



/ NOVEMBER 2024

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

# A Lifeline to more support

VICTORIA'S CRISIS CALLS HIGHLIGHT  
MENTAL HEALTHCARE PRESSURES



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### About the author

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### Acknowledgement of country

This report was written on the lands of the Wurundjeri people of the Kulin Nation. The McKell Institute acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Country throughout Australia and their continuing connection to both their land and seas.

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# Foreword

No other crisis call line in the country has as wide a reach, level of public awareness and appeal to both broad and targeted demographics as Lifeline Australia. Since 1963, Lifeline has provided free crisis support over the phone to Australians needing someone to talk to. Last year Lifeline received 1,095,899 calls, and 235,947 text and chat contacts.

Crisis call data serves as a canary in a coalmine. The call numbers are a real-time reflection of the pressure and strain prompting people to reach out. But calls to Lifeline are also made when people have exhausted other mental healthcare options and have nowhere else to turn for help.

In addition, many people contact Lifeline repeatedly as part of their planned coping strategies, often as a means of self-regulation and to prevent escalated distress and more intensive support needs. Right now, Australians are dealing with the rising cost of living, housing market pressures, a rental crisis and stagnant wage growth.

In Victoria, 2024's pressures remain underpinned by two years of lockdowns throughout the height of the COVID-19 pandemic – creating a set of circumstances unmatched anywhere else in the country.

Victorian residents represent about a third of all contacts to the national service. Compared to their NSW and Queensland counterparts, Victorian-based Lifeline centres receive minimal state government funding, cannot meet demand, and are under-resourced to be able to provide service and training to boost the state's resilience.

At the same time, key recommendations outlined as part of Victoria's landmark Royal Commission into Victoria's Mental Health System are yet to be funded, meaning a 10-year strategy to overhaul the mental health system that was released in 2021 has already been delayed.

The Royal Commission identified gross inadequacies in Victoria's mental healthcare system, particularly in rural and regional areas.

However, the state's well-documented budget pressures mean the Government is looking for savings, rather than funding new initiatives.

This report argues that investing in Lifeline Australia would deliver efficiencies to Victoria's State Government, helping to deliver basic duty of care services to people in crisis, while also building community resilience.



**REBECCA THISTLETON**  
EXECUTIVE DIRECTOR,  
MCKELL INSTITUTE VICTORIA

# Executive Summary

When the COVID-19 pandemic spread, Victorians experienced some of the longest government-imposed lockdowns in the world – particularly in Melbourne, which was locked down 245 days in total.

While the measures were credited with reducing overall infection numbers before a vaccine was available, there was a noted increase in phone and digital contacts made to Lifeline from Victorians who were struggling or in crisis..

In response, the McKell Institute partnered with Lifeline Australia to examine the pandemic's impact on their services, and in December 2021, we released *Calling for help: how crisis lines support Victorians' mental health*.<sup>1</sup>

This work outlined Lifeline's national structure and provided an overview of telehealth and online mental health services available in Victoria, serving as context to this follow-up paper. The 2021 report provided detailed insights into call data throughout the pandemic and was compared to other states.

**Part one** of this paper updates the 2021 findings and explores the post-pandemic demand for Lifeline Australia's services from Victorians.

Lifeline Australia operates a national service from localised centres, allowing calls to be answered by available volunteers as needed. However, as was the case during the heights of the pandemic, the volume of calls from

Victoria still exceeds the capacity of Lifeline's Victorian-based centres, with other states filling the gaps.

This report shows how the need for well-resourced crisis lines has grown in Victoria, beyond the days of lockdowns and public health measures, and is expected to continue growing. There are no signs of decline in the number of calls being made to Lifeline's crisis support services.

**Part two** of this paper gives an overview of the challenges in delivering mental health reform following the Royal Commission into Victoria's Mental Health System.

The Royal Commission delivered an interim report with nine recommendations in November 2019, then a final report with another 64 recommendations in March 2021, along with a 10-year vision for a completely rebuilt system.

The Victorian Government, then led by Premier Daniel Andrews, committed to delivering all recommendations.

However, financial pressures and rising costs across all government services and projects has slowed progress. A lack of mental healthcare workers across the sector is a significant factor.

Under then-Premier Andrews, the Victorian Government introduced a new payroll tax to fund mental health system reforms recommended by the Royal Commission. This report doesn't cover details on how the tax revenue is being raised and spent. The tax has been intended to support a long-term overhaul of the system, as outlined in the Royal Commission's final report.

This paper examines how demand for crisis support services has changed since the peak of the COVID-19 pandemic and proposes practical solutions to address current needs.

The rising cost of delivering mental health services is a widely-reported challenge faced by governments at all levels.<sup>2</sup> We recognise the responsibility of all governments to optimise taxpayer dollars, find efficiencies, and manage debt. We also recognise the number of funding calls and requests to government for services to be increased and expanded.

This paper argues for a pragmatic approach in light of funding and workforce constraints, highlighting Lifeline's capacity to offer solutions and help bridge service gaps.

We show the potential role for Lifeline Australia in partnering with the state government to meet the needs of vulnerable people in the community and their commitments to delivering reform.

Instead of simply presenting another funding request, we emphasise the cost-benefit of supporting Lifeline Australia's existing plan for enhanced integrated service delivery and opportunities for established centres

to deliver a broader range of services using existing infrastructure.

This report is Victorian-focused, yet there remains a grave need for nation-wide collaboration repeated below to improve mental health outcomes.

For now, clarity around mental health responsibilities and a nation-wide strategic plan to meet mental healthcare needs is sorely lacking. Major reform is needed to give the sector certainty and provide workers with the resourcing and support needed to recruit and retain at levels that can support demand.

In the meantime, practical solutions to connect people in need to people who can help are critical.

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#### **A NOTE FROM THE AUTHOR**

*The Mckell Institute pays deep respect to people who have personal experiences of crisis and suicide.*

*We recognise the value that their experience and expertise brings to Lifeline's work to ensure no one faces their darkest moments alone.*

*In referring to the COVID pandemic, we refer to the years that COVID-19 was at pandemic levels in Australia, in 2020-2021.*

*We acknowledge the ongoing threat of the COVID-19 virus, particularly for those who are vulnerable because of age, ill health, disability or lack of access to affordable healthcare.*

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# Recommendations

- 1** The Victorian Government should fund Lifeline's Victorian centres through an annual grant, giving certainty and allowing for adequate planning.

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- 2** The Victorian Government should direct funding to regional and rural Lifeline centres as a whole-of-system cost-saving measure.

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- 3** Lifeline Australia's services should form part of Government efforts to help people access the services they need instead of going to hospital emergency rooms.

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- 4** The Victorian Government should collaborate with Lifeline Australia to deliver short- and medium-term solutions for yet to be funded recommendations from the Royal Commission into Victoria's Mental Health System.

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# Part One: Understanding crisis calls in post-pandemic Victoria

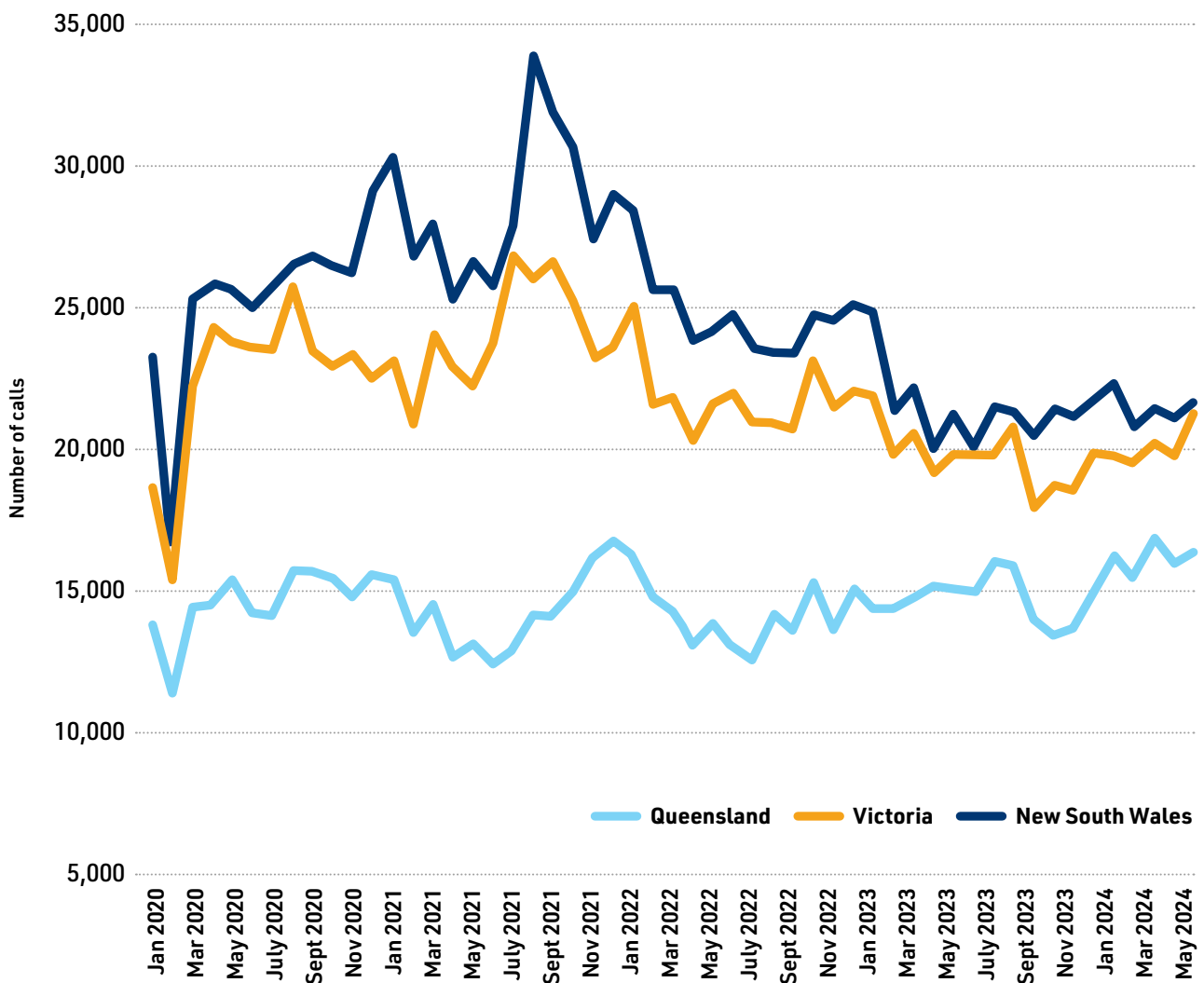
## VICTORIA CONTINUES TO TOP THE NATION IN CALLS TO LIFELINE RELATIVE TO POPULATION

Nationally, calls to Lifeline have increased more than 35 per cent since 2019, the highest volume in Lifeline's 60-year history. After a peak in calls at the height of the pandemic, the overall level has tapered, but has never returned to the lower levels recorded before 2019.

In Victoria, demand peaked in 2021. Victorian calls to Lifeline rose 52 per cent from 580 per day in 2013 to 880 per day in 2021, well above population growth. While call numbers from Victoria did ease, there has never been a return to pre-pandemic levels.

Victoria's population, recorded as 6,906,000 at the end of 2023, is second-highest of the Australian states, following New South Wales at 8,434,800.<sup>3</sup>

**FIGURE 1** CALLS TO LIFELINE FROM THE HIGHEST POPULATED STATES, JANUARY 2020 TO JUNE 2024



Source: Lifeline Australia

## OTHER STATES ARE SUPPORTING VICTORIA'S CRISIS LINE NEEDS

Lifeline is funded by state and federal governments, retail businesses and fundraising. Victoria's Lifeline centres receive \$2 million as part of a federal government grant of \$26.7 million, which funds call taking capacity, and \$4.7 million in technology, digital platforms, registered training organisation compliance and clinical support. Lifeline Australia's pooled federal funding helps centres deliver calls as part of the national crisis service response.

Victorian centres have not had the resources to expand their capacity and do not receive state grants which could be used to boost capacity. Federal funding distribution is based on a centre's capacity to answer calls and text-based services, therefore if one centre is unable to meet increased demand, that funding must be directed to a centre that can – and Victoria misses out.

Victorian Government funding to Lifeline is approximately \$1.54 million a year, distributed via service agreements. Five of the eight Lifeline centres in Victoria have service agreements with the state's Department of Families, Fairness and Housing of \$150,000 a year to take 10,440 calls. A sixth, Lifeline Melbourne, receives \$790,000 to answer 55,284 calls per year. The two newest Victorian Lifeline centres, Lifeline Western Melbourne and Lifeline Narm, do not receive any Victorian Government funding under these contracts.

Lifeline Australia has calculated the cost per call to the organisation at \$39. The state government call targets, to be met by Lifeline centres in exchange for the funding outlined above, cost Lifeline about \$4.1 million a year to meet, leaving a \$2.56 million funding shortfall.

The fragmented nature of these service agreements also means the government and Lifeline must prepare separate, duplicated documentation and reports for each agreement.

Calls to Lifeline are routed to the next available crisis supporter nationwide – a call from Melbourne could be answered in regional Victoria, it could be answered in Perth – the person who picks up is the person who is first available.

The networking of all 43 Lifeline centres is a strength of its service and helps connect people in crisis with someone who can listen, support and refer to specialist services where appropriate.

In the 2022-23 financial year, calls from Victoria made up almost 29 per cent of the national total. However, only 12.2 per cent of all calls made that year were answered by Victorian Lifeline centres.

Unfortunately, Victoria is a net drain on Lifeline's national crisis support services. The deficit is estimated to cost Lifeline \$7.2 million annually. This is based on estimates of each call costing the service \$39, and the 2023 deficit reaching 182,416 calls.

In contrast, in New South Wales, \$12 million per annum in state government funding has helped Lifeline Centres grow and offer more services. Of that funding, \$6 million is used to fund text-based crisis support.

The NSW-based centres provide 24/7 crisis support through phone, text, and chat and answer more calls than are made from NSW. Some NSW centres also run 13YARN, a 24/7 crisis support service for Aboriginal and Torres Strait Islander people, and offer a number of community services which are outlined further in this paper.

“Delay in reform – albeit somewhat understandable – means it is increasingly difficult for Victorians to access the care they need. **This creates even greater demand for Lifeline’s services and presents a burden which encumbers the State’s Emergency Services.**

Collaborating with Lifeline and taking advantage of the organisation’s infrastructure and capabilities constitutes a very real opportunity for the government to improve the delivery of local mental health and wellbeing services for all Victorians.

By providing equitable funding in line with other states, the Victorian government would be able to create a more connected system, while at the same time make meaningful progress against recommendations from the Royal Commission into Victoria’s Mental Health System.”

Professor Steve Moylan, Chair of Lifeline Direct



## DEMAND FOR TEXT-BASED CRISIS HELP IS GROWING

Lifeline also provides text and online chat services, allowing people to type their interactions with a counsellor. The demand for text and chat-based services is increasing nationwide.

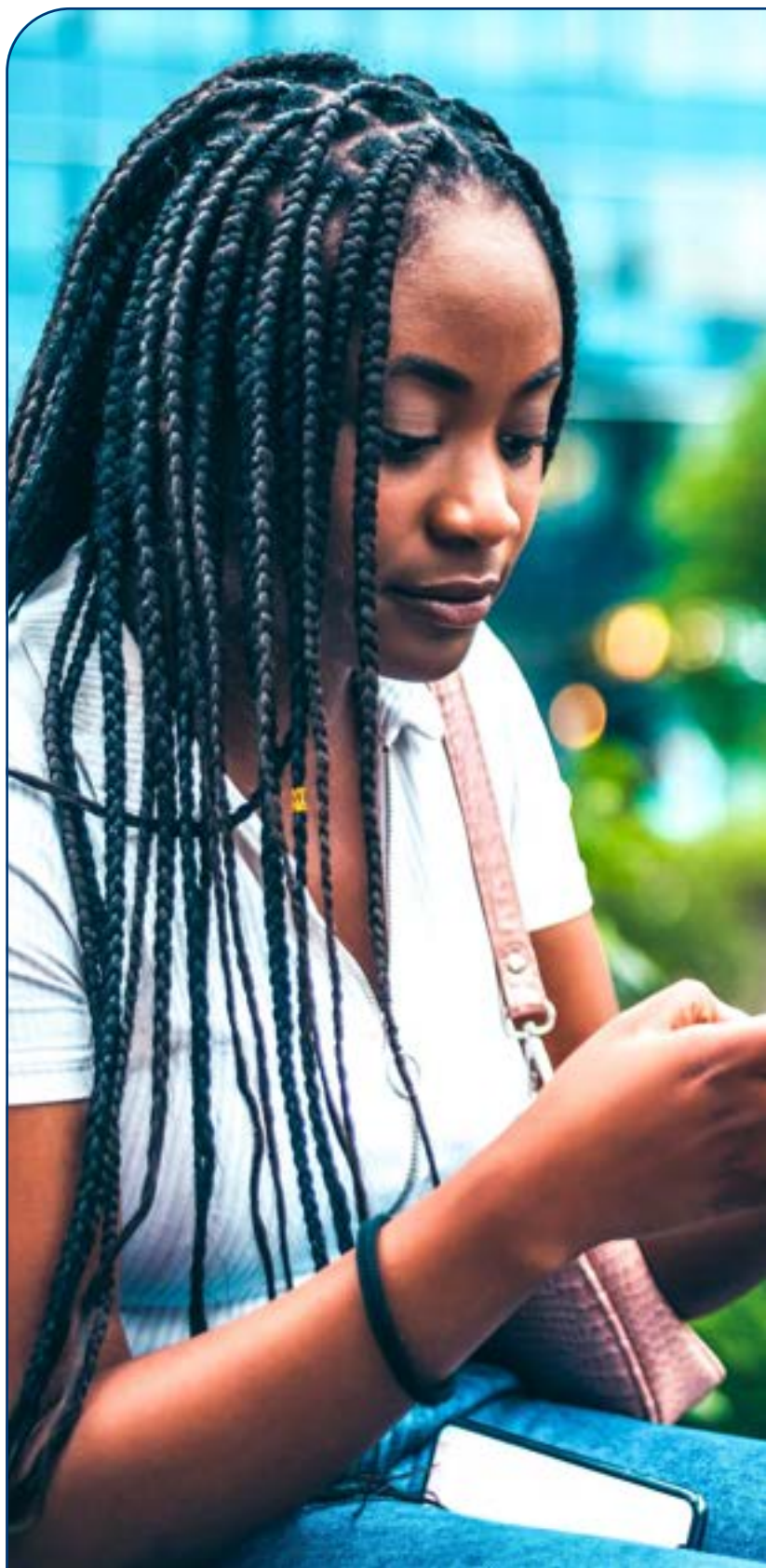
Lifeline Australia's research has found text-based services have been especially popular among young people, who are accustomed to using text-based technology, and individuals with disabilities who find it user-friendly. People facing domestic violence also prefer text-based services because it offers a discreet way to seek help.


Lifeline Australia's data shows text and chat interactions typically last around 30 minutes, compared to 20 minutes for phone calls.

In the 2021-22 financial year, Lifeline received 174,962 text and chat messages across Australia, with a third of them from Victoria. In the 2022-23 financial year, Lifeline Australia received 235,947 text and chat messages, with roughly 78,000 of them from Victoria.

However, none of these messages were handled in Victorian centres. The text and chat-based services are not delivered in Victoria, as Victorian centres simply don't have capacity to offer the service.

This is one example of how the other states are propping up the growing need for crisis services in Victoria. Text-based services are offered in NSW, Queensland and Western Australia, where state government grants have funded the necessary capacity-building.



A photograph showing a person's hands holding a smartphone, with a blurred background of green foliage and a blue sky, suggesting an outdoor setting.

More than **40 per cent** of the people who use **Lifelines** text and chat-based services to access support said they would not have reached out using any other method.

Text and chat support services **reach a significant new group of people.**

Source: Lifeline Australia

## DEMAND FOR CRISIS SUPPORT WILL CONTINUE TO GROW

Lifeline Australia expects rising demand for services in the coming years, driven by long-term psychological effects of recent emergencies such as the COVID-19 pandemic and natural disasters, and a surge in people seeking help due to financial pressures and cost-of-living concerns.

Lifeline Australia also reports a flow-on impact to demand from people who have struggled to get the mental healthcare they need.

Until there is a large-scale overhaul of the country's entire mental health system that makes services easy and affordable to access, calls are unlikely to decrease.

## MORE VICTORIANS ARE TAKING THEIR OWN LIVES

**We've seen really high rates of suicide in our community, and locals are desperately in need of support and bereavement groups. Lifeline has a proven framework for running these groups and supporting local communities. Lifeline Ballarat previously had a suicide bereavement group but had to stop due to lack of funding. In 2024, we just don't have the resources to put into these essential services. Our small but impressive team has to focus on making sure we can answer as many calls as possible from people in distress. More funding from the state government would help us expand our community services as well as recruit and train more volunteers to answer the phones.**

**Belinda Collihole, Uniting Lifeline Manager (Ballarat & Melbourne)**



In 2022, the number of suicides in Victoria rose 9 per cent compared to 2021 – the highest annual number of suicides in the state since recording began in 2000. In 2023, the number rose to 801.<sup>4</sup> This was more than four times the 2023 road toll.<sup>5</sup>

The Victorian Government released the Victorian suicide prevention and response strategy 2024-2030 in September 2024, which was recommended and has been informed by the Royal Commission.<sup>6</sup>

The strategy notes that despite an increased focus on suicide prevention by government and communities, the suicide rate in Victoria has not decreased over the past decade – and according to the Australian Institute of Health and Welfare, the Victorian age-standardised rate of death by suicide per 100,000 people was 9.2 in 2011, and had risen to 11.1 by 2021.

In Victoria, 75 per cent of the people who died by suicide between 2016 and 2023 were men. This is in line with national suicide statistics, which show that three quarters of all people who die by suicide are men.

Indigenous Australians and LGBTQ+ people are also over-represented in the number of suicide deaths each year.

For every potential suicide attempt that is averted, there is a significant cost saving to government. While it may seem like a callous measure of success, the case can be made that the cost benefit to the state of funding suicide prevention stacks up economically. For every suicide attempt, there is a cost for the government, from ambulance attendances, emergency room admittances, coroner's investigations, police interventions and family support services.

The Productivity Commission has estimated that the total cost to the country of poor mental health and suicide is about \$200 billion to \$220 billion each year, and estimated the quantifiable economic cost was between \$43 billion to \$70 billion.<sup>7</sup>

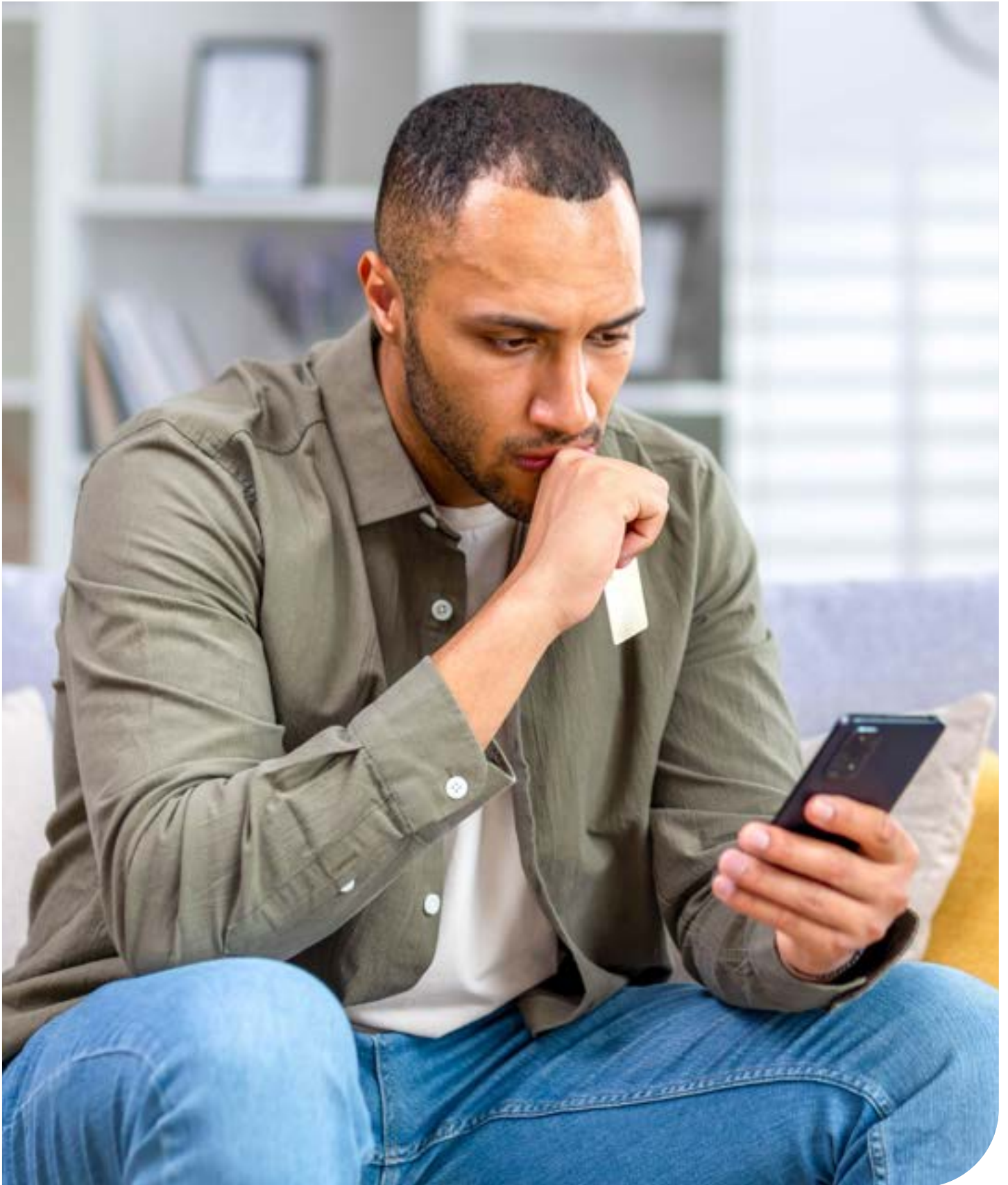
A 2022 Samaritans report, *The Economic Cost of Suicide in the UK*, said it was estimated that up to 135 people are impacted by every suicide. The report demonstrated the need for public investment into suicide prevention due to the significant financial, economic and emotional costs. The report notes the difficulties in calculating the intangible costs of a suicide, but estimated the 6588 deaths by suicide reported in the UK in 2022 cost the economy £9.58 billion.<sup>8</sup>

**TABLE 1** VICTORIA'S FIVE-YEAR ROAD TOLL COMPARED TO LIVES LOST TO SUICIDE, 2019-2023.

	2019	2020	2021	2022	2023
<b>Male lives lost to suicide</b>	527	511	508	560	576
<b>Female lives lost to suicide</b>	170	166	171	201	225
<b>Male lives lost in road accidents</b>	198	159	170	179	206
<b>Female lives lost in road accidents</b>	68	52	64	61	89
<b>Total lives lost to suicide</b>	697	677	679	761	801
<b>Total road toll</b>	266	211	234	241*	295

\* one road user fatality was recorded as gender unknown

**Source:** Transport Accident Commission, Coroner's Court of Victoria. *The Traffic Accident Commission and Coroner's Court of Victoria data does not include non-binary gender identification.*



# Part Two: Delivering Victoria's mental healthcare reforms

**3,195** pages. **12,500** contributions.  
**65** additional recommendations.  
And one inescapable truth: **we are failing. And it is costing lives.** As a Government, we recognise these profound failures and commit ourselves to implementing every single one of the Commission's recommendations. These recommendations will serve as our blueprint for delivering the biggest social reform in a generation: **Building our mental health system – from the ground up.**

Statement from then-Victorian Premier Daniel Andrews, March 2021<sup>9</sup>

## THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SERVICE WAS A WATERSHED MOMENT

Running from 2019 to 2021, the Royal Commission into Victoria's Mental Health Service was a thorough and consultative investigation into how the state's whole mental health system functions.

The Royal Commission's Terms of Reference reflects the ambition of the government at the time in establishing the Royal Commission. This document outlined the breadth of its remit, with an emphasis on seeking lived experiences, and authorising \$13.6 million to cover costs.<sup>10</sup>

An interim report, delivered in 2019, and the subsequent final report delivered in 2021, paved the way for a complete system overhaul, to build a better system for everyone who needs it.

The Victorian Premier at the time, Daniel Andrews, responded to the Royal Commission's final report by stating that 74 recommendations (nine made in the interim report, 64 from the final report), be accepted and acted upon.<sup>11</sup>

The Premier told the Victorian Parliament that rebuilding the mental healthcare system from the ground up wouldn't be simple, nor fast, and it would not be easy – but it would save lives, and it needed to be done.<sup>12</sup>

**FIGURE 3** SNAPSHOT OF KEY FINDINGS FROM THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM











## VICTORIA'S MENTAL HEALTH REFORM AGENDA HAS STALLED

Mental health advocacy groups and peak bodies have raised concerns about the lack of progress in delivering Royal Commission recommendations to overhaul Victoria's mental health system.

Ahead of the 2024-25 Victorian Budget, Mental Health Victoria flagged the need for urgent updates on the status of mental health reforms, making a submission to the state government following consultation with more than 40 organisations making up the Victorian Mental Health Peaks Network, and the Service Reform Advisory Network – a network of more than 50 service providers.<sup>13</sup>

The *Victorian Budget 2024-25* did not include the funding required to deliver a number of initiatives included in the Royal Commission recommendations that mental health stakeholders had expected. This year's budget sought to rein in spending and rephase major projects across the Victorian Government's remit,<sup>14</sup> an approach well-documented in the media.

Outcomes expected to be funded in the immediate years after the final report was handed down, yet have not been, include a new, non-government "lived experience"-based agency, and 35 local mental health and wellbeing hubs, part of a commitment to open 50 by the end of 2026.

In July 2024, *The Age* reported cuts to mental health programs as Victorian public hospitals respond to budget pressures, citing a letter from the Royal Children's Hospital. The letter acknowledged the planned closure of its early intervention program for children and adolescents would probably move demand from patients to other areas, which may lead to more referrals for community mental health services.<sup>15</sup>

In regard to the lack of funding for reform implementation in this year's budget, both the Victorian Treasurer Tim Pallas and Premier Jacinta Allan have said workforce shortages in the mental healthcare sector have also required a rethink of funding timelines.

The Victorian Auditor-General Office has reported that difficulties in recruiting, retaining and managing workers have led to major shortages in the mental health workforce, which in turn has been a major obstacle to providing services.<sup>16</sup>

The long-term nature of the mental health system reform requires a lot of internal workforce change inside the Victorian public service. Machinery of government changes take time and money, and then more time to be reflected in improvements to services in communities.

## REGIONAL AND RURAL AREAS WILL CONTINUE TO BEAR THE BRUNT WITHOUT INTERVENTION

The Australian Institute of Health and Welfare reports about 28 per cent of Australians live in rural and remote areas, and their location contributes to poorer health outcomes compared to people living in metropolitan areas. People living outside major cities also have higher rates of mental health conditions, and suicide as cause of death is higher.<sup>17</sup>

Those who are most in need of support – including those living in regional and rural areas – are often the first to find themselves underserved or left behind in the delivery of mental health services.

In its 2019 submission to the Victorian Mental Health Royal Commission, Lifeline's Central Victoria and Mallee Centre, now Lifeline Loddon Mallee reported an annual operating deficit of more than \$200,000 a year, and the reality of potentially closing.<sup>18</sup> The centre takes about 14,000 calls a year.

There is often increased stigma in smaller communities and **Lifeline** centres seem to be the one organisation that people from these communities relate to as the core premise of a Lifeline centre is **it's mates helping mates who are doing it tough** - it is everyday people who want to be there for each other.

Lisa Renato, Chief Executive Officer,  
Lifeline Loddon Mallee

## **PHONE-BASED AND ONLINE SERVICES CAN BRIDGE THE REGIONAL AND RURAL DIVIDE**

If one small rural Lifeline centre trains more than 60 community members each year, that makes a considerable difference to the broader community – each volunteer takes their capacity to listen without judgement, to relieve distress and their suicide intervention practices to their families, workplaces, schools and sports clubs.

Lifeline Australia has identified their role in meeting the needs of diverse populations, where there is often inequitable access to services. People living in rural areas, and people with diverse cultural, linguistic or accessibility needs, are often left needing support because of gaps in services available to them.



**Lifeline Gippsland** covers a wide area across regional Gippsland and our staff and volunteers come from all over this area. Our newest intake of eight student crisis supporters, who started on the 3rd July 2024, travelled a collective 1,428 kms round trip to attend our training.

**This broad reach means not only that we are able to draw support from all across the area but that we can support these local communities.**

When our crisis supporters are in their communities, they take their knowledge and training with them and that helps to raise awareness and resilience.

Yaniesha Pillay, Chief Executive Officer, Lifeline Gippsland



## MODEST STATE-BASED GRANTS TO EXISTING SERVICES CAN SIGNIFICANTLY BOOST DELIVERY

In 2022, Lifeline's New South Wales centres delivered more than 1500 training sessions, workshops and support groups across the state.

Lifeline receives \$12 million a year from the NSW Government. This is comprised of \$6 million to manage increased demand, about \$3 million for text-based services and about \$3 million to support centres and maintain their capacity. This allows the NSW centres to support broader community programs.

Core funding from the NSW Government began with a \$2 million grant in 2011-12 and has increased over time, with the capacity of Lifeline's centres across the state growing along with it. State Government funding has unlocked Lifeline's deep experience and expertise to deliver needs-based programs and services, training sessions and workshops.

Direct services have ranged from mental health support and counselling to disaster recovery in the wake of floods and fire, to gambling support and financial counselling.

Lifeline also partnered with the NSW Government to provide rapid response services during recent floods, offering support, counselling, and essential supplies. Rapid response teams were also deployed to support communities impacted by mass casualty events, including the attack earlier this year at a Bondi shopping centre.

Funding from the NSW Government has allowed Lifeline centres to expand capacity for taking calls and offering text-based services 24 hours a day, seven days a week, and NSW centres have capacity to answer significantly more calls than are made from NSW.

Centres in NSW also deliver 13YARN, the 24/7 Aboriginal and Torres Strait Islander Crisis Support services.

## A BLUEPRINT FOR LIFELINE TO DELIVER MORE COMMUNITY SERVICES ALREADY EXISTS

While volunteers will never be able to solve a country-wide workforce shortage of mental health professionals, the Lifeline model has shown that training more Lifeline volunteers helps to upskill communities, benefitting overall mental health awareness and community resilience, particularly in rural areas. As a registered training organisation, Lifeline Australia trains their volunteers internally.

An annual grant from the Victorian State Government would allow Lifeline centres in Victoria to increase call-taking capacity, offer text-based crisis support, train more volunteers, and offer broader community services, similar to NSW.

Eight of Lifeline's 43 centres across the country are in Victoria. A National Operations Team coordinates their work and the rostering of the 4000-plus people who staff the centres is done through historic data analysis.

While Lifeline's crisis support services are predominately delivered by volunteers, roughly 30 percent of the crisis support hours are paid hours. Paid hours help to cover hard-to-fill shifts and the work of supervisors and in-shift support.

Round-the-clock specialist help is available to support workers, during a conversation in real time or after. Making sure supports are in place for all Lifeline workers is important for retaining highly-trained volunteers and looking after their mental health and wellbeing.



Lifeline Australia's clinical practice team consistently refines its clinical practice model and leads the organisation's practice supervision and quality assurance.

Lifeline is already doing work in other states that is in line with a number of recommendations made by the Royal Commission, such as key recommendations made to address suicide prevention and response; delivering training across workforces, communities and workplaces to support people experiencing suicidal behaviour; and initiatives to support people at risk of experiencing suicidal behaviour, including LGBTQIA+ people.<sup>19</sup>

The Victorian Government's recently released suicide prevention strategy includes two priority areas which align with Lifeline's existing work:

1. Build and support connected systems: current support systems are fragmented, making it difficult for individuals to find and access integrated care. The strategy aims to improve access and make the system easier to navigate and strengthen connections between services.
2. Build on and strengthen existing supports across the suicide prevention and response continuum: the strategy acknowledges the existing suicide prevention system focuses on crisis response in clinical and hospital settings, rather than intervention. The strategy instead aims for a system offering early prevention and choice, and says the government must explore new models of care, support and technology outside traditional health settings.

# Detailed Recommendations

## RECOMMENDATION 1

### **The Victorian Government should fund Lifeline's Victorian centres through an annual grant.**

Building Lifeline's capacity in Victoria would allow the service to answer more calls and reduce the need for other states to be handling the overflow from Victoria, thereby improving the responsiveness of the service overall.

An annual grant would also ease the discrepancy between the number of calls the service is obligated to answer, but not fully funded for, as part of contracts with the Victorian Department of Families, Fairness and Housing. It would also reduce the duplication in governance and reporting currently in place for each small contract.

A funding grant would also give Victorian centres the capacity to train staff and offer text and chat-based support services and allow centres to offer community services in line with people's needs.

Consistent annual funding would also give the service certainty and greater capacity to carry out necessary workforce planning.

## RECOMMENDATION 2

### **The Victorian Government should direct funding to regional and rural Lifeline centres as a whole-of-system cost-saving measure.**

The current mental health service shortage is increasing local mental healthcare pressures in Victoria's regional and rural areas.

If funded, Lifeline's regional and rural centres could deliver community services that help to meet the needs of local people, as is done in other states.

## RECOMMENDATION 3

### **Lifeline's services should form part of the Victorian Government's efforts to connect people to services instead of going to hospital emergency rooms.**

When other healthcare services are under pressure, the overflow of people unable to get the help they need often turn to Lifeline, or to emergency rooms.

Lifeline's workers are trained in directing people to further services and providing alternatives, helping keep vulnerable people from ending up in emergency rooms.



## RECOMMENDATION 4

**The Victorian Government should collaborate with Lifeline Australia and other service providers who already have the infrastructure in place to offer short- and medium-term solutions for yet to be funded recommendations from the Royal Commission into Victoria's Mental Health System.**

A significant part of rebuilding Victoria's mental health system involves creating new government-based work teams and setting up new governance systems and internal infrastructure to oversee new programs.

Organisations such as Lifeline, which already has its centres in place, and can scale accordingly, are well-placed to partner with government so that Victorians needing urgent help are not left waiting and their conditions worsening.



# Conclusion

The Victorian Government took a critical step towards a stronger mental healthcare system by appointing a Royal Commission to assess the full breadth of public need, systemic issues in service delivery, and opportunities to do better.

Financial pressures and rising costs across all government services and projects has prompted changes to expected funding timelines, and workforce pressures in the mental healthcare sector are also contributing to a slowdown in delivery.

More than 60 years ago, Lifeline began as a simple phone number for people in crisis to call. Today, the name is synonymous with providing a non-judgmental listening ear. With growing awareness around mental health, driven by government efforts, calls to crisis helplines have increased. In response, Lifeline Australia has expanded its range of services, programs, training, and community support across the nation. As demand grows, so does the need for government funding.

In the opening pages of the Royal Commission's final report, before the document summary, is a note on content, notifying readers of potentially distressing content. It includes Lifeline's number for anyone who needs it.

Lifeline's need for greater resourcing reflects broader issues within Victoria's mental health system, which was described as having "catastrophically failed to live up to expectations" by the Mental Health Royal Commission's Chair upon releasing the 2019 Interim Report.

The Commission's final report provides a critical 10-year plan to rebuild mental health care in Victoria, but implementing all 64 recommendations will be a long, complex, and costly process. Immediate and practical solutions are urgently needed, especially in regional and rural areas.

In New South Wales, funding directly from the state's health department to Lifeline has enabled the expansion of critical services. Victoria could benefit from similar support. Lifeline's extensive experience and established network position it uniquely to address some of the immediate gaps in crisis response, training, and specialised support.

While the Victorian Government is also dealing with challenges like the housing crisis and cost of living pressures, supporting Lifeline is a direct, impactful step toward addressing the pressing needs in mental health care.

Despite recent government efforts to focus on suicide prevention, Victoria's suicide rate has not improved in the past decade. Lifeline's established role in crisis support makes it a crucial partner in the ongoing effort to enhance mental health services in Victoria.

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