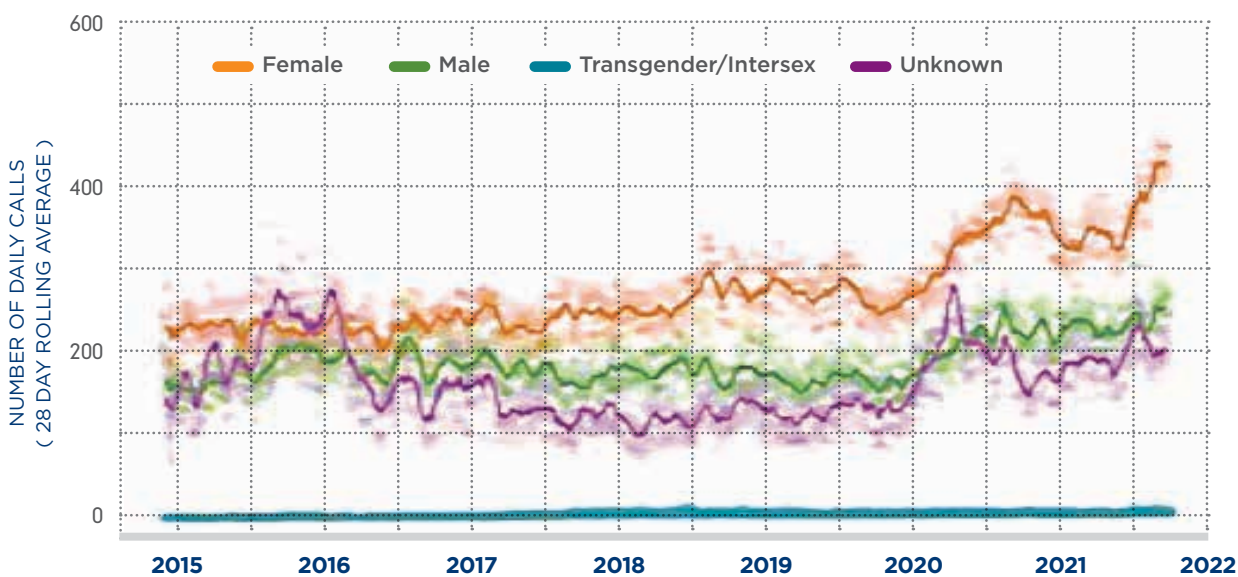
The boxplots in Figure 6 demonstrate that since COVID-19 began, Victoria has maintained the third highest median daily call rate (per 10,000 people) of any Australian state or territory. Between March 2020 - September 2021, the median daily call rate to Lifeline was 1.26 out of 10,000 Victorians. This rate is larger than New South Wales' and Queensland's rate throughout the same time period (1.15 & 0.97 in 10,000, respectively). The regions with the two highest median call rates are the Australian Capital Territory, and South Australia (1.60 & 1.33 in 10,000, respectively).

Females are more likely to call Lifeline, especially since the COVID-19 pandemic began

In line with previous research, our demographic analysis shows that females are more likely to call Lifeline when compared to males.²² This trend occurs at a national level (1.58 female callers for every 1 male) as well as within Victoria, to a slightly lesser degree (1.48 female callers for every 1 male). However, all gender-based analyses should be interpreted with caution, as we do not have information about the gender of a substantial proportion of callers (36.1% of Australia callers, 37.6% of Victorian callers).

Lifeline’s data also shows that the increase in calls since COVID-19 began has been greater for women than men. Between March 2020 and September 2020 (the height of restrictions throughout 2020 in VIC) average daily call numbers increased by 31.5% for women, but only 13.7% for men. This gendered increase in call numbers is also seen throughout Victoria’s recent lockdowns caused by COVID-19’s Delta variant. Between June and September 2021, total monthly call numbers increased by 22.7% for women, but only 7.8% for men.

FIGURE 7 NUMBER OF DAILY CALLS IN VICTORIA BY GENDER, 2015-21



This finding aligns with other research investigating the gendered impact of COVID-19, which has found that increases in unemployment, domestic abuse, unpaid labour, and childcare have disproportionately impacted women throughout the pandemic.² Economic vulnerability has increased for Australian women more than men throughout 2020, and specifically increased more for women in Victoria due to the extended lockdowns. During the first lockdown, women reported job losses at higher rates than men (16% vs 10%), and during the second lockdown, Victorian women reported the highest rates of job loss, when compared to Victorian men, and women in other states (17% vs 11% and 10%, respectively).²³ In August 2020, the number of Victorian women who were out of work was the highest on record.²⁴ The COVID-19 pandemic has also increased women’s risk and vulnerability to domestic abuse, while at the same time making it more difficult for women to leave violent relationships, to report violence and to access support.²⁵ Furthermore, research shows that women have continued to carry a larger housework and childcare load throughout the pandemic, with the greatest disadvantage amongst Victorian women. Considering these factors, it is no surprise that Victorian women reported higher anxiety from May to September 2020, and have been particularly likely to call Lifeline for support throughout this period.²³

Victoria’s contribution to answering calls is lower than its demand

Lifeline Australia utilises a national call pool structure, which means that calls made to the national number are answered by the next available operator, regardless of their geographic location. As such, there can be differences in the number of calls made from residents of a particular state, and the number of calls answered by volunteers and staff in a particular state.

Our analyses suggests that Victoria’s contribution to Lifeline’s national crisis service capacity is below its demand. Throughout 2013-20, there were 2.18 calls made by Victorians for every 1 call answered by a Victorian call operator. As seen in Table 3, Victoria makes the third lowest contribution to Lifeline’s service capacity. The Australian Capital Territory and New South Wales are the only two jurisdictions that positively contribute to Lifeline’s capacity. When interpreting the table it is important to remember that in general more calls are made to Lifeline than are answered (currently over 90% of calls are answered), which is why the ratio is above 1 for most states.

Figure 8 shows that during the pandemic, additional funding enabled Victoria to improve the ratio of calls made to calls answered, as these new resources helped support some of the additional demand. Additional pandemic-related funding also enabled Lifeline Australia to increase its call answer rate and decrease its average speed to answer.

As discussed earlier, Lifeline’s national and local structure is partly a relic of Australia’s old STD area code structure for making local calls. Lifeline Centres were originally established in each STD area code so that calls could be made for the cost of a local call. This changed with the introduction of a national number in 1994. Today, Lifeline Australia manages the national crisis line and associated costs. Therefore, it is Lifeline Australia’s resource and funding base that supports the operations and capacity of the crisis line.

Addressing this imbalance will require increasing the capacity to answer more crisis calls in Victoria, addressing barriers to volunteering and extending support that has enabled more paid staff to answer calls during the pandemic.

TABLE 3
RATIO OF LIFELINE CALLS MADE VS. ANSWERED BY EACH AUSTRALIAN STATE AND TERRITORY BETWEEN JAN 2013 TO SEPTEMBER 2021.

STATE/TERRITORY	RATIO OF LIFELINE CALLS MADE VS. ANSWERED
ACT	0.62
NSW	0.74
QLD	1.3
SA	1.9
WA	2.02
VIC	2.18
NT	2.42
TAS	3.04



FIGURE 8 PERCENTAGE OF NATIONAL CALLS MADE FROM VIC VS. ANSWERED IN VIC FROM JAN 2013 - SEPT 2021

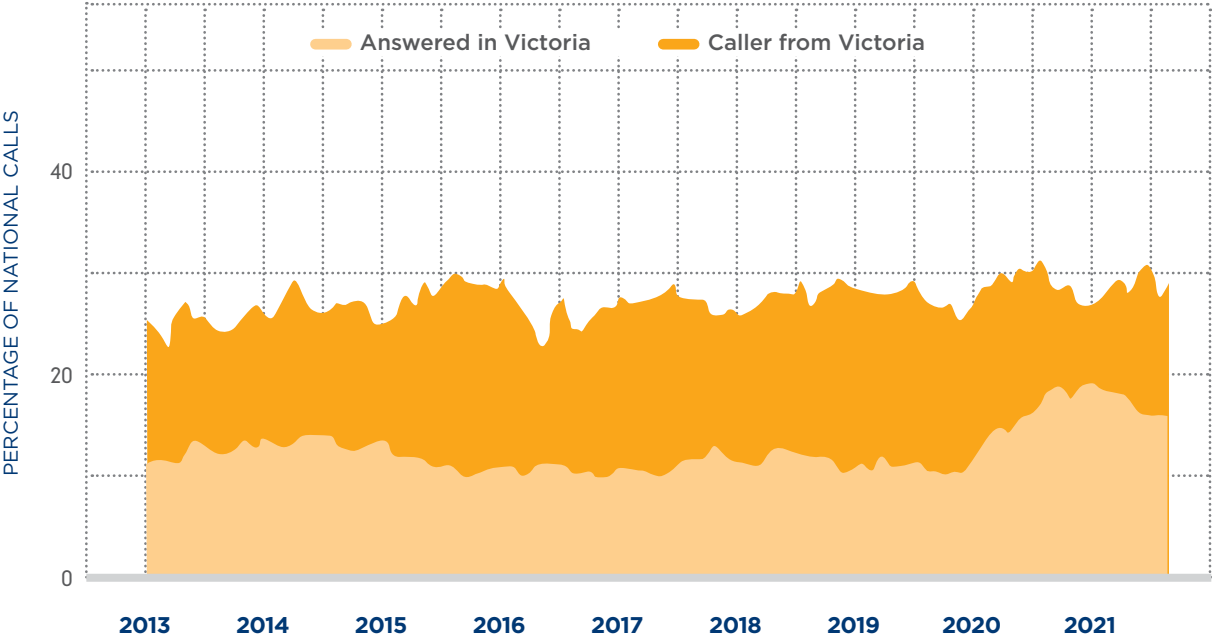


FIGURE 9 PERCENTAGE OF NATIONAL CALLS MADE FROM NSW VS. ANSWERED IN NSW FROM JAN 2013 - SEPT 2021

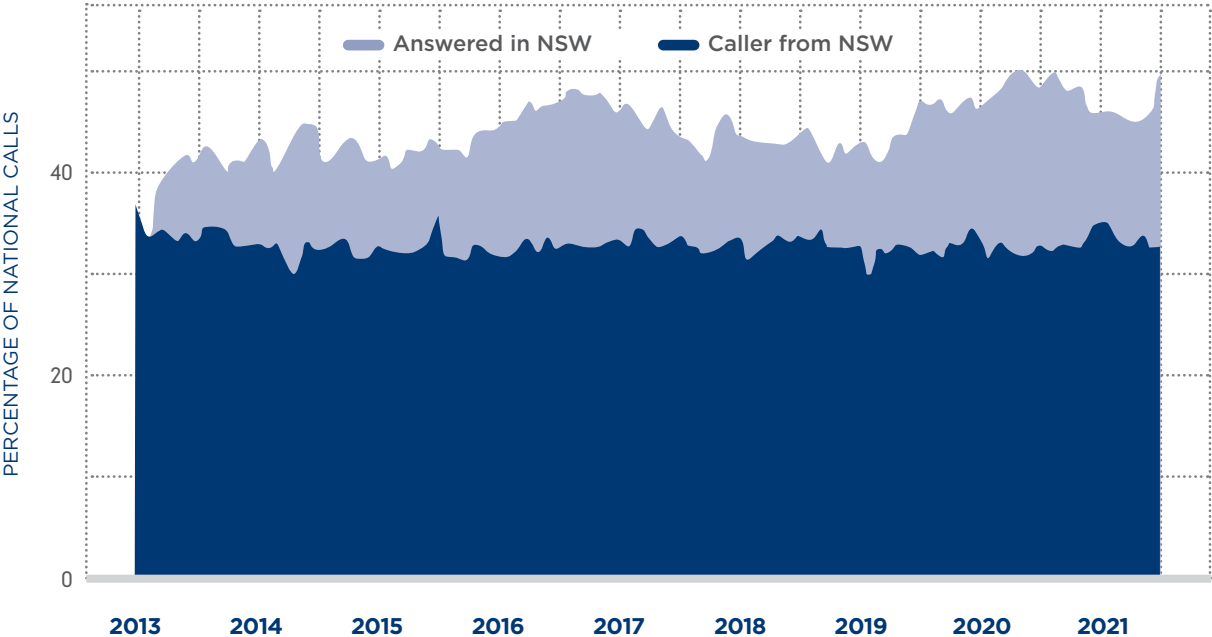
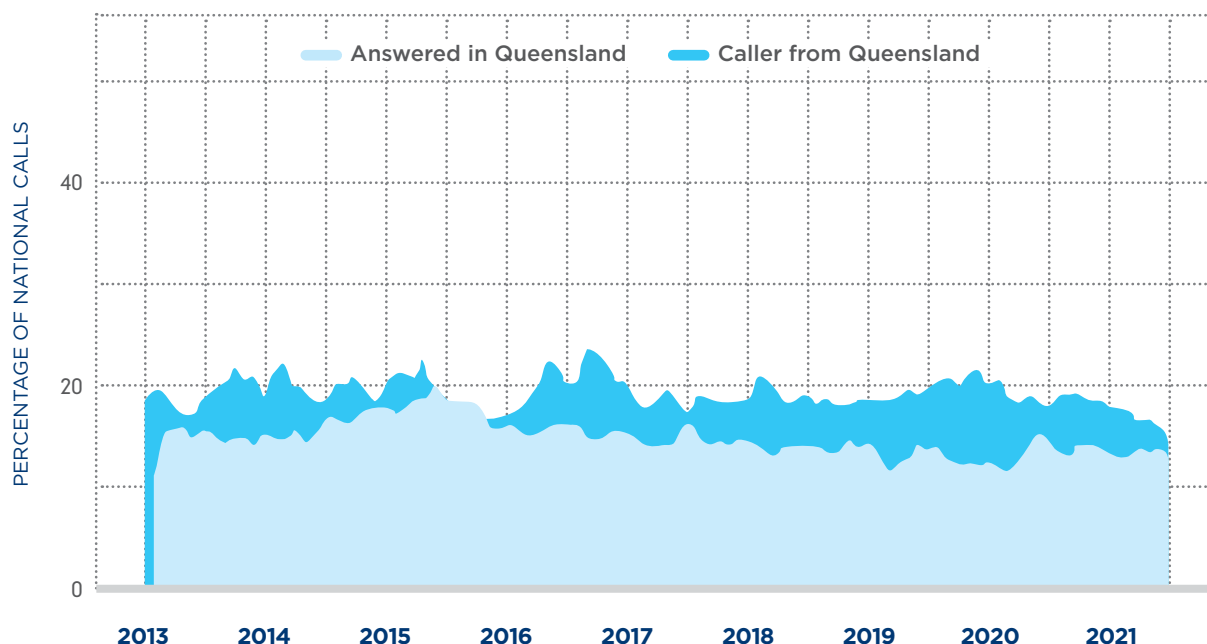


FIGURE 10 PERCENTAGE OF NATIONAL CALLS MADE FROM QLD VS. ANSWERED IN QLD FROM JAN 2013 - SEP 2021



As seen in Figure 8, Victoria's discrepancy in calls made vs. calls answered decreased in 2020. This is due to additional support from Victorian Lifeline volunteers in response to the COVID-19 pandemic. Victorian volunteers increased their hours by 32% on average since COVID-19 began. Notably, the growth in Victorian volunteer hours throughout 2020-21 was particularly high relative to other states, whose hours increased by 13% in the same time period. This Victorian boost in volunteer hours may have been caused by an increase in community solidarity and outreach throughout Victoria's lockdown periods. Prior research has found that in the immediate aftermath of a natural disaster, affected communities often have heightened internal solidarity, an overall sense of altruism, and an increase in heroic action.²⁶⁻²⁸ Given the Victorian lockdown was particularly long and strenuous, the sense of collective disaster might have increased solidarity and community

altruism, resulting in an increase in Lifeline's volunteer hours. However, even with Victoria's boost in Lifeline volunteerism, the extraordinary increase in calls throughout the COVID-19 lockdowns required further help from paid staff. As a result, Lifeline Australia increased paid hours for Victorian call operators by 162% over the same period.



FIGURE 11 MONTHLY VOLUNTEER AND PAID HOURS OF LIFELINE WORK FOR VICTORIA, 2018-21

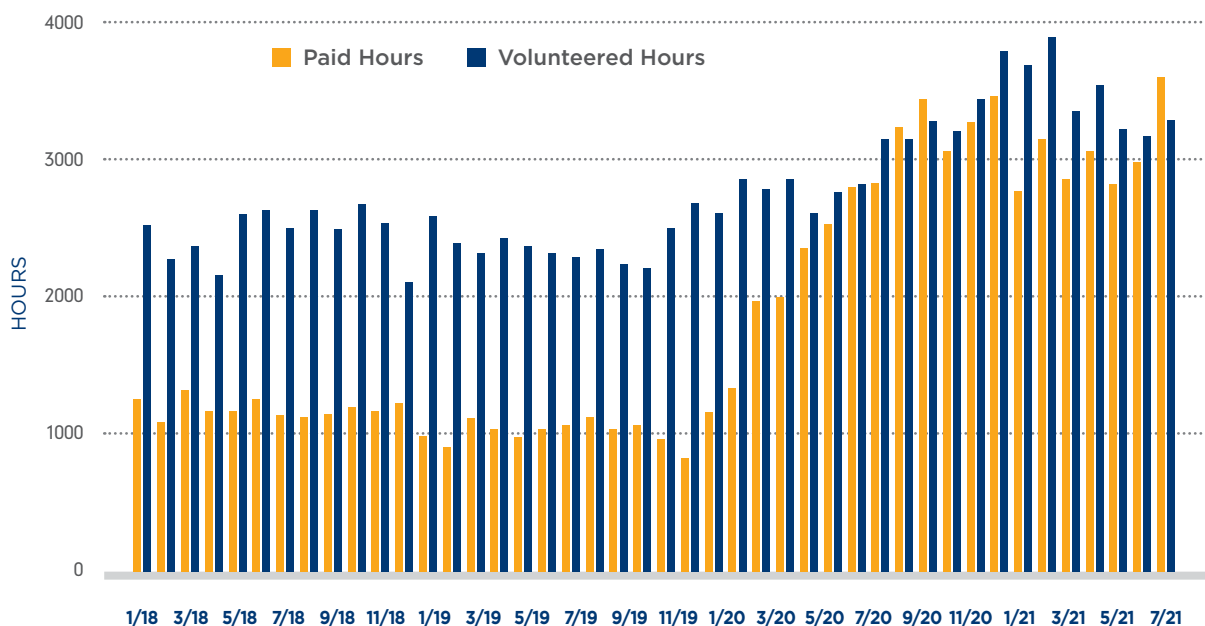
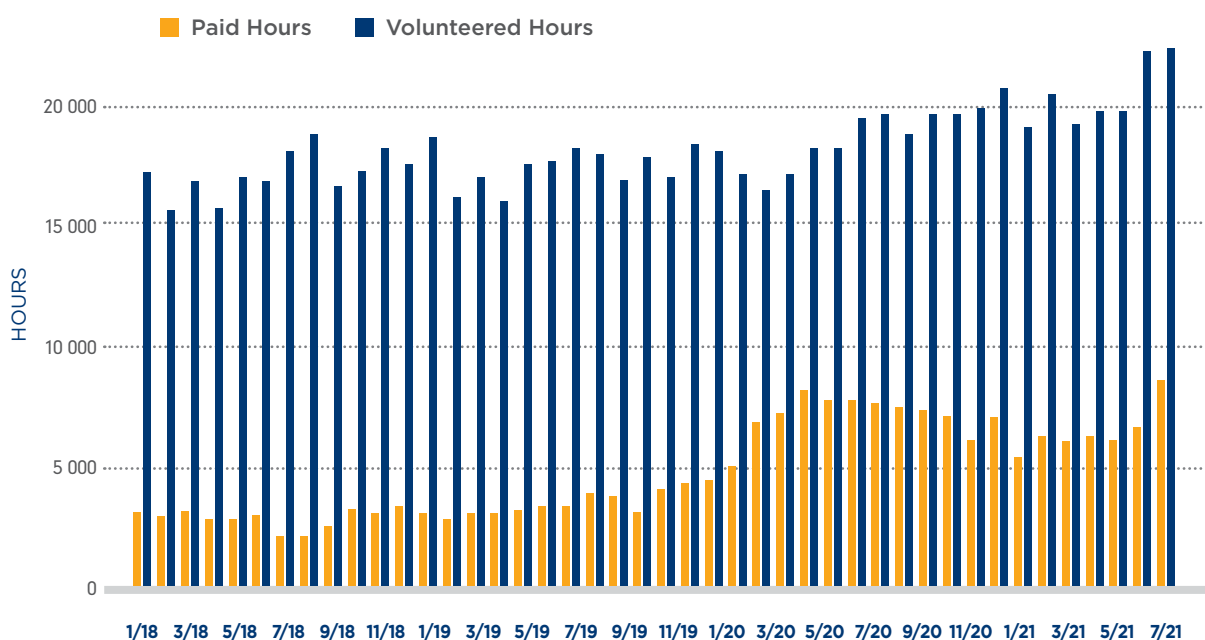


FIGURE 12 MONTHLY VOLUNTEER AND PAID HOURS OF LIFELINE WORK FOR AUSTRALIA (EXCLUDING VICTORIA), 2018-21



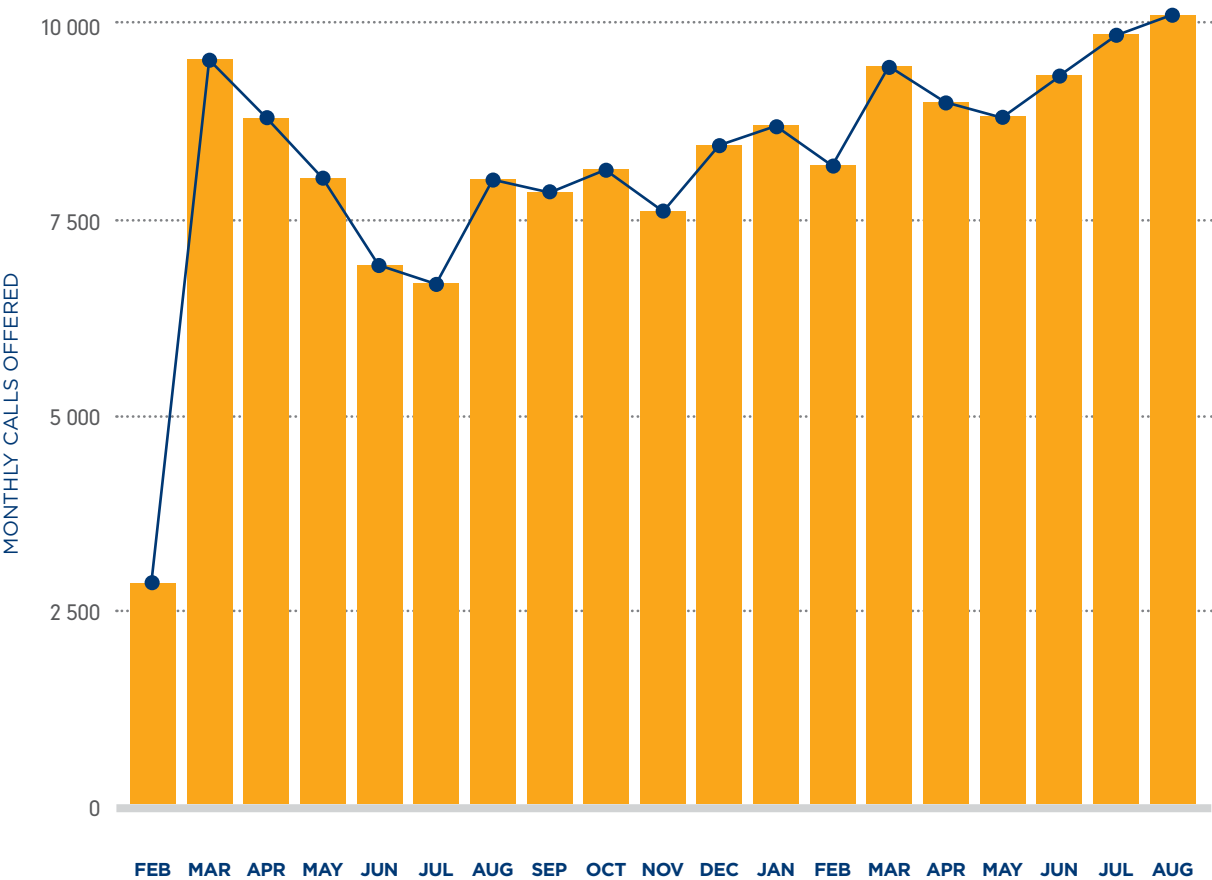
Lifeline callers continue to ring about community disasters, years after the event

Lifeline's call numbers suggest that individuals continue to use Lifeline as a support mechanism years after a disaster. For example, since January 2020, 337 people have called about the 2013 Blue Mountains Bushfires, even though seven years have passed since the disaster occurred.

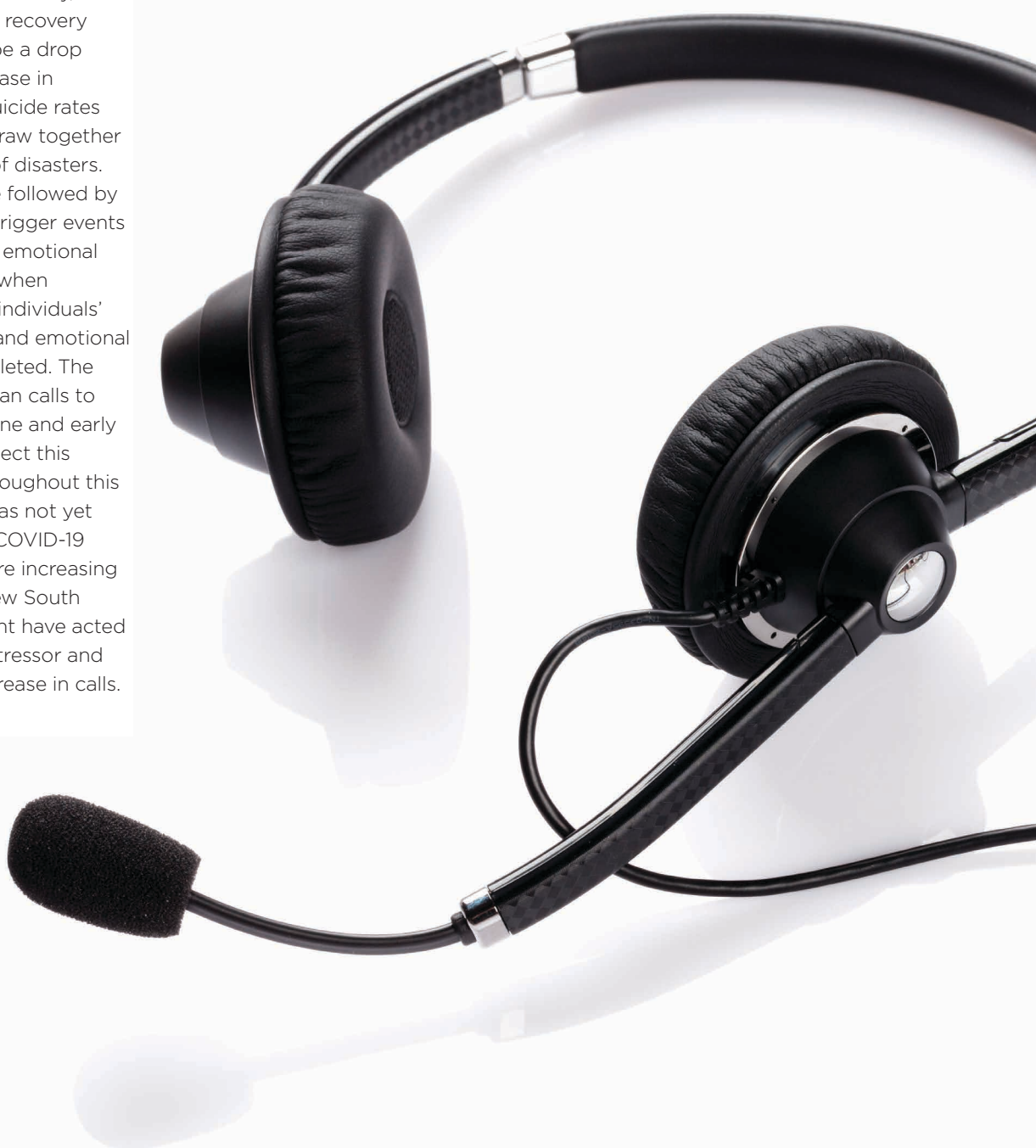
Further support for the long-term influence of disasters on Lifeline's call numbers is demonstrated by Figure 13, which plots the number of calls made to Lifeline's 13HELP number: a crisis line dedicated to those affected by the Black Summer Bushfires. The 13HELP

phone line was created in February 2020, shortly after the Black Summer Bushfires ended. As seen in Figure 13, call numbers were particularly high in the immediate aftermath of the bushfires, declined slightly, but subsequently show a gentle increase from July onwards. Notably, the number of calls made in July 2021 were even greater than those in March 2021. This may reflect the negative long-term effects of traumatic experiences on mental health, as well as an increase in awareness of the crisis line.

FIGURE 13 NUMBER OF MONTHLY CALLS TO 13HELP, A PHONE LINE DEDICATED TO THOSE AFFECTED BY BLACK SUMMER BUSHFIRES



These trends in call numbers fit existing models of the psychological impacts of disaster, which suggest there are a series of psychosocial phases that unfold over years, with fluctuating emotional highs and lows.²⁹ Notably, a phenomenon of recovery is that there can be a drop and delayed increase in depression and suicide rates as communities draw together in the aftermath of disasters. This phase can be followed by periods in which trigger events prompt crisis and emotional lows, particularly when disaster-affected individuals' economic, social and emotional resources are depleted. The increase in Victorian calls to Lifeline around June and early July 2021 may reflect this phenomenon. Throughout this period, Victoria was not yet in lockdown, but COVID-19 case numbers were increasing dramatically in New South Wales, which might have acted as an emotional stressor and prompted the increase in calls.



INSIGHTS FROM LIFELINE'S DATA

Victorian calls to Lifeline have been increasing since 2013 — well before the COVID-19 pandemic began. However, the last two years have been particularly challenging for the state. Victoria endured a bushfire that claimed five lives and destroyed over 300 properties, and began to experience the consequences of a significant COVID-19 outbreak, which at one stage resulted in one of the world's longest lockdowns.

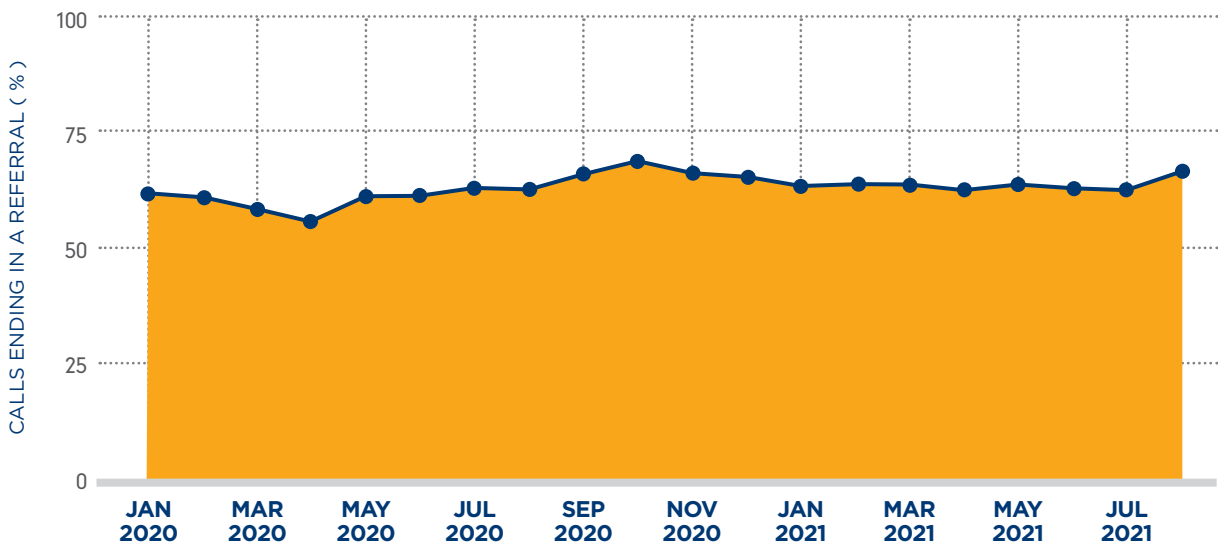
Knock-on consequences for people's employment, finances, housing security, relationships, and mental and physical health are, sadly, inevitable, and are reflected in the dramatic increase in calls made to Lifeline's crisis line. In September 2021, Lifeline received an average of 996 calls from Victorians per day; this constitutes a 35% increase in calls from the average number of calls in January 2020.

This increase in calls can be viewed as evidence of Victorians' declining mental health throughout the COVID-19 pandemic. However, the growth in calls also suggests that Victorians aren't suffering in silence through the isolation, anxiety and uncertainty of the pandemic. Instead, individuals are actively seeking help during this difficult time. Crisis lines are well-placed to provide this help, as they are easily accessible to everyone, no matter their geographic location. Additionally, an emerging body of research suggests crisis lines are effective in reducing suicidal and self-harm ideation.¹¹⁻¹³ Crisis lines can also act as a helpful entry point to Victoria's mental health system, allowing callers to take further steps to increase their mental wellbeing. As seen in Figure 14, well over half of Victorians seeking help from Lifeline currently receive referrals to other touchpoints.





FIGURE 14 PERCENTAGE OF VICTORIAN LIFELINE CALLS ANSWERED ENDING IN A REFERRAL
JAN 2020 - AUGUST 2021



Our analyses uncovered that Victorian females were particularly likely to use Lifeline’s crisis support services, especially throughout the COVID-19 pandemic. This could reflect the gendered impact of COVID-19 on females, as research has found that increases in unemployment, domestic abuse, unpaid labour, and childcare have disproportionately impacted women.² Additionally, this finding could reflect gendered disparities in help-seeking, as research suggests men have been shown to have less positive attitudes toward seeking mental health services than women.³⁰⁻³¹

Unfortunately, our report was not able to investigate other demographic features of Lifeline’s caller base (e.g. age) due to high proportions of missing data. However, Lifeline has previously acknowledged that there are a number of marginalised communities that are not accessing Lifeline’s crisis support services to the same extent as other groups. Lifeline is currently embarking on a series of initiatives to ensure the organisation and its volunteers have appropriate cultural competencies, including a project in which Indigenous understandings of healing and wellbeing are compiled, the provision of culturally appropriate training for crisis supporters, and promotional activities that

are accessible for marginalised communities.¹⁵

Given the known longitudinal impact of disasters on mental health, Lifeline’s increased call numbers will likely be sustained for years to come. Common consequences of disease outbreaks include anxiety and panic, depression, anger, confusion and uncertainty, and financial stress.³² For many, these symptoms will decline over time as the virus is contained. However, experts have raised concerns about “a significant minority who will be affected by long-term anxiety”.³³

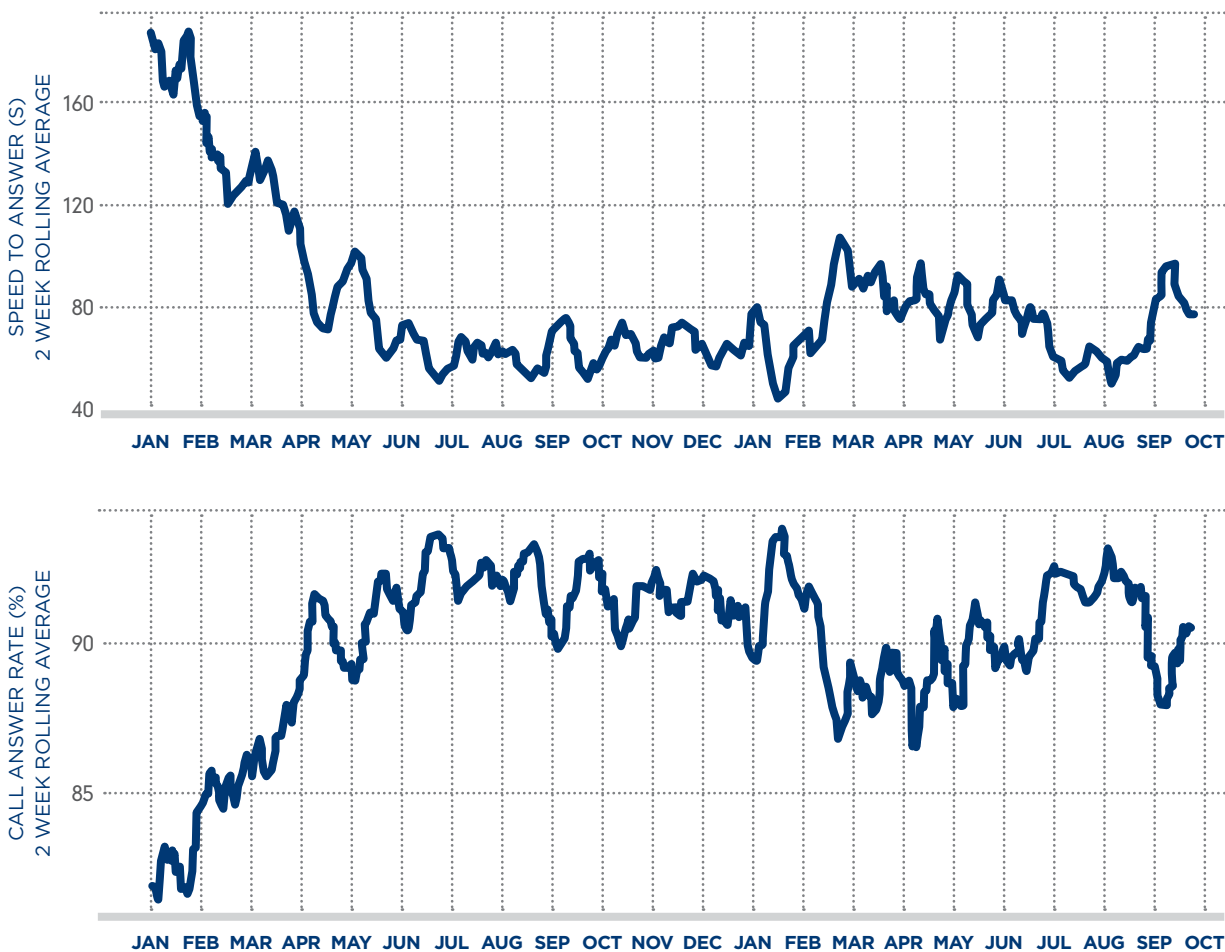
We cannot know exactly how COVID-19 will influence Australians’ mental health in the future, but we can gain insight from previous national emergencies. A 25-year review of the impact of the Chernobyl nuclear accident found that twenty years later, first responders still had elevated rates of depression and post-traumatic stress disorder. The researchers concluded that mental health effects were the most significant consequence of the disaster, which led to thousands of deaths and deeply damaged the region’s economy.³⁴ Examining low-income mothers who lost their homes during Hurricane Katrina in New Orleans, research has found that mental health problems, particularly psychological distress and PTSD, remained

an issue five years after the disaster.³⁵ Other research has found an association between job loss and financial struggles during the Great Recession (2007-09) and long-lasting declines in mental health.³⁶ Taken together, this research suggests that Australia should prepare for a significant 'tail' of mental health needs that will continue long after the infectious outbreak resolves.

Over the last two years, Lifeline Australia has managed to deliver high-quality support, even with the substantial increase in calls. Throughout this period, Lifeline's service was buoyed by an increase in volunteer hours, and additional funding from the NSW, VIC and Federal government, which allowed Lifeline to

increase volunteer training and pay staff where necessary. These contributions have enabled Lifeline to increase its call answer rate and decrease its average speed to answer since the beginning of 2020 (see Figure 15). As a consequence, every Victorian has been able to access quick, anonymous crisis support throughout the COVID-19 pandemic. Calls to Lifeline are answered by the next available phone line, no matter their geographical location in Australia. Thus, any funding to Lifeline Australia creates a national performance benefit, which is felt by all states and territories.

FIGURE 15 VICTORIAN CALL ANSWER RATES AND AVERAGE SPEEDS TO ANSWER, JAN 2020 - SEP 2021





As the only high-volume, non-Government, generalist crisis line in Victoria, Lifeline is an essential part of Victoria's mental health infrastructure. Of all the calls made to Lifeline, 27.4% percent originate in Victoria. Our analyses shows that Victoria's contribution to Lifeline's national crisis service capacity has historically been below its demand, and this trend continues.

However during the pandemic, more Victorians volunteered to answer calls than ever before – volunteer hours in Victoria increased at a higher rate than in the rest of the country – and increasing this volunteer capacity was important to better meet this demand.

In the last two years, the Victorian Government granted \$3.3 million to Lifeline Australia to help the charity handle the increased capacity throughout COVID-19, in addition to the local funding provided to directly support a range of Lifeline Centres across the state.

Lifeline Australia also received additional funding from the NSW Government who provided \$15.1 million in COVID-19 funding over the last two years, with further allocation in the coming year.

Our analyses demonstrate there is clear demand for Lifeline's crisis line within Victoria, and that there needs to be an ongoing effort to increase the capacity of Lifeline's services to meet the demand from Victorians.

Earlier this year, the Victorian government committed to implementing the recommendations from the Royal Commission into Victoria's mental health system in full, and allocated \$3.8 billion dollars to the state's mental health system. Collaborations between Lifeline and the Victorian Government could achieve several of the recommendations outlined in the Royal Commission's final report. The continuation of Lifeline's crisis support aligns with the recommendation to facilitate suicide prevention and response initiatives. Moreover, Lifeline can work with the Victorian Government to "improve helplines' connections with mental health and wellbeing services and to assist people to find and access treatment, care and support."³ To fulfill this recommendation, Lifeline could formalise its integration with other mental health agencies, and build and enhance referral arrangements from Lifeline's 24/7 crisis line. An enhanced referral system would ensure that Victorian Lifeline callers can seamlessly access other Victorian mental health services where appropriate. Together, Lifeline Australia and the Victorian Government can help to improve Lifeline Australia's services and the accessibility of Victoria's mental health system, to ensure that no Victorian has to face their darkest moments alone.

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