



Improving NSW mental health care: evidence for the unique role of Lifeline's 24-hour telephone counselling service*

*Dr Coralie Wilson & Professor Frank Deane
Illawarra Institute for Mental Health, University of Wollongong*

February 2005.

Use of the telephone has become an increasingly popular and necessary mode for providing counselling (Reese et al., 2002). With implications for both prevention and the provision of acute services, 24-hour telephone counselling such as that provided by Lifeline, is a cost-effective, practical and effective way to provide immediate problem-solving assistance to distressed individuals and those in crisis (Lester, 2002). Telephone counselling can reduce client distress and manage immediate crisis (e.g., Reese et al., 2002), develop unique relationships with distressed clients that facilitate change (e.g., Spizman, 2001), increase clients behavioural intentions and the likelihood that clients will modify their own behaviours before acute services are required (e.g., Wimbush et al., 1998), increase the likelihood that clients needing the support of other services will remain engaged in them until treatment is complete (e.g., Hornblow, 1986), and increase the likelihood that clients referred to other services or programs will comply (e.g., Ockene et al., 2000). According to McColskey (2002), an ideal model of contemporary intervention features telephone counselling such as that provided by Lifeline together with other therapeutic concepts and acute mental health services.

Value of telephone counselling

An evaluation of telephone counselling with 186 clients who used the service for various mental health difficulties found that they reported the service as helpful for both global and specific improvements in their emotional and psychological state. Clients reported they were satisfied with the counselling they received and rated the telephone counselling relationship, together with the level of interpersonal influence, as similar to that rated in studies measuring face-to-face counselling (Reese et al., 2002). Highlighting a unique role for Lifeline's 24-hour counselling service, an experimental study found that telephone counselling was more effective than no counselling, as effective as face-to-face counselling, and that clients reported *more significant* relationships with the telephone counsellors than counsellors in person (Spizman, 2001). Both qualitative and quantitative data underscore the need to establish good quality relationships with clients and potential clients to encourage them to seek and stay engaged in appropriate mental and physical health care (e.g., Saunders, 2000; Wilson & Deane, 2001). Lifeline's 24-hour counselling service provides relationship building, information giving, and referral that is unique to this mode of counselling (Lester, 2002).

Role of Lifeline's 24-hour counselling service in prevention, early intervention and crisis management

In terms of prevention, early intervention and crisis management, these results reinforce the need to maintain easy access to Lifeline's 24-hour counselling service. They also highlight the need to increase efforts to promote Lifeline's 24-hour counselling to groups across the

community. Seeking and engaging in appropriate help for different types of personal and emotional problems early in an illness career can assist in reducing or eliminating a client's immediate risk of harm and often, the development of acute forms of emotional and psychological distress (Christiana et al., 2000; Deane et al., 2002). In addition, studies of university students (e.g., Deane & Todd, 1996), prison inmates (Deane et al., 1999) and high school students (e.g., Carlton & Deane, 2000; Wilson et al., 2005) reveal that if clients engage in mental health care for personal or emotional problems at one point, they are more likely to seek similar help when it is needed in the future. Thus, Lifeline's 24-hour counselling service has the potential to reduce the impact of client risk before it develops into more long-term mental health problems and behaviours. There is evidence that identifying early forms of emotional and psychological disturbance and referring to appropriate help can reduce the need for hospitalisation and other (expensive) forms of care for acute individuals (Greenfield et al., 2002). Lifeline telephone counsellors are able to screen and refer for indicators of early-onset disorders that tend to be overlooked in the mainstream health care system (Christiana et al., 2000). Similarly, Lifeline's 24-hour counselling service has the potential to increase appropriate help seeking for personal, emotional and psychological problems before these problems become severe and in need of referral to acute services.

Cost-benefits of Lifeline's 24-hour counselling service

In terms of cost-benefit, Lifeline provides high access counselling for a more diverse range of clients than face-to-face mental health services (Masi & Freedman, 2001). In the three months from October to December 2003, Lifeline centres across NSW received 37871 calls. The greatest number of calls (8871 calls, 28.9% total calls) related to family and relationship problems. 6037 calls (19.7% total calls) dealt with problems related to health and disability. Of these calls, 4829 (80% health and disability calls, 13% total calls) related to mental health. 2067 calls (6.7% total calls) dealt with abuse and violence, 1913 calls (6.2% total calls) dealt with adjustment and loss, 1835 calls (6% total calls) dealt with behaviour problems, 108 calls (0.3% total calls) dealt with community crisis, and 131 calls (0.4% total calls) were suicide related. Similar data were collected from Lifeline centres for the three months from October to December 2004. During this time, a total of 51481 calls were made to Lifeline's 24-hour service.

A review of the counselling literature reveals that almost all of calls made to Lifeline's 24-hour service would have dealt with emotional and psychological disturbance at various levels. In each case, Lifeline telephone counsellors had a role in the detection of early onset mental illness, anxiety, depression and other forms of psychological distress, together with the provision of appropriate support and referral as necessary. In terms of suicide prevention, Lifeline's availability during the 24-hour day would have been crucial. Kids Help Line (KHL) data gathered from 1991 to 1997 found that the highest number of suicide-related calls were between 9pm and 6am, the severity of these calls increased as evening progressed, and 52% of callers between 6pm and 3am reported immediate suicidal intent (Clark & Reid, 1998). Between October and December 2004, a similar pattern of data was collected by Lifeline centres across NSW. On average, the greatest number of calls that were made to Lifeline's 24-hour counselling service were outside normal public service hours, between 6pm and 11pm. Without Lifeline, many of the clients who made these calls may have joined a wait-list for public sector mental health services, or worse, received no help at all.

Lifeline's 24-hour counselling service addresses barriers to face-to-face services

The *National Survey of Mental Health and Wellbeing* (Andrews, et al. 1999) reported that more than one in five of the 10,600 adults who participated in the study met the criteria for a mental health disorder. Of this number, "62% of persons with a mental disorder did not seek any professional help for mental health problems" (Andrews et al., 1999, p. 37). Similarly, the child and adolescent version of the survey found that only 50% of those with a mental health problem

had attended any service during the previous 6 months, and only 17% had attended a mental health service (Sawyer et al., 2000). Just over 50% of parents did not seek help for their children because it was too expensive, approximately 37% indicated that long wait time was a barrier to service use, and 25% reported that the mental health service was too far away. Lifeline's 24-hour counselling service addresses each of these barriers. It has the potential to relieve pressure on face-to-face services and reduce the overall costs involved in providing services to those who are not located near counselling centres and those who have time and scheduling constraints (Masi & Freedman, 2001).

Lifeline's 24-hour counselling service as a rapid response service

In addition to 24-hour availability, Lifeline's telephone counselling service is in the unique position of being able to provide a rapid response to a client's immediate distress. In terms of suicide prevention, this availability is critical. Apart from the obvious need to intervene before a suicide is attempted, there is evidence that suicidal clients who have access to a rapid-response are hospitalised less often than those who do not (Greenfield et al., 2002). Conversely, there is evidence that long wait-time can reduce the likelihood that an individual will attend and stay engaged in a mental health service (e.g., Festinger et al., 1995; Grunebuam, 1996). In terms of psychosis, there is evidence that delays in treating psychosis have the greatest negative effect in the earliest stages of the illness and lead to poorer long-term outcomes (Harrigan et al., 2003). Lifeline addresses each of the wait-time issues.

Lifeline's 24-hour counselling service as a complimentary support service

Finally, Lifeline's 24-hour counselling service has the capacity to support clients who are either waiting for face-to-face mental health services or currently involved in services. According to Hornblow (1986), telephone counselling has considerable therapeutic potential for monitoring and supporting clients with ongoing problems or chronic disabilities. In support, Ockene et al. (2000) reported that telephone counselling used in conjunction with other forms of treatment improved client outcomes and the risk of relapse.

Summary

"Lifeline began with a vision for the future. In 1963, its founder imagined a world in which a 'mantle of care' would touch the lives of people who might otherwise feel unsupported in times of need" (Lifeline Australia, 2004, p. 2). Consistent with this vision, a review of the literature confirms and highlights the uniquely valuable role that Lifeline's 24-hour counselling service can play within a contemporary and comprehensive health care system. As a 24-hour telephone counselling service, Lifeline offers a number of unique benefits: (1) the ability to provide counselling that is more widely available to the general public than face-to-face counselling, (2) the ability to provide rapid response intervention, (3) the ability to detect and manage early indications of an illness career, and (4) the ability to support clients who are waiting to gain access to specialist mental health services, or currently involved in a service but needing additional support and connection.

References

- Andrews, G., Hall, W., Teesson, M., & Henderson, S. (1999). *National Survey of Mental Health and Wellbeing Report 2: The Mental Health of Australians*. Commonwealth of Australia, Canberra, Australia: AusInfo.
- Carlton, P. A. & Deane, F. P. (2000). Impact of attitudes and suicidal ideation on adolescents' intentions to seek professional psychological help. *Journal of Adolescence*, 23, 35-45.
- Christiana, J. M., Gilman, S. E., Guardino, M., Mickelson, K., Morselli, P.L., Olfson, M., & Kessler, R. C. (2000). Duration between onset and time of obtaining initial treatment among people with anxiety and mood disorders: An international survey of members of mental health patient advocate groups. *Psychological Medicine*, 30, 693-703.

- Clark, J., & Reid, W. (1998). The voice of Australian children: A retrospective of Kids Help Line suicide data 1991-1997. *Youth Studies Australia, 17*, 17-22.
- Deane, F. P., & Todd, D. M. (1996). Attitudes and intentions to seek professional psychological help for personal problems or suicidal thinking. *Journal of College Student Psychotherapy, 10*, 45-59.
- Deane, F. P., Skogstad, P., & Williams, M. (1999). Impact of attitudes, ethnicity and quality of prior therapy on New Zealand male prisoners' intentions to seek professional psychological help. *International Journal for the Advancement of Counselling, 21*, 55-67.
- Deane, F. P., Wilson, C. J., Ciarrochi, J., & Rickwood, D. (2002). *Mental Health Help-Seeking in Young People*. (Report to the National Health and Medical Research Council of Australia, Canberra, Australia, Grant YS060). Wollongong, NSW: University of Wollongong, Illawarra Institute for Mental Health.
- Festinger, D. S., Lamb, R. J., Kountz, M. R., Kirby, K. C. et al. (1995). Pretreatment dropout as a function of treatment delay and client variables. *Addictive Behaviors, 20*, 111-115.
- Greenfield, B., Larson, C., Hechtman, L., Rousseau, C., & Platt, R. (2002). A rapid-response outpatient model for reducing hospitalization rates among suicidal adolescents. *Psychiatric Services, 53*, 1574-1579. <http://psychservices.psychiatryonline.org>
- Grunebaum, M., Luber, P., Callahan, M., Leon, A. C. et al. (1996). Predictors of missed appointments for psychiatric consultations in a primary care clinic. *Psychiatric Services, 47*, 848-852.
- Harrigan, S. M., McGorry, P. D., & Krstev, H. (2003). Does treatment delay in first-episode psychosis really matter? *Psychological Medicine, 33*, 97-110.
- Hornblow, A. R. (1986). The evolution and effectiveness of telephone counseling services. *Hospital & Community Psychiatry, 37*, 731-733.
- Lester, D. (2002). *Crisis intervention and counseling by telephone (2nd Ed)*. Springfield, IL: Charles C. Thomas Publisher Ltd.
- Lifeline Australia (2004). *Lifeline's future direction: Building for tomorrow today*. Lifeline Australia, Canberra, Australia.
- Masi, D., & Freedman, M. (2001). The use of telephone and on line technology in assessment, counseling, and therapy. *Employee Assistance Quarterly, 16*, 49-63.
- McColskey, A. S. (2002). The use of the professional in telephone counseling. In Lester, D. (Ed) *Crisis intervention and counseling by telephone (2nd Ed)* (pp. 242-251). Springfield, IL: Charles C. Thomas Publisher Ltd.
- Ockene, J. K., Mermelstein, R. J., Bonollo, D. S., Emmons, K. M., Perkins, K. A., Voorhees, C. C., & Hollis, J. F. (2000). Relapse maintenance issues for smoking cessation. *Health Psychology, 19*, 17-31.
- Reese, R. J., Conoley, C. W., Brossart, D. F. (2002). Effectiveness of telephone counseling: A field-based investigation. *Journal of Counseling Psychology, 49*, 233-242.
- Saunders, S. M. (2000). Examining the relationship between the therapeutic bond and the phases of treatment outcome. *Psychotherapy, 37*, 206-218.
- Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., Nurcombe, B., Patton, G. C., Prior, M. R., Raphael, B., Rey, J. Whaites, L. C., & Zubrick, S. R. (2000). *The mental health of young people in Australia: The child and adolescent component of the National Survey of Mental Health*. Canberra, Australia: Ausinfo.
- Spizman, P. (2001). Is counseling by telephone effective? *Dissertation Abstracts International: Section B: The Sciences & Engineering, 61*, 6723.
- Wilson, C. J., & Deane, F. P. (2001). Adolescent opinions about reducing help-seeking barriers and increasing engagement. *Journal of Educational and Psychological Consultation, 12*, 345-364.
- Wilson, C. J., Deane, F. P., Ciarrochi, J. & Rickwood, D. (2005). Measuring help-seeking intentions: Properties of the General Help-Seeking Questionnaire. *Canadian Journal of Counselling, 39*, 15-28.
- Wimbush, E., MacGregor, A., & Fraser, E. (1998). Impacts of a national mass media campaign on walking in Scotland. *Health Promotion International, 13*, 45-53.

*Correspondence concerning this report should be addressed to: Professor Frank Deane; Illawarra Institute for Mental Health, Building 22, University of Wollongong, Wollongong, NSW 2522, Australia. Tel. +61 2 4221 4207, Fax. +61 2 4221 5585, Email: Frank_Deane@uow.edu.au