13-11-2009

Dr Robert Watson

This submission wishes to bring to the attention of the Enquiry a serious hole in the current national suicide safety net, which relates to *the appropriate role and effectiveness of agencies*. I write this submission with some regret, after trying for more than a year to start a dialogue on this matter with Lifeline Australia. The submission is written based on knowledge drawn from my Ph.D research on the topic and from more than six years of volunteer telephone counselling for Lifeline. The two major reasons for my concern are that

- Lifeline Australia is unable to answer many of the calls it receives
- To be effective a true suicide hotline must be able to answer a high proportion of all calls it receives.

Despite many years of volunteer effort and a great deal of public money, Lifeline Australia has shown it is unable to address its *access issue*. Huge numbers of callers nationally abandon their calls to the service daily, 19583 calls during October 2009 alone (or an average of 631 calls per day). Any one of these abandoned calls could have been from a suicidal caller. Many more callers have long waits in the automated queue. This all means that a caller to Lifeline who is about to commit suicide will have what seems to me a poor chance of receiving the timely support and assistance that they may desperately need from Lifeline. Clearly suicide lines can only be effective if people can reach them in their *time of need*. This is why *access* is such a fundamental issue for a true suicide hotline.

An analysis of Lifeline Australia's calls clearly indicates the service is a *Generalist Telephone Counselling Service*. This means it takes calls from people with a host of issues and needs. While Lifeline Australia proclaims that suicide callers are their "highest priority", the facts are that a caller with a suicide risk is not a *functional priority* in the current Lifeline Australia telephone counselling telephony system. The automated Lifeline telephony system works on a first-in first-served basis. A non-urgent call that is ahead of a suicidal caller (in the automated queue) will be answered first. This can mean that while a caller is talking to a counsellor about the weather or some other issue of importance to them, a caller who is about to cut their wrists or pass out from an overdose may wait in the queue.

It is not good enough to say that if a caller is desperate for assistance that they can/will simply call 000 when unable to reach Lifeline. When Lifeline is busy, calling 000 will not be an option for some suicidal callers. Suicidal callers to Lifeline are generally not ready to ask for emergency assistance. I know from experience that it will often require considerable management by a skilled counsellor before a suicidal caller to the Lifeline will agree to have ambulance or police called. Other callers would never give permission for this to occur and only call Lifeline because they believe the service to be confidential. Expecting suicidal callers to call back at a later time or wait in a long queue ignores the fact that there may only be a small window of opportunity available to stop that caller from committing suicide. Moreover, to *not* be

answered on your first attempt may be confirmation for a suicidal caller that they are of *no value* and that no one really cares. Thus, the inability of the caller to reach a Lifeline counsellor could lead, inadvertently, to the hastening a suicide.

I do not wish to denigrate the fantastic job that Lifeline volunteers do. A generalist telephone counselling service, such as Lifeline's, prime role is to assist caller's to avoid reaching a more stressed and possibly suicidal or dangerous state. Lifeline produces many other benefits for the community that include reducing emergency service intervention (i.e. hospital emergency rooms, police and ambulance call outs) and mental health service use. However, a generalist telephone counselling service by its very nature (e.g. providing social support to the public at large) will always attract many more calls than it can manage. This is why, in my opinion, Australia requires a true National Suicide Hotline that can respond quickly and effectively to urgent suicide calls. At the very least there seems to be a good case for the need to investigate the *effectiveness* of the Lifeline telephone counselling service in regard to its role as the national suicide hotline.

Your Sincerely

Dr Robert Watson