CEPHRIS

Who calls Lifeline: Baseline study of callers and their needs?

Final Report

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Executive Summary

A study was undertaken during September/October 2003 in which each caller to the Lifeline South Coast Telephone Counselling service was asked to take part in a structured interview following the counselling call. The study was undertaken by CEPHRIS from the University of New South Wales and conducted 24 hours a day for three consecutive weeks. Considerable care was taken to ensure that callers were interviewed once only. The research was approved by the Illawarra Area Health Service /University of Wollongong Human Research Ethics Committee.

Lifeline South Coast (NSW) has a series of features that are unusual if not unique among services for people with high levels of psychological distress such as low access barriers, 24-hour service, and accepting unscreened calls. In contrast public services have high access barriers, prefer to work in office hours, prefer screened calls and have problems in meeting existing demand. It would seem that there are opportunities for closer cooperation with health and related services provided questions of resources are identified and resolved.

Lifeline South Coast provides a primary health care in the following senses. It is open to callers with the full range of needs and turns no one away. It is available around the clock and attracts calls from people with high levels of distress, symptoms suggestive of mental disorders, high levels of disability, thoughts of suicide and suicidal behaviour, and high levels of reported disability. Many of its callers are not receiving services from mental health providers. This survey demonstrates that up to 40% of calls are from repeat callers although Lifeline's practice of anonymity prevents continuous services typical of primary health care models. Like other primary health care agencies it makes referrals to other agencies where appropriate.

This study demonstrates that callers have high levels of non-specific psychological distress as measured by the Kessler 10 scale. Seventy-two percent of those interviewed scored 22 or more and 51% scored very high (over 30). Callers with scores over 30 are likely to have a severe mental disorder. Only 3.6% of the general population score more than 30.

Callers reported high levels of symptoms associated with mood, anxiety and psychotic disorders. Seventy-eight percent had experienced symptoms associated with depression over the last four weeks, which is between 7 and 13 times higher than the general Australian population. Callers were 2-6 times more likely than the general population to have symptoms associated with an anxiety disorder and 3-6 times more likely to have suffered symptoms associated with psychotic disorders.

Those interviewed reported that they were unable to carry out their normal activities for an average of 9 days in the last 4 weeks. The corresponding figure for the general population is one day.

In response to a direct question about thoughts of self-harm, “Do you currently have thoughts about harming your self or not wanting to be alive?” 29% said yes.

Callers were asked why they had called Lifeline. In response, 29% said it was because of relationships, 21% mentioned chronic mental or physical health problems and 12% pointed to some form of crisis. Six percent explicitly mentioned suicide as their reason for call and this followed a consent process in which callers actively considering suicide were excluded.

Two-thirds of callers reported that they were not receiving mental health services, apart from calling Lifeline, and had not received such services in the last six months. Similarly two thirds of those with very High K10 scores (over 30) were not receiving services, and had not received such services in the last six months.

Callers reported a very high level of satisfaction with the service they received from Lifeline. Ninety –three percent of callers would recommend the service to someone else, and all of the 55 contacted two or three days later were satisfied with the service. Eighty-seven percent said that calling Lifeline had made a difference to their life and 71% stated that they had taken action as a result of their call to Lifeline South Coast.

1. Background

Lifeline South Coast (NSW) provides services to residents in the coastal strip from Helensburgh to the Victorian border. There are telephone counselling rooms and services are offered from both Nowra and Wollongong. The population of the call area is approximately 455, 000.

There are 18 paid staff most of whom are part time. At present there are 102 volunteer telephone counsellors, 104 volunteers in the business area and three in administration.

The following services are provided:

- 24 Hour Lifeline Telephone Counselling
- Lifeline's Just Ask, Your Rural Mental Health Information Service
- Creditline Financial Counselling Service (Nowra Office)
- Suicide Prevention Education
- Suicide Prevention Continuity of Care Development Program
- Depression Self Help Project

The business and fundraising activities include a warehouse and four-second hand clothing retail outlets. A work for the dole project also operates in the warehouse and retail shops. Fundraising income largely comprises donations. The centre receives funding from NSW Health, the Department of Fair Trading, Southern Youth and Family Services, the Australian Government Department of Health and Ageing and the Illawarra Mental Health Integrated Project.

The focus of business has begun to move towards providing better quality training for Lifeline's traditional volunteers and Work for the Dole participants. The business is in

the process of improving the image of the stores and clothing bins emphasising the link with the Lifeline South Coast core services.

The Suicide Prevention Continuity of Care Development Program and the Depression Self Help Project are designed to forge stronger links with GPs, and the local community and mental health service.

Strategic Direction

Lifeline South Coast reviewed its strategic, business and service plans in May 2003. This is an annual process that involves the participation of the whole Lifeline South Coast organisation.

This outcome of this process is summed up in the mission statement adopted for Lifeline South Coast:

To provide social, emotional and mental health support services to the communities we serve.

Lifeline South Coast also identified the following strategic agenda:

- Continually exploring alternative funding sources eg. Fee for service activities.
- Improving profitability of the business.
- Embarking on a study of the Callers to the 24-hour telephone counselling service. The information/data gathered will assist Lifeline South Coast in lobbying Government for increased and ongoing funding of the 24-hour telephone counselling service.

Request for Callers study

Lifeline South Coast commissioned CEPHRIS to conduct a study to learn more about those who call their telephone counsellors. This information will enable them to improve the quality of services that they provide and may assist them to secure appropriate resources to meet those needs.

The level of resources available determined the scale of the study and Lifeline South Coast was particularly keen to ensure an external study in which the research was undertaken and conclusions drawn by independent researchers. The contents of the survey were negotiated with Lifeline South Coast to ensure that the key questions were addressed and to maximize possible comparisons with similar studies and with existing data about general populations and those thought to have mental health disorders.

Ethical considerations

Lifeline telephone counsellors are volunteers who undergo extensive training and mandatory updating. They are not medically trained, neither do they have clinical experience and therefore the boundaries between telephone counselling and therapeutic practice need to be carefully defined. It is inappropriate for telephone counsellors to make diagnoses or to suggest treatments or other forms of care for which they are not qualified.

By virtue of providing a 24-hour service, Lifeline receives calls from individuals who are clients of other services, who suffer from a wide variety of conditions, who are being treated by different providers, and who have poor access to appropriate services. These calls are unscreened. They range from individuals in the process or at high risk of self-harm to callers who would like information or referral to an

appropriate agency. Many of the clients are vulnerable due to high levels of psychological distress caused by illness or circumstance.
Apart from the cost of the call, the Lifeline service is essentially free to the caller and combined with ready access to phones for most of the population, access barriers are low compared to most services. The service is available when the client needs it and there is no requirement to make an appointment.

Callers are anonymous. They are not asked to provide their names or other identifiers. A record is made of each call but this only provides a summary of the telephone counsellor's view of the encounter. There are no personal records kept by Lifeline in the sense that other agencies have client files. Aggregate statistics are reported to Lifeline Australia. (See Telephone Counsellor call record - Appendix 1).

The anonymous nature of calls is both a strength and a weakness. It means that callers can be assured that their problem will remain confidential and that stigmatization will be minimized. It also means that Lifeline is not able to analyse the content of calls or the calling patterns of individuals and must depend on the view of the telephone counsellor as to whether a session went well and was of benefit to the caller. For clients who call more than once each call must be considered a separate encounter, the counsellor cannot read the notes first.

It is not possible for Lifeline to distinguish accurately between callers who phone once and callers who call regularly since with more than 100 telephone counsellors it is possible that an individual who calls regularly will speak to many counsellors. Thus, for some callers, Lifeline may provide an ongoing service while for others it may be consulted once in a crisis.

The information that Lifeline has is based on provider perceptions and these may be very different to the views of callers. In short, we do not know and there is little evidence about who calls Lifeline South Coast, what their needs are, their view of the encounter, and whether those needs are met.

Lifeline's reputation is very important in determining whether it is trusted by the community and attracts calls or whether it is distrusted and unpopular. The University of Wollongong Ethics Committee in preliminary discussions and in responding to the formal application was very keen to ensure that the research did not adversely affect the reputation of Lifeline South Coast since that might affect the viability and value of an important community service.

Policy Importance

After hours services are a considerable issue in health and social services. Workforce shortages in the primary care sector mean that clinicians are reluctant to provide services outside normal office hours. Hospital Accident and Emergency services may be difficult to access for patients without transport, there may be long queues and the service may be ill equipped to cope with matters that do not strictly fall into the category of medical emergencies such as social problems, chronic diseases, and mental health or relationship problems.

The provision of services by NGOs holds some attractions for public authorities. They are able to harness significant quantities of volunteer labour, often at little or no cost. They may be more flexible than paid services that operate with strict definitions of role and competence, and sometimes unhelpful, job demarcations, rules and regulations. Additionally, many public services have difficulty in meeting demand and so additional capacity may be very attractive.

On the other hand public funding agencies may be unsure of the quality or quantity of service provided by NGOs or to whom those services are provided since the availability of information is limited.

This survey is designed to provide baseline evidence that may be of value in assessing the contribution that Lifeline South Coast makes to the local community and to enable a reassessment of its role and significance within a broader policy and service framework.

2. Results

1. Introduction

The results are structured according to the key questions asked by Lifeline South Coast. The interview schedule is reproduced in appendix 1.

The primary data set is the interview responses. This data is compared to findings from the Australian Health Survey and the National Survey of Mental Health and Wellbeing where appropriate.

The Lifeline call log was used to estimate how representative the interviewees were of the normal population of callers to the service. The log is a data set of calls made to Lifeline South Coast collected every time a call is made. It is based on a paper record collected by each telephone counsellor and the amount of detail varies for each counsellor and for each call. It includes a set of questions for the estimation of the risk of suicide that the counsellor uses if they think it appropriate. A copy of the telephone counsellor log form is attached as appendix 3.

Of particular interest are the callers with high levels of non-specific psychological distress that is indicated by a K10 score above 30. It is widely thought that these callers have a high probability of severe mental illness. These callers are identified throughout the results tables to assist in the ordering and clarity of the data.

The Interview Population

154 interviews were completed with callers following the counselling session and they are described in table 2.1. Further analysis to demonstrate how these interviewees compare to various populations of callers to Lifeline South Coast

follows. About two thirds of those interviewed were female and 93% were aged between 18 and 64.

Table 2.1: The Interview population

Age	Male n	%	Female n	%	Total n	%
<17						
18-34	17	39	26	24	43	28
35-64	25	57	75	68	100	65
65+	1	2	8	7	9	6
Missing	1	2	1	1	2	1
Total	44	28.6	110	71.4	154	100

Where did they call from?

Table 2.2 shows that the interviewees called from local government areas across the population served by Lifeline South Coast in broad proportion to the populations of the various communities within the catchment area.

Table 2.2: Where did they call from?

	All	Gender		Age		K10 Category	
Local government area	Total (%)	Male (%)	Female (%)	<35 (%)	>35 (%)	K10 <30 (%)	K10=30+ (%)
Wollongong	78 (52)	20 (45)	58 (54)	22 (51)	55 (52)	37 (50)	41 (53)
Shellharbour	18 (12)	3 (7)	15 (15)	4 (9)	14 (13)	8 (11)	10 (13)
Kiama	8 (5)	5 (11)	3 (3)	4 (9)	4 (4)	5 (7)	3 (4)
Nowra	34 (23)	10 (23)	24 (22)	10 (23)	23 (22)	15 (20)	19 (25)
Far South Coast	12 (8)	5 (11)	8 (7)	2 (5)	10 (10)	9 (12)	3 (4)
Queensland	1 (0.3)	1 (2)	0	1 (2)	0	0	1 (1)
Total	151 (100)	44 (100)	107 (100)	43 (100)	106 (100)	74 (100)	77 (100)

Who called Lifeline South Coast?

Lifeline South Coast received 662 calls during the three week study period from 7.00 am Monday September 15 to 7.00am Monday October 6th 2003.

Of the 662 callers during the study period there were 110 instances (16.6%) where the telephone counsellor was unable to determine the gender of the caller. When these

"unknowns" are removed a pattern of approximately two-thirds female and one-third male callers is evident.

Table 2.3: Callers to Lifeline during the study period by age and sex

Age	Male	%	Female	%	Unknown	%	Total	% (519)
<18			2				2	
18-34	46	22	110	32	5	4	161	24
35-64	142	69	184	53			326	49
65+	3	1	27	8	2		32	5
Missing	15	7	23	7	103	96	141	21
Total	206	100	346	100	110	100	662	100

Were the interviewees representative of callers to Lifeline?

The three-week survey period was chosen on pragmatic grounds and there was little evidence in advance to suggest if it would be typical or not. To address this question the researchers examined the Lifeline South Coast call log for the previous 12 months (1.10.02-30.9.02) and for four three- week periods in the year 2002-3 to provide comparative data on the number of calls by age and sex.

Table 2.4 shows callers to Lifeline South Coast in the year preceding the study by age and sex and is based on data from the telephone counsellor log collected for aggregate activity reporting purposes.

Table 2.4: Callers to Lifeline SC during the year 1.10.02-30.9.03 by age and sex

Age	Male	%	Female	%	Unknown	%	Total	% (9924)
<18	28	1	94	1			122	1.2
18-34	770	21	2271	32			3041	30.6
35-64	2588	69	3638	51	46	3	6272	63.2
65+	225	6	264	4			489	4.9
Missing	110	3	814	11	1398	97	2322	
Total	3721	30.4	7081	57.8	1444	11.8	12,246	100

Telephone Counsellor log data

A very similar pattern to that in the survey data (Table 2.1) is observed when examining all calls recorded for the year 2002-3 (Table 2.3). When the unknowns are discarded approximately one-third of callers were male and two-thirds female. Discarding those whose age was not recorded, almost two thirds of callers fell in the 35-64 age-category.

Very similar patterns are evident in a sample of 4 three-week periods chosen from the year 2002-3 to compare with the study population.

In the three comparative periods between 670 and 825 calls were logged compared with 662 in the study period. This suggests that the number of recorded callers in the study was slightly below average.

If the unknowns are excluded for the preceding year we find that of 10,802 callers, 34.4 % were male and 65.6% female. In the comparative 3-week periods the number of callers whose gender was not determined or recorded was consistent at 10%. With unknowns excluded there is a consistent pattern of about one-third male and two-thirds female callers (See Table 2.5).

Table 2.5: Callers to Lifeline SC in other 3-week periods and for the 2002-2003 year by gender

Period		**Male**	**%**	**Female**	**%**	**Unknown**	**%**	**Total**	**%**
9.9.02	30.9.02	177	25	457	65	73	10	707	100
3.11.02	24.11.02	239	31	461	59	82	10	782	100
1.2.03	22.2.03	243	29	501	61	81	10	825	100
8.6.03	29.6.03	228	34	377	56	65	10	670	100
1.10.02	30.9.03	3721	30	7081	58	1444	12	12,246	100

(Telephone counsellor log data

This data suggests that the callers who were interviewed were similar in age and sex to Lifeline callers but the exclusion of those thought too distressed to be interviewed may have reduced the levels of distress reported below.

Consent for interview

The consent process was described above and is illustrated in Figure 2.1.

Callers were interviewed if the telephone counsellor asked for and the caller gave informed consent. Consent was not asked for a number of reasons covered in the telephone counsellor protocol (appendix 2) and listed in table 2.6. A caller might be too distressed, suicidal, at risk of violence, undergoing a psychotic episode or might have been interviewed before. Two hundred and eleven (211) calls (40%) were from callers who had been interviewed previously during the 3-week period of the study. It is not possible to accurately assess patterns of repeat calling since personal identifiers are not routinely recorded in Lifeline South Coast nor were they collected in this study.

In 59% of cases where consent was not asked, either the caller hung up or told the telephone counsellor that they had previously been interviewed. Telephone counsellors regarded 10% (53) of callers as too distressed to be asked for consent. It is difficult to determine whether these callers were more distressed than others who

completed the interview. The process did attempt to avoid double counting in the sense of interviewing callers more than once that may have biased the interviews towards more or less distressed callers.

Figure 2.1 Consent process

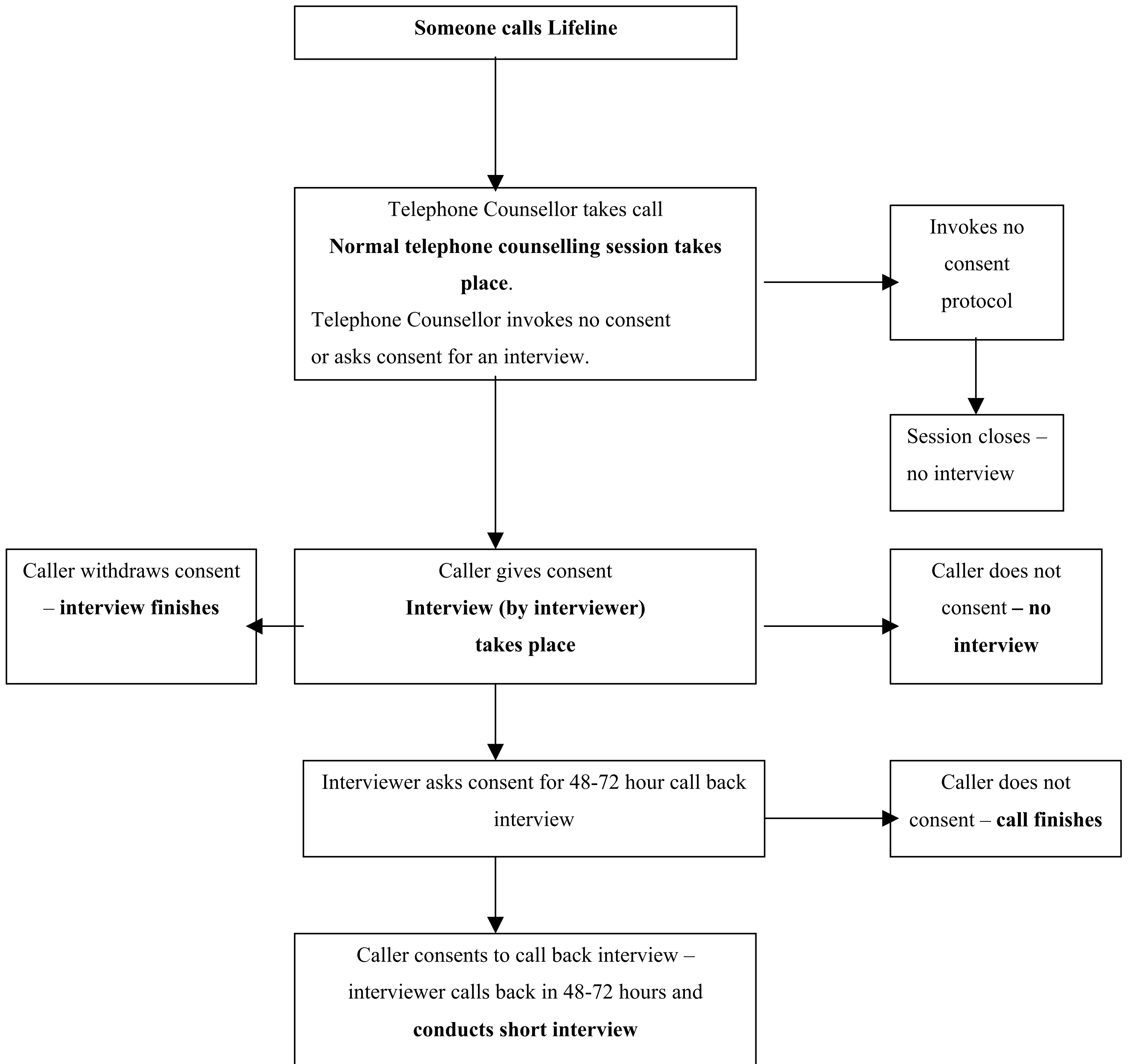

Table 2.6: Reasons telephone counsellors gave for not asking consent for interview from callers?

Reason	**N**	**%**
Hang up call	100	19
Wrong number	22	4
Caller previously interviewed	211	40
Caller too distressed	53	10
Suicide in progress	7	1.3
Verbal abusive caller	1	.02
Sexual fantasy caller	3	.05
Caller's safety at risk	2	.04
Psychotic episode	2	.04
Other	121	24
Total calls logged where consent was not asked	522	100

In a small number of cases interviewers ticked more than one box.

The figure of 40% repeat callers was regarded as surprising by Lifeline South Coast staff and may add support to the view that the callers value the service and a significant number treat it as an ongoing service, not simply a one-off service to be called *in extremis.*

Hang ups are a feature of telephone counselling and can be interpreted as a good sign since callers experience few barriers to closing the session if it is thought to be unhelpful or inconvenient. It is not easy to interpret the figure of 19% hang ups but it may include callers whose privacy was interrupted or who ran out of time. It is also possible that they called back at another, more convenient, time. The telephone counsellor call log for the survey period identified that 17.4% (115) of calls were recorded as hang ups. About 24% (121) were not asked if they were willing to be interviewed for "other reasons" e.g. "had to go" or "ended call abruptly".

2. Why did they call?

At the beginning of the interview callers were asked an open question: *Could you tell me why you called Lifeline South Coast Telephone Counselling today*?

Callers' responses were coded into the following categories devised by the researchers. Each call was given a single code chosen as the most important element of the reason so a suicide comment was coded in preference to a request of information.

Coding was undertaken independently by DAP and MF and there was an inter-rater consistency of 87%. Different coding decisions were allocated to one category by discussion between DAP and MF and decisions made by reference to the definitions for each category. The reason for call is an answer to the first question asked in the interview following the counselling interview and request for consent.

Table 2.7 Reason for call

	All	Gender		Age		K10 Category	
	Total (%)	Male (%)	Female (%)	<35 (%)	>35 (%)	K10 <30 (%)	K10=30+ (%)
Relationships	45 (29)	6 (14)	39 (35)	10 (23)	34 (31)	23 (31)	22 (28)
Chronic Physical or Mental Health Problem	32 (21)	9 (20)	23 (21)	11 (26)	20 (18)	15 (20)	17 (22)
Loneliness	28 (18)	11 (25)	17 (15)	5 (12)	23 (21)	14 (19)	14 (18)
Crisis	18 (12)	6 (14)	12 (11)	5 (12)	13 (12)	10 (13)	8 (10)
Referral to other agency or welfare inquiry	12 (8)	4 (9)	8 (7)	4 (9)	8 (7)	9 (12)	3 (4)
Suicidal	10 (6)	4 (9)	6 (5)	5 (12)	5 (5)	3 (4)	7 (9)
Grief	9 (6)	4 (9)	5 (5)	3 (7)	6 (6)	1 (1)	8 (10)
Total	154 (100)	44 (100)	110 (100)	43 (100)	109 (100)	75 (100)	79 (100)

The largest category was a relationship/family issue identified by 29% of callers. Next came chronic physical or mental health problems 21%, and isolation and loneliness 18%. Then in order came crisis (12%), referral to another agency or material aid (8%), suicide (6%), and grief (6%). Relationship issues were identified by twice as many as women (35%) as men (14%) while more men answered that loneliness or isolation was the reason for their call.

If we examine these figures according to the age categories of callers we find broad similarities although a larger percentage of the younger group (27% compared with

18%) reported calling because they had a chronic physical or mental health problem and a larger proportion of the older group reported calling due to loneliness (21% compared with 11%)(See table 5.7). Twice as many under 35s (11%) as over 35s (5%) mentioned that they were suicidal when asked why they had called.

Those with high levels of psychological distress scoring over 30 on K10 showed very similar reasons for calling as the population interviewed.

How did callers find out about Lifeline?

This question must be understood in the light of the level of public awareness of Lifeline within the general population and in particular the population of potential callers. While the telephone book or yellow pages is mentioned by almost a quarter of callers this implies some other knowledge assuming most callers would not open the phone book without some idea of what they were looking for and probably some awareness of Lifeline.

It is interesting how many referred to various forms of Lifeline advertising ranging from stickers on clothes collection bins and print advertising, to radio and TV advertising.

Table 2.8: Way in which caller found out about Lifeline

	N 154	%
Phone Book, Yellow pages	35	23
Lifeline advertising – TV, Bins, Posters, Radio	29	18
Long term knowledge, just knew, called before	27	18
Relative or Friend told caller	22	14
Referral agency – telephone message	17	11
Referral professional – Dr etc	13	8
Personal contact with Lifeline staff/volunteers	9	6
Caller is/was a health/welfare professional	3	2
Internet	3	2

Relatives and friends were important sources of information about Lifeline and two forms of referral were mentioned. Several agencies have out-of-hours telephone messages that provide the Lifeline telephone number and act as an electronic referral and some professionals such as GPs refer their patients to Lifeline. The impact of personal contact with Lifeline staff or volunteers should not be ignored as a source of knowledge about Lifeline. Three callers described themselves as health professionals calling on their own behalf and three callers mentioned the Internet.

3. What levels of psychological distress were callers experiencing?

The K10 measure was selected for a number of reasons. It is mandated as an outcome measure in the National Mental Health Strategy. It has been used in the Australian Health Survey and the Mental Health and Wellbeing Survey. In its short form K6 it has been used in surveys by Sydney and Coffs Harbor Lifeline and it is mandated in the Better Outcomes in Mental Health programme for GPs. It performs well as a

measure as shown in a variety of published sources (Andrews, G., & Slade, T., 2001; Furukawa, T., A., et al 2003; Kessler, R.C. et al., 2002).

K6 is the short form of K10 and can be calculated by summing the scores for questions 2, 4, 5, 8, 9 and 10 in the K10 schedule. It is used in this research to enable comparability with other relevant studies and is particularly attractive since it can be administered more easily than the K10.

A score of more than 15 on K6 suggests considerable non-specific psychological distress and that the individual is, on average, 11 times more likely to have an anxiety or affective disorder than the general population (Furukawa, 2003). In the National Survey of Mental Health and Wellbeing only 5.74% of the general population reached this cut off point but 64% of those interviewed in this study had K6 scores of over 15(ASB, 1998). In this study the mean K6 score was 17.96, while in the National Survey of Mental Health and Wellbeing the mean score was 8, which is not associated with a mental health disorder.

Table 2.9: Psychological distress (K6) by sex

	All	Gender		Age		K10 Category	
	Total (%)	Male (%)	Female (%)	<35 (%)	>35 (%)	K10 <30 (%)	K10=30+ (%)
High (20-30)	69 (45)	19 (43)	50 (45)	10 (23)	34 (31)	1 (1)	68 (86)
Medium (15-19)	30 (19)	9 (20)	21 (19)	11 (26)	20 (18)	20 (27)	10 (13)
Low (0-14)	55 (36)	16 (36)	39 (36)	5 (12)	23 (21)	54 (72)	1 (1)
Total	154 (100)	44 (100)	110 (100)	43 (100)	109 (100)	75 (100)	79 (100)

Lifeline interviewees

High, medium and low categories derived from the Australian Health Survey. Many reports group high and medium and report over 15.

Mean K6 score – male 17.7, female 18.07, Total 17.96, St Dev 6.7

The mean K6 score for this study was almost identical to that reported in Andrews' unpublished study of Sydney Lifeline that reported a mean score of 18.2.

The pattern of K6 scores for male and female callers was similar. Sixty-three percent of male and 64% of female interviewees had K6 scores of more than 15 and 43% males and 45% females had scores in the high category 20-30.

The K10 provides a broader picture and the results can be compared with the Australian National Health Survey that is an interview study of a representative national sample of Australians (ABS, 2001). The ABS figures are inserted in brackets and demonstrate that the Lifeline callers present a very different profile to that of the population represented by the ABS survey.

The K10 scores are presented in the ABS groupings of low to very high.

Table 2.10: Psychological distress (K10) by age and gender

	All	Gender		Age	
	Total (%)	Male (%)	Female (%)	<35 (%)	>35 (%)
Very High 30-50	79 (51)	22 (50)	57 (52)	25 (58)	53 (49)
High 22-29	32 (21)	9 (20)	23 (21)	6 (14)	25 (23)
Moderate 16-21	24 (16)	8 (18)	16 (15)	5 (12)	19 (17)
Low 0-15	19 (12)	5 (11)	14 (13)	7 (16)	12 (11)
Total	154 (100)	44 (100)	110 (100)	43 (100)	109 (100)

Lifeline Interview study
Mean 29.33
St Dev 13.7

Half of those interviewed (51%) were found to be in the very high K10 category compared with only 3.6% in a general population sample reported in the Australian Health Survey, 12% fell in the low category compared with 64% in the ABS sample. It follows that those callers interviewed were very different to a general population sample interviewed by the Australian Bureau of Statistics in Feb-Nov 2001 (ABS, 2002). Levels of psychological distress were very similar for males and females in the Lifeline South Coast survey and in the Australian Health Survey.

Of 154 callers interviewed, 79 scored 30 or more on the K10. This included 22 males (28%) and 57 females (72%). Twenty-five were aged between 18 and 34(32%), 52

between 35 and 64 (67%) and 1(1%) was over 65. There was one interview where no age was recorded.

Twenty-five of the 79 (32%) who scored above 30 on the K10 scored between 41 and 50 that is widely regarded as very high, ie. 16% of callers (154) scored above 41 or more on K10.

According to Andrews, people who score under 20 on the K10 are likely to be well, those who score 20-24 are likely to have a mild mental disorder, and those who score 25-29 are likely to have a moderate mental disorder. People who score over 30 are likely to have a severe mental disorder. Andrews suggests that patients whose score remains over 24 after treatment in a primary care setting should be reviewed and a specialist assessment considered (www.crufad.com accessed 21.4.04)

In the following analysis we will use a K10 score of over 30 to indicate high levels of distress and look at this group of callers in particular.

High distress, self-harm and suicide

Some members of the public identify the key purpose of Lifeline as providing access for people with suicidal thoughts and intentions to immediate help. Of the 662 callers to Lifeline during the study period there were seven instances where consent was not asked because the telephone counsellor thought there was a suicide in progress and 53 callers (10%) were thought to be too distressed to be asked to give consent to an interview.

The log of calls shows that telephone counsellors undertook suicide-risk estimation 45 times during the study period, i.e. in 6.8% of 662 calls. Of these 45 calls 4 (9%) were thought to be emergencies using the Lifeline South Coast estimated suicide risk estimation protocol (see table 2.11). See Appendix 3.

Table 2.11: Suicide risk estimation by risk category

Risk category	N	%	% of all calls (662)
Emergency	4	8.9	
High	5	11.1	
Medium	17	37.8	
Low	19	42.2	
Total	45	100	6.8

Telephone Counsellor Log

In the survey interviews there was a higher response to Q 13 "Do you currently have any thoughts about harming yourself or not wanting to be alive?" This question was designed to identify callers contemplating self-harm or suicide. Twenty-nine percent of those interviewed answered yes and the proportions of male and female were similar (m 32% and f 28%). Recognising the small numbers interviewed it appears that the females who answered yes were predominantly in the older age group while the males were equally spread between the younger and older groups (See table 2.12)

Rates for males and females were similar and approaching a third of those interviewed. It should be noted that the interview asked direct questions about suicide while the Lifeline South Coast counselling model requires that the telephone counsellor infer whether there is suicidal intent or ideation before asking direct questions in the risk estimation process.

Table 5.12: Total current thoughts about self-harm or not wanting to be alive?

	All	Gender		Age		K10 Category	
	Total (%)	Male (%)	Female (%)	<35 (%)	>35 (%)	K10 <30 (%)	K10=30+ (%)
Self-harm & Suicide	45 (29)	14 (32)	31 (28)	13 (30)	31 (28)	6 (8)	39 (49)

	154 (100)	44 (100)	110 (100)	43 (100)	109 (100)	75 (100)	79 (100)

It is not surprising that there is a high association between high levels of psychological distress and thoughts of self-harm. Of the 79 interviewees that scored over 30 on K10, 39 half (49%) answered yes to question 13 "Do you currently have any thoughts about harming yourself or not wanting to be alive?"

4. What symptoms suggestive of mental disorders did callers report?

The following questions were asked to suggest broad categories of symptoms experienced by callers. They may be indicative of disorders but are deliberately not diagnoses since it would be inappropriate and unethical to suggest diagnoses in this context.

The questions can be grouped broadly into mood disorders, anxiety disorders and psychotic disorders. It should be emphasised that there is no information on context in the interviews that would always form a second and critical line of questioning in a face-to-face clinical interview. It should also be noted that in the counselling interview it is possible to address contextual issues for counselling but not diagnostic purposes that is outside the purpose of Lifeline.

Table 2.13: Diagnostic indicators

	All	**Gender**		**Age**		**K10 Category**	
	Total (%)	Male (%)	Female (%)	<35 (%)	>35 (%)	K10 <30 (%)	K10=30+ (%)
Mood (q14, 15) Yes to all questions	50 (32)	14 (32)	36 (33)	19 (44)	31 (28)	28 (37)	22 (28)
No to all questions	21 (14)	5 (11)	16 (15)	4 (9)	16 (15)	11 (15)	10 (13)

Yes to at least 1 question	133 (86)	39 (89)	94 (85)	39 (91)	93 (85)	64 (85)	69 (87)
Anxiety (q16-21) Yes to all questions	4 (3)	1 (2)	3 (3)	3 (7)	1 (1)	2 (3)	2 (3)
No to all questions	23 (15)	5 (11)	18 (16)	4 (9)	19 (17)	13 (17)	10 (13)
Yes to at least 1 question	131 (85)	39 (89)	92 (84)	39 (91)	90 (83)	62 (83)	69 (87)
Psychotic (q22-25) Yes to all questions	5 (3)	2 (5)	3 (3)	2 (5)	23 (21)	1 (1)	4 (5)
No to all questions	70 (45%)	18 (41)	52 (47)	17 (40)	53 (49)	42 (56)	28 (35)
Yes to at least 1 question	84 (55%)	26 (59)	58 (53)	26 (60)	56 (51)	33 (44)	51 (65)
	154 (100)	44 (100)	110 (100)	43 (100)	109 (100)	75 (100)	79 (100)

Table 2.13 indicates that about a third of the callers to Lifeline South Coast had experienced both depressed and elevated symptoms suggestive of mood disorders (questions 14 & 15) while very few had experienced all of the symptoms associated with anxiety or psychotic disorders (Note there were only two questions for mood disorders). Only 14% of those interviewed answered no to both mood questions and less than half had experienced none of the symptoms associated with anxiety and psychotic disorders.

Only 14% of those interviewed had not experienced any of the symptoms associated with mood disorders, and 18% had not experienced any of the symptoms associated with anxiety disorders. Forty-five percent had not experienced any of the symptoms

associated with psychotic disorders that are low prevalence disorders in the general population.

Table 2.13 suggests that there are high levels of symptoms suggestive of mental disorder across the whole population of callers and it is not clear that those with high K10 experience more symptoms that the rest of the callers. Of course the intensity of symptoms may differ but that cannot be inferred from this data.

Table 2.14 presents the answers to questions 14-25 by sex and for comparative purposes provides prevalence data from the ABS Mental Health and Wellbeing Survey.

Table 2.14 Symptoms associated with mental health disorders experienced by interviewees.

	All	Gender		Age		K10 Category	
	Total (%)	Male (%)	Female (%)	<35 (%)	>35 (%)	K10<30 (%)	K10=30+ (%)
Mood disorders							
14. Have you been feeling sad or down in the dumps, not enjoying life as much as before?	120 (78)	34 (77)	86 (78)	36 (84)	83 (76)	52 (69)	68 (86)
15. Have you been feeling especially good in your self, more cheerful than usual and full of life?	63 (41)	19 (43)	44 (40)	22 (51)	41 (38)	40 (53)	23 (29)
Affective disorder ABS MHW	5.8	4.2	7.4				
Anxiety disorders							
16. Have you been feeling especially nervous or fearful?	59 (38)	22 (50)	37 (34)	18 (42)	40 (37)	24 (32)	35 (44)
17. Have you experienced episodes where you have felt very tearful, thinking perhaps that something terrible would happen, and feeling tense, shaky dizzy, breathing rapidly and having palpitations?	66 (43)	20 (45)	46 (42)	20 (47)	45 (41)	29 (39)	37 (47)
18. Do certain places like shops make you feel anxious and trapped, so that you have to get out?	36 (23)	12 (27)	24 (22)	13 (30)	22 (20)	22 (29)	14 (18)
19. Has it been difficult for you to go outside your home by yourself?	51 (33)	14 (32)	37 (34)	19 (44)	31 (28)	16 (21)	35 (44)
20. Do you experience thoughts that you can't get rid of, that keep coming into your head?	96 (62)	30 (68)	66 (60)	31 (72)	64 (59)	36 (48)	60 (76)

21. Are there things you just have to do sometimes, or else you'll feel very nervous?	72 (47)	19 (43)	53 (48)	28 (65)	43 (39)	24 (32)	48 (61)
Anxiety disorder ABS MHW	9.7	7.1	12.1				
Psychotic disorders							
22. Have you felt that your thoughts are being interfered with by others	40 (26)	16 (36)	24 (22)	15 (35)	24 (22)	12 (16)	28 (35)
23 Have you felt under the control or influence of an outside force?	44 (29)	14 (32)	30 (27)	15 (35)	28 (26)	21 (28)	23 (29)
24. Have you felt that people or forces are singling you out for some reason?	52 (34)	14 (32)	38 (38)	19 (44)	32 (29)	16 (21)	36 (46)
25.Do you hear voices of people talking to you even when there is no one nearby	21 (14)	8 (18)	13 (12)	10 (23)	11 (10)	6 (8)	15 (19)
Psychotic disorder ABS MHW	2.9-5.1	3.1-5.9	2.6-4.2				
	154 (100)	44 (100)	110 (100)	43 (100)	109 (100)	75 (100)	79 (100)

Interviews
ABS data on prevalence from MHW Adults, and ABS People living with a Psychotic illness

Symptoms suggestive of mood disorders

The Lifeline callers interviewed were between 7 and 13 times more likely than the ABS general population sample to have symptoms which might suggest a mood disorder. Fifty of the 154 interviewees answered yes to both questions about mood disorders. Twenty-one per cent answered no to both questions about depression and elevated mood.

There was no discernable difference between male and female interviewees in proportion reporting symptoms suggestive of mood disorders. Almost four in every five callers answered positively to question 14 that is most strongly suggestive of depression.

Symptoms suggestive of anxiety disorders

The Lifeline callers interviewed were between 2 and 6 times more likely than the ABS sample to have symptoms which might suggest an anxiety disorder. Only four interviewees answered yes to all 6 questions about anxiety disorders. Twenty-three of the 154 interviewees answered no to all questions about symptoms of anxiety disorders.

There were broad similarities in the percentage of males and females who answered yes to the questions in this category with slightly more males (50%-34%) who reported having been feeling especially nervous or fearful (Q 16).

Since these questions are asked outside the context of a clinical interview it is not possible to examine the extent to which such answers relate to particular contexts in which anxiety and fear are reasonable responses.

Symptoms suggestive of psychotic disorders

Psychotic disorders are somewhat rare in the population at large and the responses from Lifeline interviewees suggest levels that are 3-6 times higher than the population surveyed by the ABS. For questions 22, 23, and 25 the male responses are higher than those for females but this was not the case for Q 24.

Callers with high levels of psychological distress (K10>30):

Those who scored over 30 on K10 were significantly more likely (86% compared with 78%) than all interviewees to be suffering symptoms suggestive of depression (q14) and less likely (29% compared with 41%) to be reporting elevated mood (q15) in comparison with a population of 154 interviewees with high levels of symptoms suggestive of depressive disorders.

They had similar responses to the population of interviewees for symptoms suggestive of anxiety disorders questions but were significantly higher for question 19 - difficulty in leaving home (44% compared with 33%), question 20 unwanted thoughts (76% compared with 62%), and question 21 compulsive behaviours (61% compared with 47%).

They also had significantly higher scores for three of the four questions suggestive of psychotic disorders: question 22 interference with thoughts (35% compared with 26%), question 24 being singled out (46% compared with 34%), and question 25 hearing voices (19% compared with 15%).

It should be strongly emphasised that the numbers are small and while descriptive of the callers to Lifeline South Coast who were interviewed more research is needed before generalizations can be made.

This would appear to be consistent with Andrews' view that scores above 30 are associated with symptoms of mental disorders see above.

5. What problems did callers report with alcohol and other addictive drugs?

Questions on alcohol and other drugs were designed on the advice of specialists in the Illawarra Area Health Service alcohol and drugs service. There were only two multi-part questions on this topic and so the results need to be interpreted cautiously. While Lifeline South Coast believe that many callers may have a problem with alcohol or other drugs, this survey was provide limited evidence.

It is widely believed that interviewees under-report their use of alcohol and addictive drugs and this view was held by the interviewers in this study as reported above.

The data for alcohol suggest a population not very different from the community at large with drinking habits that are not unusual and little evidence of internal or external pressure to modify habits whether from themselves or from others. One caller said reported having considered reducing his/her alcohol intake and only a handful reported that significant others had suggested reducing their drinking.

According to data from the National Alcohol Strategy the average reported consumption would represent a low personal health risk over the long term. (Shand et al, NDARC, 2003)

The data from the addictive drugs is somewhat ambiguous in that there was not time to detail what was regarded as addictive but the interviewers did not include tea, coffee or tobacco when questioned. The category includes prescribed as well as illicit drugs.

Table 2.15: Reported use of alcohol or other addictive drugs

Question	**All**	**Gender**		**Age**		**K10 Category**	
	Total	Male	Female	<35	>35 (%)	K10 <30 (%)	K10=30 + (%)
Alcohol							

28 drink alcohol? (%)	78 (51)	30 (68)	48 (44)	27 (62)	50 (46)	44 (59)	34 (43)
28a How much (units) alcohol in a day? (Mean ± SE)	3.4 (0.5)	4.2 (0.5)	3.0 (0.5)	4.7 (1.3)	3.1 (0.5)	3.4 (0.8)	3.4 (0.6)
28b How many days of the week? (Mean ± SE)	4 (0.3)	4 (0.5)	4 (0.4)	3.2 (0.6)	4.4 (0.4)	3.6 (0.4)	4.5 (0.5)
28d Have recently had a friend (F), relative (R) or doctor (D) suggesting to cut down on alcohol? (Numbers)	F=6 R=5 D=7	F=4 R=2 D=3	F=2 R=3 D=4	F=2 R=3 D=3	F=4 R=2 D=4	F=4 R=4 D=5	F=2 R=1 D=2
Addictive drugs							
29 Do you use addictive drugs? (%)	23 (15)	6 (14)	17 (15)	7 (16)	15 (14)	15 (20)	8 (10)
29a How many days of the week do you use addictive drugs? (Mean ± SE)	5.8 (0.5)	6.6 (0.4)	5.5 (0.6)	5.9 (0.8)	5.7 (0.6)	5.8 (0.6)	5.9 (61)
29b. Have recently thought to stop taking addictive drugs? (%)	7 (5)	3 (7)	4 (4)	5 (12)	2 (2)	3 (4)	4 (5)
29c Have recently had a friend (F), relative (R) or doctor (D) suggesting to stop taking addictive drugs? (Numbers)	F=8 R=5 D=5	F=3 R=0 D=2	F=5 R=5 D=3	F=4 R=2 D=3	F=4 R=3 D=2	F=5 R=3 D=3	F=3 R=2 D=2

Twenty-three callers (15%) said that they consumed addictive drugs most days of the week. Half of those had considered reducing their consumption but the pressure from significant others was not noticeably greater than for alcohol.

6. How disabled were callers to Lifeline?

A common measure of reported disability is referred to as days out of role. In response to question 11"During the last one month, how many days in total were you unable to carry out your usual activities fully?" callers answered a mean of 9 days.

Table 2.16 Days out of Role

	All	Gender		Age		K10 Category	
Reported Disability in the last month	Total	Male	Female	<35	>35	K10 <30	K10=30 +
Days (Mean ± SE)	9 (0.9)	11.2 (1.8)	8.2 (1.0)	8.6 (1.6)	9.2 (1.1)	4.5 (0.9)	13.1 (1.3)
Total (number)	154	44	110	43	109	75	79

Mean of 9 ± 10.5 SD?

Reported days out of role for male and female differed with men reporting significantly higher disability. Days out of role reported by under and over 35s were similar. There was a significant difference in reported days out of role reported by those with K10 scores under (4.5 days) and over 30 (13.1 days).

The Mental Health and Wellbeing survey found that individuals with no mental or physical health morbidities reported on average 1 day out of role in the last 4 weeks, those with mental health conditions but no physical morbidities reported 2.2 days out of role and those with physical and mental health conditions reported 4.1 days out of role (ABS, 1998: page 33)

7. What health and mental health services were callers receiving?

Lifeline South Coast was particularly interested to know how else the needs of its callers were being met; particularly those with high levels of psychological distress or symptoms associated with mental health disorders. Question 26 asked whether callers were currently receiving any mental health services.

Table 2.17: Lifeline callers and receipt of mental health services?

	All	Gender		Age		K10 Category	
Receiving mental health services:	Total (%)	Male (%)	Female (%)	<35 (%)	>35 (%)	K10 <30 (%)	K10=30+ (%)

Currently	54 (35)	19 (43)	35 (32)	15 (35)	39 (36)	23 (31)	31 (39)
Last 6 months	56 (36)	15 (34)	41 (37)	15 (35)	41 (38)	25 (33)	31 (39)
Total (number)	154	44	110	43	109	75	79

Interviewees

In response 35% of the callers responded that they were currently receiving mental health services, with a higher proportion of males (43%) than females (32%). The highest proportion receiving services was males aged 18-34 and the lowest females 18-35 but these are very small sub-groups.

Similar responses were received to question 27, Have you received any mental health services in the last 6 months?

The clear conclusion is that two-thirds of callers are not receiving mental health services and have not received such services in the last six months.

More detailed questioning indicated that two of every three callers were receiving services from a GP and a similar number regarded themselves as receiving services from a crisis phone line. Men (29%) were more likely than women (16%) to report receiving services from a Psychiatrist. This finding may be related to the higher reports of symptoms related to psychotic disorders.

Interviewees were almost twice as likely to be receiving services from a counsellor (18%) than from a psychologist (10%). It should be noted that callers may find it difficult to distinguish between a psychologist and a counsellor or therapist who may have similar qualifications.

Sixty per cent of callers regarded themselves as receiving services from a telephone crisis line such as Lifeline.

Perhaps the most important finding is that having a high K10 score appeared to bear little relation to whether an individual received services or not.

Table 2.18: Services received by Lifeline callers

	All	Gender		Age		K10 Category	
	Total (%)	Male (%)	Female (%)	<35 (%)	>35 (%)	K10 <30 (%)	K10=30+ (%)
GP	95 (62)	25 (57)	70 (64)	26 (60)	68 (62)	45 (60)	50 (63)
Medical Specialist	23 (15)	5 (11)	18 (16)	5 (12)	17 (16)	12 (16)	11 (14)
Nurse/Occupational Therapist	10 (6)	5 (11)	5 (5)	3 (7)	7 (6)	3 (4)	7 (9)
Medical (At least one of above)	98 (64)	40 (59)	72 (65)	28 (65)	69 (63)	47 (63)	51 (65)
Psychologist	15 (10)	4 (9)	11 (10)	3 (7)	12 (11)	6 (8)	9 (11)
Psychiatrist	31 (20)	13 (30)	18 (16)	8 (19)	23 (21)	15 (20)	16 (20)
Counsellor/therapist	28 (18)	6 (14)	22 (20)	12 (30)	16 (15)	16 (21)	12 (15)
Social Worker	11 (7)	2 (5)	9 (8)	2 (5)	8 (7)	4 (5)	7 (9)
Community mental health worker	21 (14)	9 (20)	12 (11)	9 (21)	12 (11)	11 (15)	10 (13)
Drug and Alcohol worker	6 (4)	3 (7)	3 (3)	3 (7)	3 (3)	2 (3)	4 (5)
Mental health (At least one of above)	65 (44)	20 (45)	45 (40)	20 (47)	40 (40)	32 (43)	33 (42)
Self Help group	8 (5)	2 (5)	6 (5)	3 (7)	5 (5)	5 (7)	3 (4)
Priest/Religious Counsel	20 (13)	9 (20)	11 (10)	7 (16)	13 (12)	11 (15)	9 (11)
Crisis Phone line	91 (60)	24 (55)	67 (61)	26 (60)	63 (58)	42 (56)	49 (62)
Alternative Medicine	13 (8)	2 (5)	11 (10)	6 (14)	7 (6)	8 (11)	5 (6)
Employee Assistance Program	10 (6)	3 (7)	7 (6)	4 (9)	6 (6)	4 (5)	6 (8)
Other (At least one of above)	102 (66)	29 (66)	73 (66)	31 (72)	69 (63)	48 (64)	54 (68)
Total (%)	154 (100)	44 (100)	110 (100)	43 (100)	109 (100)	75 (100)	79 (100)

Callers with high distress who reported receiving no mental health services

An analysis was undertaken to identify those interviewees with high levels of psychological distress (K10>30) who received no mental health services. This was defined as no services from psychologists, psychiatrists, counsellors or therapists, social workers, mental health workers or drug and alcohol workers. This definition is obviously somewhat arbitrary since they may have received mental health services from GPs or even medical specialists who were not psychiatrists and so the analysis needs to be understood with this caveat.

There were 43 callers in this category. Their average age was 43. Thirty-five were female (81%) 8 male (19%). Eleven were aged 18-35 (26%) and 31 aged over 35 (74%).

The reasons they gave for calling are broadly similar to the whole interview sample. Particularly important were relationships (40%) and grief that were noticeably higher than for the whole population of callers (Table 2.19).

Table 2.19: Reason for call for those with high distress not in receipt of services

Reason for call	High K10, no mh services N 43	%	All N 154	%
Relationships	17	40	45	29
Chronic Physical or Mental Health Problem	7	16	32	21
Loneliness	4	9	28	18
Crisis	6	14	18	12
Referral to other agency or welfare inquiry	1	2	12	8
Suicidal	3	7	10	6
Grief	5	12	9	6
Total	43	100	154	100

Interviewees

They reported an average number of days out of role in the last month of 11.4 days compared with the average for all 154 interviewees of 9 days.

Responses to question 13 on self-harm were similar to those from the whole group interviewed. Fourteen (33%) stated that they were considering self harm in comparison with 45 (29%) of the 154 who were interviewed.

The 43 interviewees with a K10 score over 30 who were not receiving mental health services as defined above showed very similar patterns of symptoms associated with mood disorders to the 79 interviewees scoring above 30 on K10. They showed fewer symptoms associated with anxiety than the K10 over 30 age-group, and similar symptoms associated with psychotic disorders apart from question 25 which showed that less reported hearing voices than the high distress group as a whole.

From these 43 people who didn't received any mental help services, 33 said "there is no reason why they didn't get help".

Twenty-eight of the high distress, no services group (43) reported calling once before in the last month, one caller had called 10 times and 1 had called every day in the previous month. Only 2 had not called in the last month, but the pattern was generally of one previous call or a few calls at most.

Those who scored over 30 on K10 and were not receiving services seemed to identify fewer barriers than the whole population of interviewees. The largest problem seemed to be those that were unaware of services or did not know where to get them.

Table 2.20: Barriers to receiving services identified by callers who had K10>30 & did not receive mental help services

	Total (n 75)	**%**	**>30NS n 43**	**%**
Preferred to manage self (was self reliant)	14	19	1	2
Did not believe anything would help	8	11	3	7
Did not know where to get help/unaware of services	20	27	8	19
Did not have access to services	10	13	1	2
Waiting list too long	14	19	2	5
Afraid to ask/concerned what others would think	12	16	5	12
Could not afford help	26	35	8	19
Asked for help but did not receive it	12	16	1	2
Received help from another source	8	11	2	5
No response	3	4		

8. What services did callers think they needed?

Question 31 asked, “Do you wish that you could receive services from any of [list provided]?” Table 2.21 shows the responses.

Sixty callers (39%) said that they wanted improved access to a range of services listed in Table 2.21. The keys needs identified were for counsellors (34%) and psychologists (11%). No other service was mentioned by more than a handful of callers.

Fifty-five percent of callers with K10 of over 30 wanted improved access to services.

Table 2.21: Services to which participants wanted improved access.

No of responses	Gender		Age		K10 Category	
Total	Male	Female	<35	>35	K10 <30	K10=30+
(%)	(%)	(%)	(%)	(%)	(%)	(%)
60	19	41	16	42	27	33
(39)	(32)	(68)	(28)	(72)	(45)	(55)

	Numbers	%
Counsellor	24	34%
Psychologist	11	16%
GP	5	7%
Psychiatrist	4	6%
Social worker	4	6%
Spiritual help	3	4%
Community mental health	3	4%
Home care	3	4%
Self Help Group	3	4%
Alternative medicine	2	3%
Counsellor for Drug, Alcohol	2	3%
Nurse	1	1%
After hours support	1	1%
Better transport	1	1%
Easier access to Lifeline	1	1%
Financial help	1	1%
Massage therapy	1	1%

9. What barriers prevented callers receiving services?

Callers were asked whether there were any barriers that prevented them from receiving services (Q. 30).

Table 2.22: Barriers to receiving services identified by callers by sex

	Male (n 23)	**%**	**Female (n 52)**	**%**	**Total (n 75)**	**%**
Preferred to manage self (was self reliant)	4	17	10	19	14	19
Did not believe anything would help	3	13	5	10	8	11
Did not know where to get help/unaware of services	7	30	13	25	20	27
Did not have access to services	5	22	5	10	10	13
Waiting list too long	7	30	7	13	14	19
Afraid to ask/concerned what others would think	5	22	7	13	12	16
Could not afford help	10	43	16	31	26	35
Asked for help but did not receive it	4	17	8	15	12	16
Received help from another source	3	13	5	10	8	11
No response	2	9	1	2	3	4

About half of the interviewees wished that they could receive some of a wide range of mental health services and a similar number believed that there were barriers that prevented them receiving such services. Of those who perceived barriers to receiving care (23 men and 52 women) about 40% of men and 30% of women pointed to cost as a barrier. Almost one in 3 men did not know where to find services or felt that the waiting list was too long. Stigma was not a particular issue with only 16% claiming that they were concerned about what others would think although the group surveyed was self selected in that they had already approached Lifeline and agreed to be interviewed following a counselling interview.

About one in ten expressed a degree of hopelessness or a lack of confidence believing that no service would be able to help them.

10. How satisfied were callers with the Lifeline South Coast service?

Satisfaction with Lifeline South Coast Services was addressed through the final question on the interview schedule and through the callback survey administered to 55 of the 154 who were interviewed in the survey reported below.

There were similar high levels of satisfaction for men (93%) and women (87%) answering that they would recommend the service to a friend.

If we look at the satisfied interviewees by age group and sex we find a very high level of satisfaction with the lowest positive response from women in the 35-64 age group.

Table 2.23: Callers who would recommend the service to someone else?

Age	Male	% Of Total	Female	% Of Total	Total	%
18-34	16	94	24	92	40	93
35-64	23	92	63	84	86	86
65+	1	100	8	100	9	100
	1	100	1	100	2	100
Total	41	93	96	87	137	89

The response to question 36 suggests a very high level of satisfaction from what was for some a one-off encounter and for others a service that they call regularly. The question was the last one on a 36-question schedule administered following a telephone counselling interview and it would not be surprising if callers were somewhat disenchanted with the process at this stage.

The group with the lowest score was the females aged 35-64. The feedback from interviewers suggested a number of this group made comments such as “I would have to think about it” or “I’m not sure” rather than an outright no.

Benefits experienced from calling Lifeline

Callers were asked in question 33 what benefits they had received from calling Lifeline today.

Table 2.24 Benefits from calling Lifeline

	All	Gender	Age	K10 Category

Categories	Total (%)	Male (%)	Female (%)	<35 (%)	>35 (%)	K10 <30 (%)	K10=30+ (%)
Emotional support	54 (38)	17 (40)	37 (37)	14 (34)	40 (41)	28 (40)	26 (37)
Feeling better	8 (6)	5 (12)	8 (8)	4 (10)	4 (4)	3 (4)	5 (7)
Information & referral	16 (11)	7 (5)	11 (11)	8 (20)	5 (12)	10 (14)	6 (8)
Positive thinking	6 (4)	1 (2)	5 (5)	3 (7)	8 (8)	2 (3)	4 (6)
Preventing harmful act	7 (5)	2 (5)	5 (5)	3 (7)	3 (3)	1 (1)	6 (8)
Relief	9 (6)	6 (14)	3 (3)	4 (10)	4 (4)	3 (4)	6 (8)
Someone to talk to	41 (29)	11 (26)	30 (30)	5 (12)	35 (36)	23 (33)	18 (25)
Total (%)	154 (100)	44 (100)	110 (100)	43 (100)	109 (100)	75 (100)	79 (100)

Note that 6 callers with a K10 score of over 30 said that calling Lifeline resulted in preventing a harmful act compared with one client with a K10 of less than 30.

Clearly access to someone to talk to and emotional support was very important to callers. In reviewing the responses a number of important themes arise including the opportunity to talk through problems and relationships (30 callers), the value of an independent perspective from the counsellor (15), the important of emotional support in assisting the caller to generate the motivation to act (37), help in dealing with physical and mental symptoms (9), and dealing with thoughts of self-injury and suicide (9).

On the other side of the coin, three clients said that they felt worse and one would come to a conclusion when he had put the counsellor's advice into action.

Caller Satisfaction survey

At the end of the interview callers were asked if they would be willing to be called back by an interviewer 48-72 hours later to ask about their satisfaction with the Lifeline counselling service that they had received. These questions were designed to minimize the burden on callers and while the quantitative responses give a broad picture it should be noted that only 55 callers were contacted and interviewed despite 3 or more attempts to call them back.

Fifty-five callers were contacted and asked seven questions which are listed in Appendix 4.

Table 2.25: Caller satisfaction survey

Question	**N 55 Yes**	**%**
1. Were you satisfied with the service you received from Lifeline's telephone counselling service?	55	100
2. Have you told anyone else such as family or GP about contacting Lifeline?	29	53
3. Did the Lifeline telephone counselling service meet your expectations?	54	98
4. Has phoning the Lifeline telephone counselling service made a difference to your life?	48	87
5. Have you taken any action as a result of your call to Lifeline South Coast telephone counselling?	39	71
6. Would you **use Lifeline South Coast telephone counselling again** or would you recommend it to others?	54	98
7. Would you use Lifeline South Coast telephone counselling again or **would you recommend it to others?**	54	98

There were no missing data or no answers recorded in this short survey

The answers to questions 1, 3, 6, and 7 suggest a high level of satisfaction with the Lifeline telephone counselling service amongst those callers who were contacted. It is of course possible that those who could not be contacted were less satisfied with the service.

Forty-seven per cent of the callers interviewed had not mentioned their Lifeline call to others such as family or GP. This might be a function of the short period between counselling and call back interview in the case of speaking to their GP or to other health professionals but does suggest that the confidential aspect of the telephone counselling interview may be important to many callers.

Eighty-seven percent of callers said that calling Lifeline had made a difference to their life and 71% had taken some action as a result. These actions included general statements such as taking action in some aspect of life and more specific statements such as contacting a GP, health professional or pastor. The differences mentioned included those clients who reported a long term relationship with Lifeline, those who mentioned the importance of Lifeline in helping them cope with particular symptoms and those who mentioned help in dealing with difficult situations or circumstances.

> Back at a point (10-12 years ago) felt suicidal and conversation with TC changed the way caller was thinking and acting and someone there. (Caller 45)
>
> Probably would have taken her life if had not called Lifeline. (Caller 54)
>
> Finally convinced self (caller) she has to face reality and face what happens finally come through. (Caller 34)

3. Discussion

Who calls Lifeline South Coast?

There appear to be some clear patterns in the population of callers to Lifeline South Coast as shown in the interview data and the telephone counsellor log.

Twice as many women as men call Lifeline South Coast and two-thirds of callers are in the 35-64 age group. There were relatively few callers aged over 65 and only one was interviewed for this study. This may relate to the fact that prevalence of mental disorders falls with age. There was a strong pattern of one in ten callers where the telephone counsellor was unable to identify the sex of the caller but there was no such problem in the interviews since the interviewers asked a direct question rather than try to infer the caller's sex. It is of course also possible that the call-log includes calls where the telephone counsellor did not record the sex of the caller accurately.

It is not clear from the data why men are under-represented. They may have other avenues or networks for support, they may not know about Lifeline, or they may regard it as a service for women.

There is no evidence that men are less satisfied with the service when they call. They expressed similar (high) levels of satisfaction in q 36. Of course this is the group that called, were counselled and interviewed. They may not be representative of those that do not call. Further research may be warranted into public perceptions held in the community by men and women about the role and value of Lifeline South Coast.

There is a men's helpline but is focuses almost exclusively on relationship problems.

Forty percent of calls were repeat calls and may indicate that some callers see Lifeline as a source of services not simply a crisis line. This is higher than expected and

Lifeline South Coast needs to consider how it responds to this pattern and to the needs of the callers.

Callers to Lifeline South Coast came from Wollongong, Shellharbour, Shoalhaven, and Kiama in approximate proportion to their populations.

There seems to be a regular pattern of hang-ups of about 20% of calls. This is a sign that access barriers are low. It is much easier to put down the phone than to walk out of an agency. It is easy to speculate as to why callers may hang up and some may call again but we have no information about this group and it may be that even the barrier of speaking anonymously over the phone is too high for some and that consequently they receive no service.

Despite careful briefing, asking consent for an interview was an additional activity to which telephone counsellors were not accustomed. In two cases the telephone counsellor forgot to ask consent for an interview. In others, the telephone counsellor judged that the caller was too distressed to be interviewed. In some cases e.g. where there was a high risk of suicide or where the caller had been interviewed previously, this judgment was not problematic. In other cases, it is not possible to determine whether those who were not asked consent on the grounds that they were too distressed were more distressed that those who were asked consent and completed the interview.

There is some evidence from discussions with telephone counsellors that they became more confident about asking consent for the interview as the study proceeded, as they saw that callers were willing to be interviewed, and as they spoke to the interviewers who were sharing the same offices. Telephone counsellors were encouraged by Lifeline management to ask consent since the study was commissioned by Lifeline South Coast and important to understanding the quality of their service and its strategic importance.

Recommendations

It would be worth researching the level of community awareness of Lifeline South Coast in the local population to identify levels of awareness, perceptions of the role and services of Lifeline South Coast, its availability and reasons why it might be helpful.

Lifeline South Coast should consider why various groups in the population are underrepresented among callers to Lifeline South Coast, particularly male callers.

Lifeline South Coast may want to consider how its counselling and service models fit the needs of under-represented groups

Since a number of callers mentioned Lifeline South Coast advertising, it would be worth considering how this relates to the number and types of calls received.

Why did they call?

Interviewees were asked "why did you call Lifeline South Coast today" at the beginning of the interview. This question was asked after the telephone counsellor discussion. It is possible that the caller may have held a different view about the purpose of the call after being counselled than was the case at the beginning of the call. It was not easy to code the responses since the reasons given by callers include a number of dimensions that are not obviously or easily comparable. They may concern practical needs, requests for information, problems with relationships, loneliness or social isolation or health problems and symptoms.

After some considerable discussion about coding definitions and categories, the researchers agreed on a set of categories which are not definitive but do provide important clues. Callers identified three main reasons for calling namely, relationships, physical and mental health problems and loneliness**.** The top category was problems with relationships or with family members reported by about one in three callers. These problems were accompanied with high levels of psychological

distress that is known to be associated with an increased probability of mental disorders.

One in five called because of physical and mental health symptoms and some made the point that Lifeline South Coast helps them to manage their symptoms.

A similar number called because they needed someone to talk to or were lonely. Within this group were those who called for emotional support and others who wanted an independent or objective person to talk through a particular problem. This also features in responses questions about the benefits they had obtained from the call.

It was possible to identify a crisis in about one call in eight. This suggests that many of the calls are for chronic or messy problems and Lifeline South Coast is not simply a crisis line. Other key reasons for calling were that the caller wanted information, referrals or material aid.

There are a small number of callers (6%) who mentioned suicide or self-harm when asked why they called. One in ten of the younger interviewees (<35) reported that they were suicidal or considering self-harm

When asked where they found out about Lifeline South Coast many indicated that they had known about it for years but a number pointed to some form of referral. This included referrals from health professionals such as GPs and ringing other agencies whose telephone-answering machine message suggested that callers who got no answer should ring Lifeline South Coast.

Another means by which callers found out about Lifeline South Coast was through its advertising ranging from stickers on clothes recycling collection bins to national TV and radio advertising.

Recommendations

Telephone counsellors should be made aware of this pattern of calls in their initial and ongoing training.

Lifeline South Coast should examine the pattern of referrals made to it by other agencies and health and welfare professionals. This would help in understanding how Lifeline South Coast relates to other agencies and who else may be involved in the care of its callers.

Lifeline South Coast SC should review its advertising strategies, perhaps in collaboration with Lifeline Australia. The findings suggest that local, low cost advertising may be effective in informing potential callers and raising community awareness of the Lifeline South Coast service.

What levels of psychological distress were callers experiencing?

One of the criteria used by counsellors to determine whether to ask consent for interview from the client was whether the client was highly distressed or suicidal. Fifty-three clients were not interviewed on the grounds of distress and seven because the counsellor thought that a suicide was in progress. It is not possible to make any firm conclusions about this group that was not interviewed but it suggests that the comments that follow may be conservative in their estimation of distress and suicidal thoughts or intent.

This research demonstrates that the callers who were interviewed had very high levels of psychological distress as measured by the K6 and K10 instruments. On the K6 scale two thirds of callers had scores that are associated with serious mental disorders. On the K10 scale more than half had levels of non-specific psychological distress that is believed to indicate a specialist or secondary mental health assessment is required.

These findings on K6 are almost identical with those found by Andrews in his study of Sydney Lifeline callers. This is a very different population to the general population sample who were interviewed in the Australian Health Survey. The ABS estimated that only 4% of the Australian population are likely to score over 30 on K10 (ABS, 2002: p 42)

According to Andrews' advice 79 of the 154 are likely to have a severe mental disorder and 32% scored 41 or more which suggests a very high level of psychological distress and is suggestive of affective or anxiety disorders**.**

In this study K6 and K10 scores were similar for male and female interviewees. We do not know is whether these scores are sustained over long periods of time or whether they represent a peak due to some sort of crisis. This data will be examined below along with other information about days out of role, perceived needs and use of health and mental health services.

Recommendations

The population of callers to Lifeline South Coast is a subset of the general population that has very high levels of psychological distress. Using K6 and K10 data alone it could be argued that one in two callers would benefit from a specialist psychological assessment particularly if their distress continues over more than a short period of time.

These levels of psychological distress suggest that Lifeline South Coast should ensure that its supervision and support mechanisms for telephone counsellors are adequate.

This study suggests that administering the K6 or K10 instrument on the phone to distressed callers is practical although it requires some training and convincing of telephone counsellors as to its value.

What did the study show about the risk of suicide?

There were four sources of information on the question of suicide risk. Lifeline South Coast's telephone counsellor log records showed that counsellors completed a suicide risk estimation protocol on 6.8% of those who called in the three weeks of the study. Telephone counsellors invoked the protocol and did not ask consent for interview from callers who they deemed to be suicidal. When asked why they had called Lifeline South Coast 6% of callers mentioned suicide or risk of self-harm.

Estimating the risk of suicide depends on how telephone counsellors interpret what they hear on the phone. The highest indicators of risk come from the question, "Do you currently have any thoughts about harming yourself or not wanting to be alive?" to which 29% of interviewees answered yes.

The interviews suggest very similar proportions of male and female callers at risk of suicide or self-harm. The female callers aged 35-64 were 4 times more likely to be contemplating self harm than those aged 18-34 but it should be remembered that the study only interviewed 154 callers and care should be taken before making generalisations...

We cannot estimate the risk of attempted or completed suicide. Clearly, the direct self-harm question resulted in a much higher figure that the indirect Lifeline Telephone Counsellor (sensing) approach.

It is possible that some callers had a different attitude towards disclosure in the interview following the counselling call when they may have had time to review their feelings and trust may have increased.

The number of callers with suicidal thoughts or intentions is both important and hard to gauge. A very different figure emerges depending on whether counsellors are asked to infer likely suicidal thinking or whether a direct question is asked. The findings from the K6/K10 figures would suggest that a large proportion of callers are

likely to have suicidal ideas in some sense. This is born out by the finding that half of the group scoring over 30 reported suicidal thoughts or not wanting to be alive.

Perhaps the most important and obvious question to ask is whether Lifeline should consider asking all callers about suicidal thoughts and intentions.

Recommendations

Lifeline South Coast should consider asking a similar question to that asked about self-harm in the interviews to all callers.

What mental health issues were callers experiencing?

It was neither ethical nor appropriate to attempt diagnoses in the interviews for a number of reasons. Interviewers did not have appropriate qualifications nor is Lifeline South Coast in a position to incur a duty of care or to provide ongoing care.

Instead the interviews included a series of questions relating to symptoms commonly associated with or suggestive of mental health disorders. These were grouped within three categories of mood disorders, anxiety disorders and psychotic disorders. For comparative purposes the prevalence of these disorders in the Australian community was included for comparative purposes.

Symptoms suggestive of mood, anxiety and psychotic disorders were all significantly higher among interviewees than they are in the wider population. Particularly high levels of symptoms of depressive mood disorders were identified with 78% of interviewees reporting symptoms indicative of depression and 41% reporting elevated mood in the last month compared with a population prevalence of 5.8% for mood disorders.

Callers reporting symptoms of anxiety disorders were lower, but significantly higher that the population prevalence, as were those reporting symptoms suggestive of psychotic disorders.

Recommendations

Information about symptoms experienced by callers suggests that Lifeline South Coast needs to think about its pattern of supervision, advice and support to telephone counsellors.

It should also consider its procedures for advising and referring callers to seek medical and other advice.

What drug and alcohol problems were apparent?

Lifeline South Coast staff and counsellors were convinced that they receive a large number of calls from people under the influence of drugs and alcohol. Unfortunately this survey did not provide much help in clarifying the extent of these problems. It seems that some callers did not wish to disclose matters about drugs and alcohol and that the questions asked were insufficiently sensitive to obtain this information.

Recommendations

It may be that Lifeline South Coast will want to investigate alcohol and drug problems more closely.

What other services were Lifeline callers receiving?

About one in three interviewees were currently receiving mental health services or had received mental health services in the last six months according to the caller's definition of mental health services.

Of these about 60% pointed to GPs and Crisis Lines as sources of services and 20% were receiving services from psychiatrists. One in ten was receiving services from a psychologist and 15% mentioned medical specialists.

Of the callers with high levels of psychological distress 43 (54%) reported that they were receiving no mental health services. In other words Lifeline South Coast was providing counselling services to people with very high levels of psychological distress and a high probability of serious mental disorder who were not receiving mental health services.

The key barriers to receiving these services were identified as knowledge about the availability and perceptions about the cost of services.

Recommendations

These figures suggest the importance of strong links with GPs and the Illawarra Divisions of General Practice given the importance of the GP as a source of care for Lifeline South Coast callers, the observation that some GPs may be referring to Lifeline South Coast, and the possibility of GP referrals to psychologists through the Commonwealth Better Outcomes in Mental Health initiative

Lifeline South Coast should consider its role in providing information to callers about the availability of and access to health services and making referrals where appropriate.

Lifeline South Coast should consider the information it makes available to callers and the degree of integration with Lifeline's Just Ask and Lifeline's Just Look services.

How could Lifeline South Coast be most effective in assisting callers with their mental health or other issues and reducing risk of suicide?

1. It would be worth researching the level of community awareness of Lifeline South Coast in the local population to identify levels of awareness, perceptions of the role and services provided by Lifeline South Coast, its availability and reasons why it might be helpful.

2. Lifeline South Coast SC should review its advertising strategies, perhaps in collaboration with Lifeline Australia. The findings suggest that local, low cost advertising may be effective in informing potential callers and raising community awareness of the Lifeline South Coast service.

3. Lifeline South Coast should consider why various groups in the population are underrepresented among callers to Lifeline South Coast, particularly male callers.

4. Lifeline South Coast may want to consider how its counselling and service models fit the needs of under-represented groups

5. Since a number of callers mentioned Lifeline South Coast advertising, it would be worth considering how this relates to the number and types of calls received.

6. Lifeline South Coast should examine the pattern of referrals made to it by other agencies and health and welfare professionals. This would help in understanding how Lifeline South Coast relates to other agencies and who else may be involved in the care of its callers.

7. The population of callers to Lifeline South Coast is a subset of the general population that has very high levels of psychological distress. Using K6 and K10 data alone it could be argued that one in two callers would benefit from a specialist psychological assessment particularly if their distress continues over more than a short period of time. Telephone counsellors should be made aware of this pattern of calls and the likely needs and symptoms experienced by callers in their initial and ongoing training.

8. The levels of psychological distress suggest that Lifeline South Coast should ensure that its supervision and support mechanisms for telephone counsellors are adequate.

9. This study suggests that administering the K6 or K10 instrument on the phone to distressed callers is practical although it requires some training and convincing of telephone counsellors as to its value.

10. The study suggests that there is value in asking callers direct questions about suicidal ideation and intentions regarding self-harm.

11. It may be that Lifeline South Coast will want to investigate alcohol and drug problems more closely.

12. These figures suggest the importance of strong links with GPs and the Illawarra Divisions of General Practice given the importance of the GP as a source of care for Lifeline South Coast callers, the observation that some GPs may be referring to Lifeline South Coast, and the possibility of GP referrals to psychologists through the Commonwealth Better Outcomes in Mental Health initiative

13. Lifeline South Coast should consider its role in providing information to callers about the availability of and access to health services and making referrals where appropriate.

14. Lifeline South Coast should consider the information it makes available to callers and the degree of integration with Just Ask and Just Look services.

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Appendix 1- Questionnaire

Life Line Survey (Interview sheet)

Response Number: …………………

What is your postcode? ……………. Date completed: …………..

Gender: M / F Age: ……….

Could you tell me why you called Lifeline South Coast Telephone Counseling today?
……………………………………………………………………………………………………….
……………………………………………………………………………………………………….
……………………………………………………………………………………………………….

Instructions

The following questions ask you about how you have been feeling in the past 4 weeks. For each question, please tell me if you have been feeling like this:

None, a little, some, most or all of the time.

[INTERVIEWER: REPEAT CATEGORIES AT THE END OF EACH QUESTION]

	None of the time (1)	**A little of the time (2)**	**Some of the time (3)**	**Most of the time (4)**	**All of the time (5)**
1. In the past 4 weeks, about how often did you feel tired out for no good reason?					
2. In the past 4 weeks, about how often did you feel nervous?					
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4. In the past 4 weeks, about how					

often did you feel hopeless?					
5. In the past 4 weeks, about how often did you feel restless or fidgety?					
6. In the past 4 weeks, about how often did you feel so restless that you could not sit still?					
7. In the past 4 weeks, about how often did you feel depressed?					
8. In the past 4 weeks, about how often did you feel that everything was an effort?					
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10 In the past 4 weeks, about how often did you feel worthless?					

11. During the last one month, how many **days** in total were you unable to carry out your usual activities fully?	Number of **days**: ………….
12. How often do you phone Lifeline South Coast (per **month**)?	Number of times per month: ……….
13. Do you currently have any thoughts about **harming yourself** or not wanting to be alive?	YES / NO (If **yes** interviewer implements Lifeline South Coast suicide risk estimation and appropriate Lifeline South Coast protocols)
14. Have you been feeling **sad or down in the dumps**, not enjoying life as much as before?	YES / NO
15. Have you been feeling **especially good** in your self, more cheerful than usual and full of life?	YES / NO
16. Have you been feeling especially **nervous** or fearful?	YES / NO

17. Have you experienced episodes where you have felt **very tearful**, thinking perhaps that something terrible would happen, and feeling tense, shaky dizzy, breathing rapidly and having palpitations?	YES / NO
18. Do certain places like shops make you feel **anxious** and trapped, so that you have to get out?	YES / NO
19. Has it been difficult for you to go outside your home by yourself?	YES / NO
20. Do you experience **thoughts** that you can't get rid of, that keep coming into your head?	YES / NO
21. Are there **things** you just have to do sometimes, or else you'll feel very nervous?	YES / NO
22. Have you felt that your thoughts are being **interfered** with by others?	YES / NO
23. Have you felt under the control or influence of an **outside force**?	YES / NO
24. Have you felt that people or forces are **singling** you out for some reason?	YES / NO
25. Do you **hear voices** of people talking to you even when there is no-one nearby?	YES / NO

26. Are you **currently** receiving any mental health services? **26a**.If yes, which ones?	YES / NO …………………………………… …………………………………… …………………………………… ……………………………………
27. Have you received any mental health services in the last 6 months? **27a**.If yes, which ones?	YES / NO …………………………………… …………………………………… …………………………………… …………………………………… ……………………………………
28. Do you drink **alcohol**?	YES / NO (If **NO**, go to Q.29)

28a.How much alcohol do you drink in **atypical day**?	**……………………..**
28b. How many **days of the week** do you drink alcohol?	**……………………**
28c. Have you recently thought that you should **cut down** on alcohol?	YES / NO
28d. Have you recently had a friend, relative or doctor suggest that you should cut down on alcohol?	YES / NO friend relative doctor
29. Do you use addictive **drugs**? **29a**. How many **days of the week** do you use addictive drugs?	YES / NO (If **NO**, go to Q.30) **……………………..**
29b. Have you recently thought that you should **stop** taking addictive drugs?	YES / NO
29c. Have you recently had a friend, relative or doctor suggest that you should stop taking addictive drugs?	YES / NO friend relative doctor

I have a couple more questions if you have time

30. Are you currently receiving services from any of the following: GP Psychologist Psychiatrist Counsellor/therapist Social Worker Community mental health worker Drug and Alcohol worker Self Help group Priest/Religious Counsel Crisis Phone line Alternative Medicine Medical Specialist Nurse/Occupational Therapist Employee Assistance Program Others **……………………….**	
31. Do you wish you could receive services from any of them? **31a**.If yes, please explain	YES / NO …………………………………… …………………………………… …………………………………….

	……………………………………
32. Are there any reasons why you are not getting these services? (If **NO**, go to Q.33)	YES / NO

32a. If Yes, Why not?

Preferred to manage self (was self reliant) Did not believe anything would help

Did not know where to get help/unaware of services Did not have access to services

Waiting list too long Afraid to ask/concerned what others would think

Could not afford help . Asked for help but did not receive it

Received help from another source No response

Other ……………….…………………………………..…

33. Could you tell me what **benefit** you have gained from phoning Lifeline South Coast today?	…………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… ……………………………………………………………
34. Is there anything else you need to **help** you with this problem?	…………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… ……………………………………………………………
35. Could you tell me about how you found out about the Lifeline South Coast Telephone Counselling service?	…………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… ……………………………………………………………

36. Finally, would you **recommend** the service to someone else?	YES / NO
. **Thank you very much for your help**	
FOR RESEARCHER Record any problems in administration If problems with caller compliance, & if caller refused, why? If known	…………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… …………………………………………………………… ……………………………………………………………

END

Appendix 2 – Interviewer Observations

Observations recorded from interviewer meeting post interviews.

Following the interviews a meeting was held with all of the interviewers to review the methodology and protocols employed and better understand the survey data. A verbatim summary of comments is provided in appendix X and the key points are abstracted here.

Telephone counsellors

The consent process was not implemented entirely consistently despite considerable efforts to address it. Telephone counsellors were all informed of the study and its purposes in writing and encouraged in a letter from the CEO to seek consent for an interview at the end of every telephone counseling session. They were provided with clear protocols (Appendix X) and the interviewers; themselves accredited telephone counsellors, encouraged telephone counsellors to ask callers if they were willing to be interviewed.

The interviewers made the following comments:

> [There was] inconsistency in counsellors passing on the person for interview, [you should] train the counsellors who have to pass on someone – e.g. someone in a psychotic episode.

> [Some telephone counsellors] may need to be more open minded towards research

An interviewer who also acted as a telephone counsellor during the survey period commented,

> I was apprehensive about asking the telephone counsellors to ask consent, [but] every client I asked as telephone counsellor was so pleased and so willing to answer the questions.

Other comments included,

> Telephone counsellors may be anxious about the call and about asking consent for an interview

> People (telephone counsellors) [were] not expecting the interviewer to sleep [at the Lifeline Centre] with them over night

> Some Telephone counsellors saw it as peer review, someone listening on you, some thought you were observing them, hovering there outside the booth

Clearly, this sort of research was new to Lifeline and not part of an organisational culture in which most counsellors work alone after they have completed their training and are not used to others being in the area where calls are received or to interviewers speaking to “their” callers.

It is likely that these difficulties reduced the number of clients who were asked to consent to be interviewed.

The interviewers were clear that the separation of the counselling session and the interview was entirely appropriate.

> [The] separation of the interview and the counselling session made sense, people were more willing to answer honestly.

Impact on callers who were interviewed

The interviewers reported a very positive picture of the willingness of callers to be interviewed and their views of the interview,

> Callers were happy and interested to answer the questions, it was therapeutic, they felt empowered; many of them were repeat callers.

> I think they found it quite empowering, they have been receiving a free service, maybe for years.
>
> Almost everyone who was asked answered all the questions unless there was a "time" issue e.g. someone called at the door.
>
> Some [callers] called back just to do the interview.

Others suggested that the interview had a therapeutic value,

> Some people were just so relieved to be asked the K10 questions directly.
>
> The therapeutic value of the interview e.g. someone undergoing a psychotic episode – it grounded the interview [in cases where] "the government was tapping the phone".

Some callers interpreted some of the questions as attempts to label them and made direct comments to that effect,

> No I'm not a schizophrenic; I told you I'm not.
>
> No I'm not willing for you to put me into you mental health box; I've been in the mental health system. I know it's not [diagnosis].

Interviewers reported that they were able to obtain information from the callers that the telephone counsellor did not obtain.

> Interviewer got information that the telephone counsellor did not get. "What she was raped…(telephone counsellor). We [the interviewers] got more factual information. [It] raises questions about the [Lifeline] telephone counsellor interview model.

> [The] interviewer asked why did you ring. [The] telephone counsellor asks what would you like to talk about today.

The particular telephone counsellor was distressed that s/he did not find out that the caller had been raped and that this was one or the main reason for making the call. It raises particular issues about the value of direct questions that are addressed below.
A number of comments were made about the ordering of questions. The positioning of the K10 at the beginning of the interview was distressing for some callers,

> Ordering of questions – why put K 10 at the beginning? The K10 put some people off and caused distress e.g. she was quite stable when I got on to the interview, then she was in tears.
>
> Put the innocuous questions first, 30 and 32 and then get on to the K10. Use the [questions on the] back pages of the questionnaires – How did you find out about Lifeline?”

Other comments referred to callers’ perceptions of, responses to and possible ambiguities in questions,

> Q20 was ambiguous, not necessarily psychotic.
>
> Had to explain many of the questions especially q 20 onwards.
>
> Q 23 Some people (were) thinking of family, others of government tapping the phone line.
>
> Q22 I struggled with, “interfered with” has implications of sex.

Callers were thought to underestimate or be untruthful about their consumption of alcohol and addictive drugs and to understand the questions about addictive drugs in different ways,

Drug and Alcohol questions resulted in some lies, some people were drunk.

Some people included cigarettes; addictive drugs were defined by the caller.

The research process could be improved,

Perhaps give counsellors a card listing addictive drugs.

In conclusion, it should be noted that the interviewers successfully completed almost every interview they started with a group of callers who were in many cases highly distressed and are likely to have a significant range of diagnosable mental health disorders.

The interview questionnaire had to address clients with a wide range of needs experiencing very different levels of psychological distress and other symptoms indicative of physical and mental health problems. It is not surprising that some questions were interpreted differently or that some clients may have been unwilling to answer some questions.

Appendix 3 – *Telephone counsellor protocol*

Telephone Counsellor Script – asking consent for interview

Before we end, we here at Lifeline are doing some anonymous research to better understand our callers' needs and how we can best help to meet them. Have you been interviewed already???

'*YES*' – thank the caller for calling Lifeline and end the call

'NO' – ……

We would really appreciate a few more minutes of your time to help us do this. If you agree to participate, I will pass you onto a Lifeline interviewer who will ask you some questions that will take about 15 minutes. The interview may cover some of the things we have talked about as everybody is being asked the same questions.

The questions will ask you about your level of distress, how you have felt for the last month, whether you have consulted a doctor or health professional, and whether your health has stopped you doing what you usually do.

You are free to stop the interview at any time and if you do so, it will have no effect on the service you receive from Lifeline South Coast or from any agency. As usual, your call is anonymous and confidential.

If you have any problems with the interview you are invited to contact the Uni of Wollongong complaints officer on 42…………

If you would prefer not to be interviewed, thank you very much for calling Lifeline South Coast.

END CALL

Criteria for the telephone counsellor not to ask the caller for consent:

- If the caller is in the process of attempting suicide (a suicide in progress)
- If the caller is very distressed/emotional at the end of the call
- If the caller is a sexual fantasy caller (the procedure for telephone counsellors responding to these calls includes calmly hanging up on the caller)
- Verbally abusive callers (the procedure for telephone counsellors responding to these calls includes terminating the call)
- Where the caller's safety is at risk (e.g. violence at home and the victim needs to leave her house immediately)
- Callers in the middle of a psychotic episode (e.g. having vivid hallucinations and/or delusions)

Telephone counsellors will record the reason for not asking consent for an interview on the call log sheet.

Interviewer protocol

When participating in an interview, it is normal for the interviewer to give their name. It is NOT appropriate for the interviewers in this study to give theirs as they may then be recognised later when they are acting as telephone counsellors. They will introduce themselves as **'I am the interviewer for Lifeline'.**

If the interviewer's voice is recognised by the caller (e.g. **'Haven't I spoken to you before?'**) it is important that the interviewer says **'possibly, but now I'm an interviewer for this study'**.

Criteria where the interviewer will abandon the interview?

- If the caller expressed strong suicidal thought that have not been expressed to the telephone counsellor. If this happens the interviewer will assess suicide risk and then return the caller to the telephone counsellor who will then undertake a suicide counselling call.
- If the caller becomes very distressed by the questions.
- If the caller wants to end/terminate the interview.
- If the caller becomes abusive

If any of these eventualities arise the interviewer may ask the caller if they would like to be passed back to the telephone counsellor who took their call.

Appendix 4 - 48-72 hour call back

Interviewer protocol

We would like to call you back in 2 or 3 days to see if you call to Lifeline has been helpful.

If you would be willing to be called back, please could you give us a first name , a telephone number and a time when it would be convenient to call. This will be destroyed after the call.

You are completely free to refuse to be called back and this will have no effect on any service you may receive from Lifeline or from any other agency.

Interviewer's Name … … … … … … … … … … …

Day and **time** of call back ... … … … … … … … …

Caller's first name … … … … … … … … … … … …

Caller's phone number … … … … … … … … … … …

Were you satisfied with the service you received from Lifeline's telephone counselling service?	YES/NO (please explain) …………………………………………… ……………………………………………. ……………………………………………..
Have you told anyone else such as family or GP about contacting Lifeline?	YES/NO
What did you like/not like about the service you received from the Lifeline telephone counselling service?	……………………………………………… ……………………………………………………. ……………………………………………………. ……………………………………………………..
Did the Lifeline telephone counselling service meet your expectations?	YES/NO (please explain) ………………………………………………. ……………………………………………… …………………………………………….. ……………………………………………..

Has phoning the Lifeline telephone counselling service made a difference to your life?	YES/NO (If Yes, please explain) ………………………………………………. ……………………………………………… ………………………………………………. ………………………………………………..
Have you taken any action as a result of your call to Lifeline South Coast Telephone Counselling?	YES/NO If yes, what action have you taken? ………………………………………………… …………………………………………………… …………………………………………………… ……………………………………………………..
Would you use Lifeline South Coast Telephone Counselling again or would you recommend it to others? THANK YOU FOR YOUR HELP	…………………………………………………. ………………………………………………….. ………………………………………………….. …………………………………………………..

CEPHRIS was established in 2002 as a collaboration between the University of New South Wales, Illawarra Division of General Practice, Illawarra Health, and the University of Wollongong.

It is part of the Centres for Primary Health Care & Equity of the University of New South Wales. It aims to conduct and disseminate research and evaluation and develop programs that will:

- contribute to a more integrated and equitable health system, with a focus on primary health care;
- lead to a better understanding of the causes of health inequality and interventions that are effective in reducing them
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