Lifeline in Mental Health

A Perspective on
The Mental Health Needs
of the Australian Community

2002

Introduction

Good mental health is a key element in personal and social wellbeing. This report seeks to document how mental health themes featured in Lifeline calls during 2002. It provides a window into mental health needs in the wider community.

What is mental health?

The World Health Organisation has defined mental health as "…a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" [1]

Any person knows times when her or his ability to function in this way is compromised by events, experiences, attitudes and reactions which can be distressing and disabling. Persistent distress and inability to cope or function may signal the presence of a mental health problem, evidenced by "major changes in a person's thinking, emotional state and behaviour (which) disrupts the person's ability to work and carry on usual personal relationships.[2]

Mental health problems are known to affect at least one in five Australians. The burden of these problems has been well documented, highlighting their impact on daily functioning, participation in normal roles and association with increased risk of death by suicide. [3]

A community responsibility

Promoting good mental health and relieving the burden of distress and disability relies on resourceful individuals and communities. Overcoming stigma and increasing mental health literacy are vital keys to this resourcefulness. A primary goal is to increase the ability of people with mental health needs to make informed constructive choices about daily living, treatment and support. The provision of supportive services helps make this possible, along with the willingness of people to access services known to be available.

The focus of this report

This report is a preliminary step toward understanding and responding to these and related questions from Lifeline's perspective. It captures a wide range of mental health problems that feature in Lifeline's calls consistent with the broad understanding of mental health and mental health problems outlined above.

Some of these calls are from people who disclose treatment for diagnosed mental disorders. In most cases, the formal mental health status of callers is unknown to Lifeline counsellors. In some cases, callers themselves are not aware that they have mental health problems that can be meaningfully addressed by appropriate treatment and care.

Until recently, research evidence on Lifeline's role in mental health has been fragmentary. However, recent data are providing glimpses of a clearer picture. Most of the work still lies ahead, although some key markers for future pathways are emerging. The report provides some insight into what is happening now, and what further research, service responses and training may be needed. It highlights opportunities for a more collaborative, adequately resourced future role not only for Lifeline, but the sector generally.

This report is the result of a team effort. The Commonwealth Department of Health and Ageing funded Lifeline's commitment to develop a standardised national database. Lorraine Cameron (Lifeline Brisbane) and Paul Kindler (Human Services Computing) developed a database to implement data gathering frameworks Lifeline Member Centres had agreed to. The willingness of Lifeline Centres, and particularly volunteer telephone counsellors, to record the data has been vital. Lifeline's CEO Dawn Smith has ensured that mental health is given priority attention within Lifeline. Grace Groom (Mental Health Council of Australia) and Ian Hickie (Beyond Blue) have encouraged and helped Lifeline to link this commitment to wider developments in mental health. The valued work of Tracey Davenport (University of NSW) in assisting with data analysis has also been essential.

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June, 2003

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1. WHO Fact Sheet, No. 220.

2. B. Kitchener & T Jorm (2002*). Mental health first aid manual.* Centre for Mental Health Research, The Australian National University, p 5.

3. Mathers, C., Vos, T and Stevenson, C. (1999). *The burden of disease and injury in Australia.* Australian Institute of Health and Welfare. AIHW cat. No. PHE 18

Section I
Lifeline in Mental Health

Lifeline, like all generalist telephone counselling services, is available to callers with a wide range of needs and presenting problems. Historically, mental health has featured prominently among those needs in telephone counselling services.[1]

The purpose of this report is to develop a clearer picture of how mental health concerns feature in calls to Lifeline. It provides a foundation for deciding how Lifeline can work together with other services and informal supports to respond to these needs more effectively.

Community Mental Health Movement

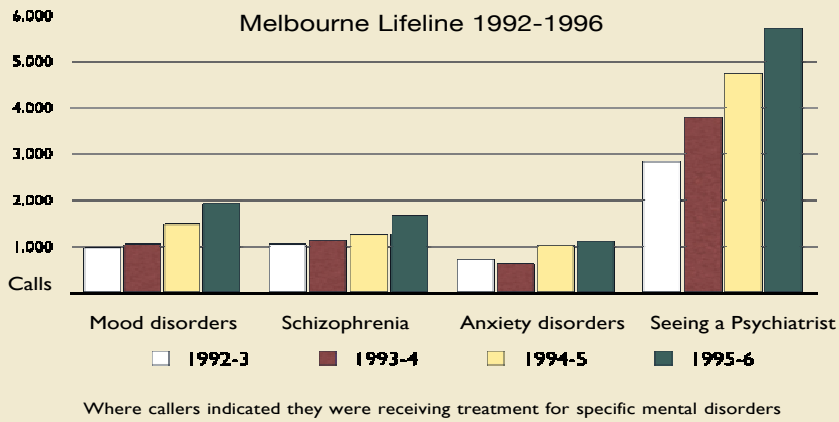
Lifeline was formed during the 1960s as the community mental health movement was gaining momentum. At that time, there was a growing recognition that mental health services ranged beyond treatment provided in psychiatric settings. The notion that many vital mental health supports were provided in community settings was gaining currency, along with the realisation that informal carers and trained volunteers were a valued source of support. It was also recognised that these carers and volunteers needed support and training to fulfil their role more effectively.

This is Lifeline's context and has been the key to its role. The belief that mental health concerns are everybody's business and should be responded to by the whole community helps to allay stigma. And the belief that generalist community services have a bridging role between informal family supports and necessary specialist mental health treatment locates Lifeline's position in the service delivery spectrum.

Evidence of Growing Mental Health Need in the 1990s

Standardised national Lifeline data on mental health calls was not collected until recently. However, research conducted by Lifeline Melbourne showed that the number of calls from people seeing a psychiatrist increased 102% in a pivotal four-year period in the 1990s.[2] This increase (Figure 1.1) came in the context of an overall increase of 8% in all calls during the same period. So the proportion of calls known to be about mental health increased dramatically.

Figure 1.1



This is a trend that many Lifeline Centres recognise as reflecting their experience, even though it is not, in most cases, formally documented. Acknowledged treatment is a very conservative measure of those with mental health concerns, but it provides one helpful indicator. It is also likely that some callers may not have disclosed information about treatment they were receiving.

Those Centres that believe their role in mental health has been increasing and those who have evidence of this trend have speculated about contributing factors. Some believe that the transition toward less institutional and more community-based treatment is a key factor. For whatever reason, it is widely recognised within Lifeline that mental health features prominently in calls, many would say more prominently in recent years – creating new challenges and opportunities.

Strengthening the Evidence Base

Despite this awareness of a growing role in mental health, sound national data has been lacking. Lifeline sought and received Commonwealth funding to develop an improved, standardised national database for all calls, with provision to gather more detailed information about mental health and suicide. The first full calendar year for data collection was 2002.

Methodological issues

Gathering reliable data about mental health in a telephone counselling service provides particular methodological challenges. Especially when callers are anonymous and counselling is provided by over 5000 trained volunteers.

- **Stigma about mental health may affect caller disclosure**. While an anonymous service like Lifeline may make it easier for callers to share their concerns, there is an absence of visual and behavioural cues that may alert a counsellor or clinician to mental health issues that a client may be unaware of or is unwilling to discuss.
- **Telephone counsellors do not conduct clinical assessments** or make formal mental health diagnoses. They are, however, trained to listen for evidence of mental health issues and record information on a standardised form.
- **Counsellors are trained to listen for presenting mental health themes**. If counsellors determine that mental health themes such as dealing with anxiety or depression were presenting issues in the call, they will record this subjective assessment. To help inform this assessment, counsellors are asked to consider whether this presenting mental health theme has been stable, affecting the caller's life for at least two weeks. A project currently being undertaken with Beyond Blue will help strengthen depression literacy among counsellors, improving their capacity to recognise, record and respond to callers' needs.
- **Disclosure of treatment or counselling is recorded**. Self-reported participation in treatment or counselling for a mental health condition is used as a more objectively verifiable measure of mental health. However, as is widely recognised from community studies[2], 'treatment and counselling' provide a very conservative indication (about 38%) of the prevalence of mental health needs in any community, including those who call Lifeline.
- **Many callers with mental health needs phone to talk about problems in living** such as relationship crises or work difficulties. While these are often precipitated or complicated by mental health conditions, mental health may not

be reported as the main presenting issue. This is particularly relevant to personality disorders, but applies to many mental health calls.

- **Data reflect calls, not callers,** providing a guide to patterns of service utilisation and collective profiles rather than numbers of individuals accessing a service.

Data in this report

This report is based on information gathered from 309,317 counselling calls recorded by the Lifeline Australia database during 2002. This represents complete call records from all Lifeline Centres who had supplied data at the time of the analysis (37 out of 40 Centres).

There are three categories of primary Lifeline data on mental health.

- **Calls where mental health was an explicit presenting issue**. This provided the basis for most of the analyses in this report, especially those where calls about mental health were compared with those from all other counselling calls.
- **Calls where counselling or treatment for a mental health condition were disclosed**, even though the presenting issue was a different problem in living such as relationships.
- **More detailed profile data on specific mental health conditions**. This came from analyses of the September-December quarter after a more detailed mental health record form had been introduced to Centres.

It should be noted that these data are taken to reflect a broad spectrum of mental health needs, or needs associated with mental health problems.

Key research questions

Three broad questions are addressed.

- **How do does mental health feature in calls to Lifeline**? This question has broader relevance than clarifying Lifeline's mental health role. It also provides a window into the broader mental health needs of the community.
- **What is the profile** of people who call Lifeline about mental health?
- **What are the salient needs** of callers with mental health concerns?

General conclusions are discussed and avenues for future research are identified.

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1. Mishara, B. and Daigle, M. (2001). Helplines and crisis intervention services: Challenges for the Future. In D. Lester (Ed.), *Suicide prevention: Resources for the Millennium* (pp. 153-172). Philadelphia: Brunner Routledge.

2. Australian Bureau of Statistics (1997). *Australian National Survey of Health and Wellbeing: Profile of Adults. Australia.* ABS Cat. No. 4326.0 Commonwealth of Australia, Canberra.

3. Lifeline Melbourne (1996). Unpublished report to the Victorian Department of Human Services.

Section II
Mental Health Calls to Lifeline

The best current evidence suggests that Lifeline is a general community service with a prominent role in responding to the mental health needs of callers. Several perspectives on the mental health needs of Lifeline callers to its telephone counselling service are provided. Reflections on what these call records suggest about Lifeline's role in mental health are offered.

Two Perspectives on Mental Health Calls

There were two ways in which mental health featured in calls to Lifeline's telephone counselling service during 2002.

Calls where mental health was a presenting issue. This included

- Calls where general mental health was an explicit presenting issue;
- Mental health issues related to traumatic events or disabling behaviours.

Calls where mental health was background to other presenting issues.

Mental health concerns as a presenting issue

The first perspective comes from calls where someone phoned specifically to talk about a mental health problem such as depression or anxiety. This also included calls about behavioural problems related to mental health (such as substance misuse) and reactions to traumatic events. Table 2.1 provides a summary.

Table 2.1

Mental Health as a Presenting Issue

Lifeline Australia, 2002

General mental health Depression, schizophrenia and anxiety were the most frequent presentations.	35,941	62%
Specific mental health issues related to events or behaviours		
Problem drinking (6,462)		
Drug misuse (4301)		
Stress and trauma events /reactions (9283)	21,712	38%
Gambling (1,666)		
Total	57,653	100%

It is noteworthy that 38.2% of callers with general mental health concerns reported that they were receiving counselling or treatment for their condition. This reflects general findings reported in the *Australian Survey of Mental Health and Wellbeing* that found that only 38% of persons with mental disorders access care.[1] It raises the possibility that Lifeline could become a pathway into further counselling or treatment when appropriate.

Mental health condition as a background factor

However, Lifeline data for 2002 identified a further 27,101 calls (beyond those presenting with mental health concerns) where callers disclosed that they were accessing counselling or treatment for a mental health condition. These calls are in addition to those categorised as 'general mental health' in Table 2.1.

This provides a second perspective on Lifeline's mental health role. It relates to callers who disclosed they were receiving treatment for a mental health condition but phoned to talk mainly about other problems in living such as loneliness and relationships. These issues may often have been related to or complicated by their mental health condition.

Callers Disclosing Mental Health Treatment

Table 2.2 provides a closer look at the mental health profile of those callers who disclosed that they were receiving counselling or treatment. Figure 3.3. (Section III) provides more information on who provided that care. As mentioned above, treatment data comes from people who presented with mental health concerns and those who phoned to talk about other issues.

The ranking within each column is the same. Schizophrenia and bipolar disorder are more prominent in the mental health column suggesting the disorder itself was more apparent to counsellors and/or more frequently a focus of discussion.

Table 2.2

Callers Disclosing Mental Health Counselling or Treatment

Lifeline Australia, 2002

		Mental Health Was a presenting issue n = 13,715		Other problems Were presenting issues n = 27,101	
Depression		3,660	(27)	6,840	(25)
Schizophrenia		3,533	(26)	4,359	(16)
Bipolar disorder		2,217	(16)	3,153	(12)
Panic attacks/phobias		1,164	(9)	1,758	(7)
Personality disorder(s)		1,198	(9)	1,370	(5)
Substance misuse	1	268	(2)	1,078	(4)
Post traumatic stress		185	(1)	668	(3)
Eating disorder		169	(1)	3701	(1)
Dementia		83	(1)	151	(1)
Other		1,706	(12)	3,032	(11)

Note: Callers could relate treatment to more than one condition. So numbers and percentages cannot be summed to produce a total.

Prominence of Mental Health Needs in Lifeline Callers

In the absence of clinical assessment, it is not possible to provide definitive information about how prominently mental health features in Lifeline's calls. However, when data on presenting issues and treatment are viewed together (and overlap between them excluded) over 80,000 calls during 2002 were known to be about mental health. This was about 27% of counselling calls received.

Many within Lifeline believe this provides a conservative estimate of Lifeline's mental health role and the mental health needs of its callers.

Support for this view has been provided recently in a pilot study Sydney Lifeline conducted with the WHO Collaborating Centre for Evidence in Mental Health Policy at the University of NSW.[2] The study, conducted on a random sample of 210 Lifeline Sydney callers in 2002, found that 69.5% suffered from high levels of non-specific psychological distress. This was 11 times the percentage with comparable scores that have been reported in the general population. The measure used for this study was the Kessler 6-point Questionnaire of non-specific psychological distress. People with high scores are known to be more likely to suffer from anxiety and mood disorders. Currently, the study is being administered more widely within Lifeline outside Sydney. It highlights the importance of developing independent research, alongside call data, to gain a clearer picture of the mental health needs of Lifeline's callers.

It is also apparent that callers with mental health concerns do respond to services when they are known and recognised as relevant to their needs. Lifeline's Just Ask (Rural Mental Health Information Service) was averaging less than 100 calls a month in its first year of operation. This call rate trebled as the service became better known as a source of mental health information.

Summary

Lifeline is clearly seen by many callers as a source of support for people with mental health needs. Some call explicitly to discuss management of mental health concerns. Others phone to talk about problems in living that may be precipitated or exacerbated by their mental health condition.

Some callers clearly access the service for support that complements treatment or counselling they are receiving. However, it is possible that Lifeline could also be a pathway into treatment and care for those who would benefit from this help and are not currently receiving it.

Evidence that at least one in four calls are related to mental health simply captures what we currently know for certain. Preliminary evidence from the Sydney study suggests there is more to learn about our caller's mental health needs – and about how best to respond.

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1. Australian Bureau of Statistics (1998). Australian National Survey of Health and Wellbeing: Profile of Adults. Australia 1997. ABS Cat. No. 4326.0 Commonwealth of Australia, Canberra.

2. Andrews, G., Slade, T., Naylor, R. & Kercher, A. (2003). Pilot Research into non-specific psychological distress and mental disorders among callers to Lifeline Sydney. Unpublished research paper.

Section III
Profile of Mental Health Calls

The demographic profile of calls where mental health was a presenting issue showed some similarities to other calls with respect to gender and location. However, some differences were apparent in the age profile and partnership status.

Gender and Age

Females are twice as likely to call Lifeline than males. This pattern was also true for calls about mental health. However, as Table 3.1 shows, callers about mental health concerns were marginally but significantly more likely to be male than those who phoned about other issues.

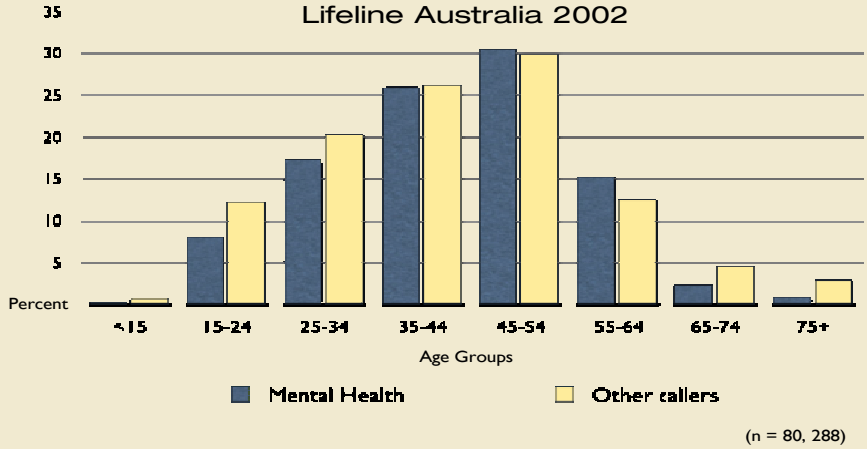
Table 3.1
Gender Comparison of Mental Health with Other Calls
Lifeline Australia 2002

	Mental health issues n = 28,883	Other issues n = 272,731
Male	36%	31%
Female	64%	69%
Total	100%	100%

$p < 0.001$

Information on callers' exact age was available for over 80,000 calls. Figure 3.1 compares the percentage of calls about mental health for each age group with the percentages for all other counselling calls. It shows that mental health was more prominent among middle-aged callers than among younger and older age-groups and featured most strongly in 55-64 year olds. Over two thirds of mental health calls are from those aged 35-64. By comparison, calls about other issues were distributed more evenly across the age-groups.

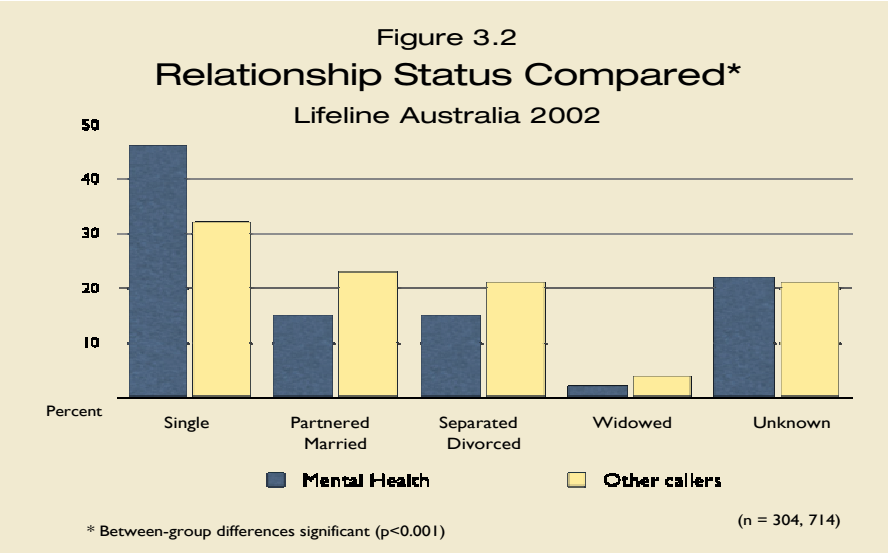
Figure 3.1
Age Profile of Mental Health Calls
Lifeline Australia 2002



Relationship Status

Information on relationship status highlights this as an area of vulnerability associated with mental health concerns. Information in Figure 3.2 indicates that people phoning about mental health were less likely to be linked to supports in primary relationships. This may also explain why separation and divorce feature less prominently in these calls.

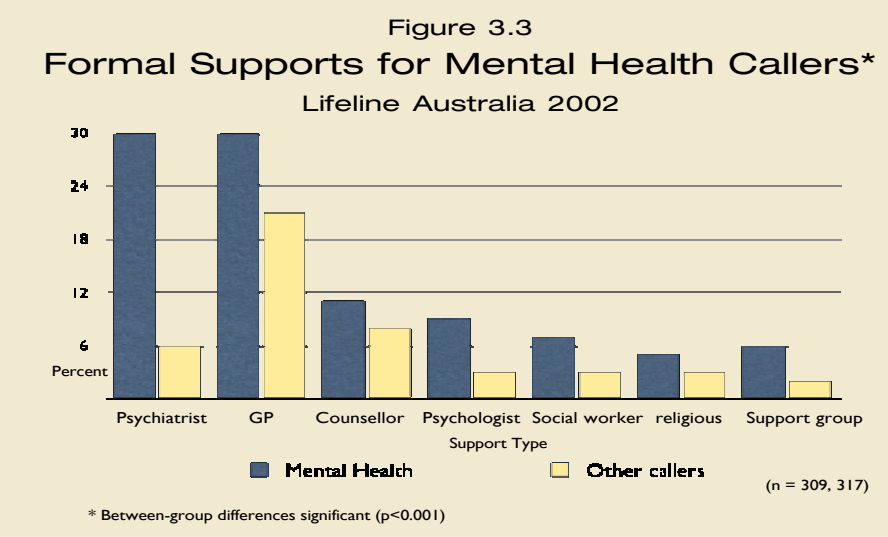
Figure 3.2



Formal Supports

Comparison of formal supports (Figure 3.3) showed that those calling about mental health were more likely to be accessing all other formal supports, with differences particularly apparent in use of medical practitioners. Any formal supports being accessed for a particular caller were recorded, with some reporting more than one.

Figure 3.3



This pattern of concurrent help is consistent with Lifeline's role of complementing other professional services for some callers.

Service Utilisation

There was no difference between the proportion of mental health (37%) and other calls (36%) received from rural areas when compared with metropolitan locations. There was also little difference in the pattern of calling throughout the day with mental health calls slightly more common between 8 pm and 4 am and less common between 8 am and noon. People with mental health concerns were more likely to be long standing callers, (65% have used the service for over a year) and to call more frequently.

Range of Mental Health Conditions

During the September Quarter, more detailed information was gathered on themes in mental health calls. Although not based on clinical diagnoses, data reflects those calls where the counsellor identified that a particular mental health concern had been experienced by the caller for at least two weeks. The aim was to capture stable themes in the caller's mental state or behaviour, in those callers who had already identified mental health as a presenting issue. Data was available for about 40% of these calls.

Table 3.2 summarises these results and indicates whether the focus of the caller was on their own concerns or in relation to a carer role. Since counsellors could record more than one issue and data was only available for some callers no attempt is made to generate a percentage total.

Table 3.2

Mental Health Themes noted by Counsellors

Lifeline Australia Sept-Dec 2002

	Consumers n = 38,766	(%)	Carers n = 2,050	(%)
Depression	5,823	(15)	134	(7)
Anxiety	4,738	(12)	105	(5)
Mood swings	1,513	(4)	82	(4)
Drinking/drug problems	1,031	(3)	72	(4)
Eating problems	453	(1)	53	(3)
Reaction to traumatic incident	903	(2)	65	(3)
Other / no assessment	2,245	(6)	97	(5)

Based on callers who presented with mental health concerns where the counsellor had sufficient basis to identify a stable mental health theme.

Summary

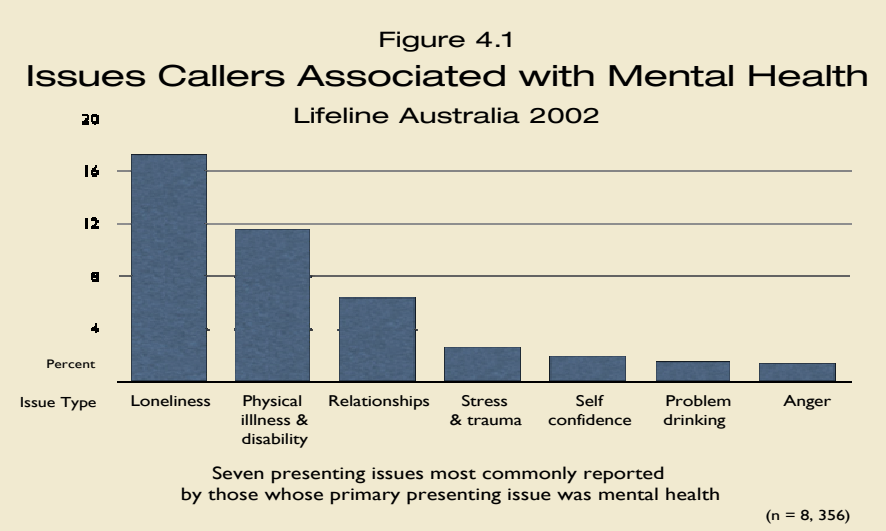
The most striking theme in these profiles is that those calling about mental health were less likely than other callers to be linked to primary relationships. Age and gender profiles for mental health calls were similar to the general Lifeline pattern. However, those calling about mental health were slightly more likely to be male and appeared more in the middle age groups, particularly between the ages of 54-65.

Section IV
Caller Needs and Concerns

This section reviews some of the related concerns expressed by those who called about mental health. It also reviews information about suicide risk in these callers.

Life Situation and Needs

Many callers who phoned Lifeline about mental health focused on the distressing and disabling impact of their condition. They often also linked this to other aspects of their life situation or problems in living. Figure 4.1 indicates how much these associated concerns centred on relationships and general health.



Concerns around impoverished social networks and aloneness are often intensified by stigma. However, they are also likely to be linked to an internal sense of isolation and troubled relationships with caregivers and professional supports. Focus on mental disorders can also obscure physical illnesses and other disabilities experienced by these callers. It would be helpful to learn more about these needs and how they can best be addressed.

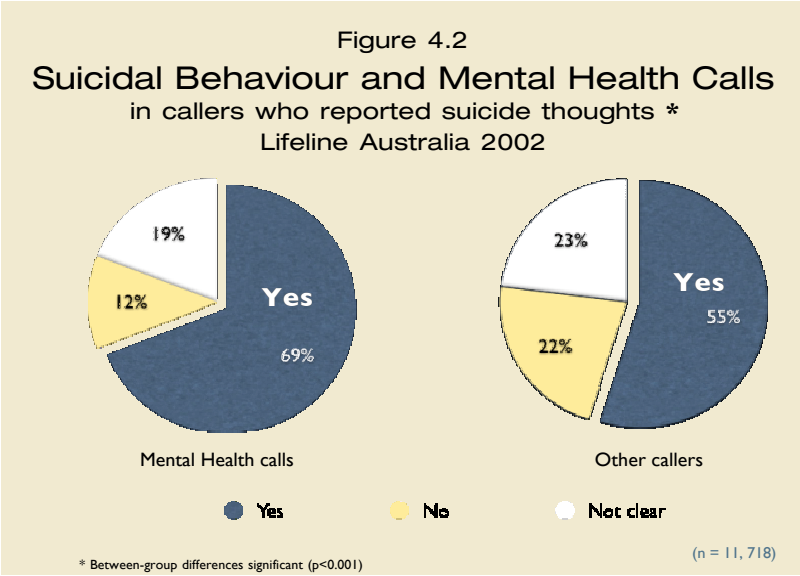
Suicide Risk

The presence of a mental health condition is known to be associated with increased risk of suicidal behaviour. The pattern of aloneness and troubled relationships also elevates concern about suicide.

Suicide thoughts were acknowledged by 7.4% of callers who phoned to talk about mental health issues. This is slightly higher than Australian population prevalence data, though not unexpected in those seeking help from a counselling service. These callers were also significantly more likely than other callers to have developed a suicide plan and have engaged in prior suicidal behaviour ($p < 0.001$). That suicidal behaviour was also significantly more likely to have occurred recently – in the past month or previous six months ($p < 0.05$).

Data on prior suicidal behaviour is a particular concern because those with a history of deliberate self-harm generally have higher levels of distress and fewer alternate resources. They not only suffer health complications and injury, causing distress to themselves and others but are at increased risk of dying by suicide.

Figure 4.2 shows how often callers who acknowledged thoughts of suicide also reported prior suicidal behaviour. (Percentages relate only to those with suicide thoughts, not the total number of callers.) Results are concerning for both groups, but also illustrate that in mental health calls, the number who disclose prior suicidal behaviour is significantly higher ($p < 0.001$).



Vigilance about suicide risk is critical for all callers, but especially so when mental health conditions are present.

Summary

The need for connectedness and support in dealing with physical as well as mental health are particularly noteworthy. The theme of aloneness becomes especially prominent when considered alongside information in Figure 3.2 about lower involvement in primary relationships. It may also partly explain the pattern of more frequent use of Lifeline's services by callers with mental health needs. The presence of a mental health problem and being alone are known to increase suicide risk. Evidence from Lifeline data underlines this concern, suggesting that those with mental health concerns are more likely to have acted on their thoughts of suicide before and therefore are more likely to be at risk at the time of the call and in the future.

Conclusions and Recommendations

This report has focused on mental health needs reflected in Lifeline's 2002 call data. It highlights the importance of general community counselling and support to complement specialised mental health treatment.

- **Recurring themes in mental health needs of callers are featured**. Levels of service utilisation indicate that Lifeline is perceived as a valued source of support. However, reflection on call patterns flags some potential service development and delivery issues for Lifeline and the community sector in general – some of which are discussed below.
- Policy implementation considerations also arise. **A key theme of this report is the need to view mental health needs through a wider lens that takes in the full scope of what people are experiencing** rather than smaller units of need for care that relate to acute crises and treatment. In Lifeline's experience, State and Territory funding for this wider approach has been scant and warrants review and enhancement. There are also opportunities to build on Commonwealth initiatives already begun.
- A primary message from Lifeline's data is this. **People with mental health concerns need not only to talk about mental health issues, but about wider problems and possibilities in daily living that are on their minds because they feature continually in their lives.** The report highlights the importance of complementing medication management, so essential to treatment, with appropriate counselling support for daily concerns about emotional and practical survival as well as improved quality of life.

Foundations for a Way Forward

The following summary assembles some of the building blocks for a way forward as a basis for recommendations offered.

Aligning Caller needs with service supports

Who is calling Lifeline about mental health and what do they need?

Callers sought counselling support in association with wide spectrum of mental health conditions with depression, schizophrenia and anxiety (particularly trauma and panic attacks) among the most prominent.

Patterns of service utilisation suggest that Lifeline is particularly perceived as a source of mental health support among mid years adults to age 65.

This, along with information about caller themes, suggests that the service is meeting a particular need for those experiencing a build up and convergence of emotional, social and behavioural factors affecting their health and wellbeing. These callers commonly report that they feel alone, are less connected to primary relationships than other callers and often talk about the disabling effects of physical health problems. They are more likely than other callers to report thoughts of suicide and to have engaged in prior suicidal behaviour.

Learning from patterns of service utilisation

The patterns of service utilisation in calls about mental health are also instructive. Frequent calling over a long time period is common and reflects the sustained or recurrent episodic nature of mental health problems.

There are some issues here for Lifeline about management of frequent callers, encouraging them to make more flexible use of resources and develop skills in self-

care. Lifeline's Commonwealth-funded *Just ask* mental health information line is modelling some helpful service options in this area, particularly through its print resources on topics such as 'beating the blues' and 'panic attacks'. These resources are also available on the web.

However, frequent calling is something that also has implications at the policy and funding level. Containment of inappropriate service dependency with some callers is only part of the solution. Services in mental health have often focused on and been funded for management of acute crises. But these discrete units of care do not fully match the reality with respect to the sustained nature of disability and distress often associated with mental illness.

Highlighting this fact is partly about recognising and respecting the painful realities that people with mental health conditions face on a daily basis. However, it is also about configuring service options to client and community needs. Lifeline has found it exceedingly difficult to get any recognition of this need at the State and Territory funding level – although there are some promising early signs that this may be changing in some cases. This lack of recognition is particularly ironic and frustrating when state-funded mental health services frequently use Lifeline as an after hours support option for their patients or clients.

This touches on the other aspect of service utilisation. It is often after hours and on weekends that people with mental health concerns are more acutely aware of their aloneness and the pain associated with their condition. This is a time when other services are less accessible and closed and a time when services like Lifeline are accessible.

Developing care pathways

Lifeline's data showed that 38% of those specifically presenting with mental health issues were receiving counselling or treatment for their condition. Given the stigma surrounding mental health, services like Lifeline may be for some callers a **pathway into further care and treatment**. Lifeline's link with its *Just look* community database positions it well to fulfil this role.

However, a related part of Lifeline's work is its complementary role **alongside other mental health and general services.** This report clearly showed that many currently receiving treatment call Lifeline to talk about issues surrounding treatment or general problems in living. It is not Lifeline's role to provide medical advice. However, Lifeline counsellors often support callers in treatment compliance and maintenance. For example they can explore strategies for dealing with medication side effects and help callers identify and clarify treatment issues and concerns that they can then raise in a more focused way with their physician. This empowers people to be more articulate about their needs. Carers as well as consumers benefit from this support.

Thus, services like Lifeline can be a pathway into medical assessment and treatment. Further self-management options and counselling help can also be explored. Ongoing support alongside these services can be offered for transient crises and longer term needs.

Recommendations

For service delivery generally

1. **Ensure that service mapping and planning adopts a broad view, balancing crisis management with options for ongoing support.** Mental health concerns typically feature as a background feature in people's lives with

periodic crises. For some, their best level of functioning is not far from a crisis state but, for many, supportive ongoing counselling is the primary need, particularly once stabilised in treatment.

2. **In addressing this need for ongoing support, balance treatment provisions with counselling options** that attend to the problems in living associated with mental health concerns and strengthen links to informal supports.
3. **Explore ways that services like Lifeline can provide a non-threatening pathway onto further care for callers** where this need may be indicated.
4. **Ensure that this broader view of care (1-3 above) receives more appropriate levels of funding** commensurate with the value of its role.

For Lifeline, recommendations 1-4 identify particular challenges and opportunities.

5. Further develop the mental health awareness and intervention skills of telephone counsellors. This could include increasing counsellors' understanding of mental health conditions and recognising when referral to further treatment is indicated.
6. Review management of frequent callers in ways that respect the need for ongoing support while containing unhealthy service dependency. This involves Lifeline in clearly identifying its role with these callers and making this publicly known. It also involves development of counsellors' knowledge and skills.
7. Develop closer integration of Lifeline's counselling and information services (*Just look and Just ask*) so that they work together in a more integrated way and are viewed by Lifeline Centres and counsellors as a linked options that promote continuity of care.
8. Promote Lifeline's services more actively with carers as well as consumers, highlighting ways the service could be of more benefit to them.
9. Conduct consumer research that provides feedback on service benefits and service improvements, targeting not only those groups who call often, but potential service users, like those over 65, who seldom access Lifeline.
10. Continue to invite independent research which helps develop understanding of the mental health needs of callers and suggests ways Lifeline could build on and improve the service it is offering now.

This report began by stating that 'good mental health is a key element in personal and social wellbeing'. The issues it has highlighted and the recommendations that flow from them can, if followed up, help make good mental health a reality for more people.

In the end, the stories behind the statistics would tell a fuller story than any report ever could. They feature the remarkable resilience and resourcefulness of people – callers and counsellors, who are able to work with the possibilities as well as the problems in their own lives and those of others.