The background of the slide features a blue sky with white, fluffy clouds. A series of white, wavy lines, resembling a digital signal or a path, curves across the frame. Silhouettes of several people are positioned along these lines, appearing to walk or stand on them. The overall composition is clean and modern, with a focus on the 'on the line' theme.

On the Line

Suicide Prevention: Phone-based Intervention

Kim O'Neill, CEO

INTRODUCTION

On the Line is a social health business, supporting and counselling people, anywhere and anytime. We listen and encourage people to feel better: building resilience, fostering healthy relationships, and connecting people with community support.

Our core vision is to encourage people to feel better and create a life worth living.

On the Line is a national provider of some of Australia's most vital and trusted services including MensLine Australia, Suicide Call Back Service and SuicideLine (Victoria).

Our professional and highly trained workforce delivers phone, web chat, video counselling and social media moderation services 24/7 to more than 75,000 people in each year.

ON THE LINE SERVICE SUITE

Corporate



Counselling



SUICIDE
CALL BACK
SERVICE
free counselling



White label



Service partnership



SERVICES IN REGION



SUICIDE
CALL BACK
SERVICE
free counselling



Connections: Western
Sydney PHN Helpline



STEP TOGETHER



AREAS OF EXPERTISE

Men's mental health

- Healthy relationships
- Depression and isolation
- Family violence

Suicide

- Suicide prevention
- Trauma informed practice for anyone affected by suicide

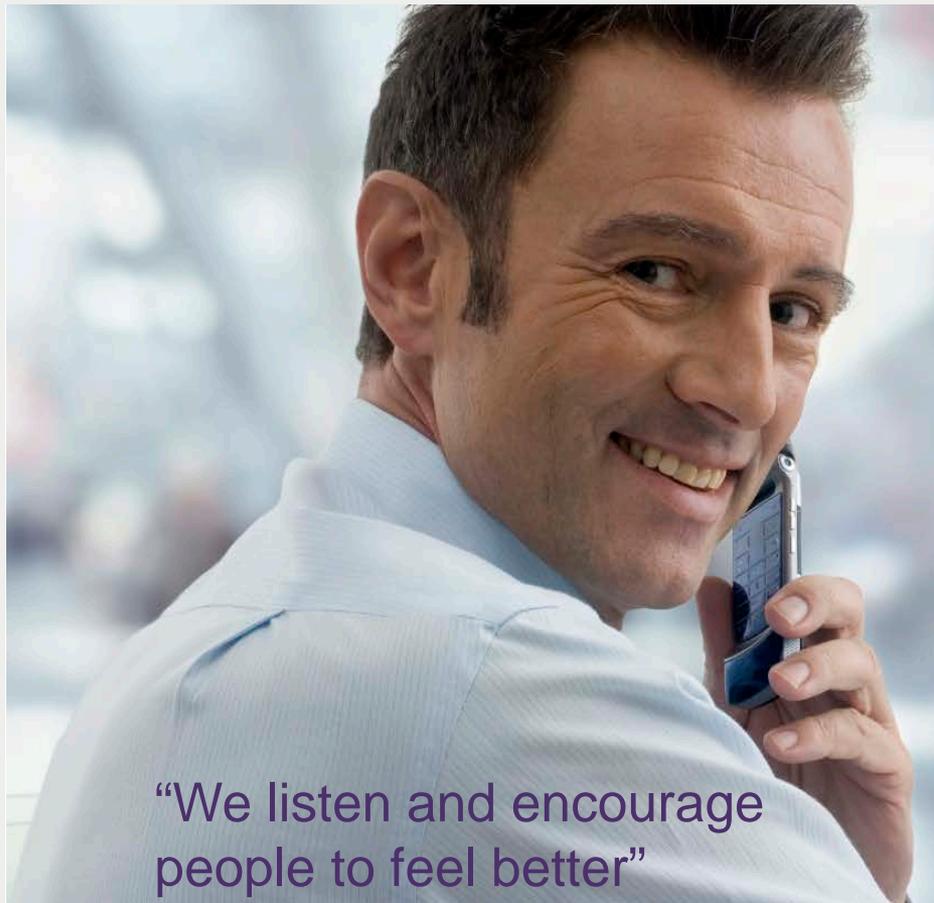
Mental health and chronic health

- Anxiety; depression; mood and personality disorders; substance abuse

Integrated physical and emotional wellbeing

- Recovery, Wellbeing, Performance





“We listen and encourage people to feel better”

WHAT WE REALLY DO

70,279 calls answered annually

Caller demographics:

28% female

72% male

76% callers aged 25 - 54

Top 5 reasons for calling:

49% relationships

11% loneliness

9% loss and grief

7% mental illness

5% legal issues

Caller risk levels:

1% emergency risk

3% high risk

17% medium risk

65% low risk

13% no risk

55% of SCBS/SLV callers have diagnosed MI:

A third: BPD; depression; anxiety

A quarter: schizophrenia

SUICIDE NATIONAL STATISTICS

- On average, 2,415 people died by suicide in Australia each year for the past five years
- More than seven people die by suicide in Australia every day
- Australians are 2.5 times more likely to die by suicide than be killed in a motor vehicle accident
- Men are 3.3 times more likely to die by suicide than women
- Suicide is the biggest killer of men aged 30-49 years
- People in any form of custody have suicide rates three times higher than the general population
- Suicide rate for Aboriginal and or Torres Strait Islander People (25.0 per 100,000) is twice as high as non-indigenous people

Australian Bureau of Statistics. (2016) *Causes of Death, Australia, 2014*. Catalogue No. 3303.0. Belconnen, ACT: Commonwealth of Australia.

Australian Bureau of Statistics. (2015) *Mental Health Statistics, 2015*. Australian Bureau of Statistics. (2016). Op. Cit. National Mental Health and Suicide Prevention Communication Charter



SUICIDE RISK FACTORS

- Expressed intent
- Previous suicide attempts, family history of suicide
- Poor social support
- Delusions and or hallucinations (mental illness and/or psychosis)
- Personal and/or family history of violence
- Some mental health issues (BD, MDD, BPD) increase suicidal risk
- Alcohol and drug abuse problems

McKenna, K., & Harrison, J. E. (2012). Hospital separations due to injury and poisoning, Australia 2008-09. Injury research and statistics series. No. 65. Cat. INJCAT 141. Canberra, ACT: Australian Institute of Health and Welfare.

Connor, K. R., Langley, J., Tomaszewski, K. J., & Conwell, Y. (2003). Injury hospitalization and risks for subsequent self-injury and suicide: A national study from New Zealand. *American Journal of Public Health, 93*(7), 1128-1131.

Martin, G., Swannell, S., Harrison, J., Hazell, P., & Taylor, A. (2010). *The Australian National Epidemiological Study of Self-Injury (ANESSI)*. Brisbane, QLD: Centre for Suicide Prevention Studies.

SUICIDE PREVENTION MESSAGES

- Suicide prevention is everybody's business
- The reasons for suicide are complex but most suicide is preventable
- Suicide has ripple effects; not just the person who is suicidal or has died but their family, friends, carers and community
- A healthy community is equipped to give help, to get help and to prevent suicide
- Building social connections and networks is a good place to start in suicide prevention

BENEFITS OF COUNSELLING

- Counselling psychotherapy is highly effective
- 79% of people who seek help are better off than those with similar issues or concerns who do not seek help
- Overall, counselling is equal to or slightly more effective than medical interventions (a trip to the GP)
- Counselling has longer-lasting effects in some circumstances (e.g., it outperforms antidepressant medication in the long term)

PHONE-BASED INTERVENTION

1. Suicide Call Back Service

- 24/7 telephone, web chat and video counselling for anyone affected by suicide
- National service
- Open line for callers requiring immediate support
- Call back service (up to 6 phone counselling sessions)

2. SuicideLine Victoria

- 24/7 telephone, web chat and video counselling for anyone affected by suicide
- Only state-based service dedicated to suicide prevention
- Open line for callers requiring immediate support

3. AHS

- AHS Suicide Support Line operates 24/7 for when people's regular healthcare providers are not available



HOW SUICIDE CALL BACK SERVICE WORKS

- All our counselling lines are staffed by qualified professional counsellors, social workers and psychologists
- The call back service provides clients with ongoing support with scheduled calls at a pre-arranged time
- Up to six telephone counselling sessions of 50 minutes with the same counsellor

COMMON REASONS FOR CALLING SUICIDE LINES

- Issues with past and present relationships
- Social, financial or job-related issues
- Mental health concerns



ASSESSING SUICIDAL RISK

Sometimes a client may openly say they are suicidal, but often they use more subtle language:

“I feel hopeless... depressed... have trouble sleeping...”

“There's no point things aren't going to get better.”

“They'd be better off without me around.”

“Can't take this anymore.”

The risk assessment

1. Suicidal thoughts
2. Presence of a suicide plan
3. Access to means
4. Previous suicidal behaviour

CREATING A SAFETY PLAN

When counselling a suicidal client on the phone, the main priority is to keep them safe.

- Identify thoughts, feelings or other warning signs that may be triggering
- Think about a time where you felt like you do now and what you did to cope. Can you do the same things now?
- What are your reasons for living?
- What has helped you to feel better in the past?

Activities people find helpful:

- Listen to music
- Have a bath
- Sit outside or go for a short walk
- Spend time with loved ones
- Watch a DVD, television program or video
- Make some art

Relaxation techniques:

- Body scans
- Breathing exercises
- Mindfulness

CASE STUDY: SUICIDAL THOUGHTS

John: 46 years old, married, three teenage children, has financial trouble

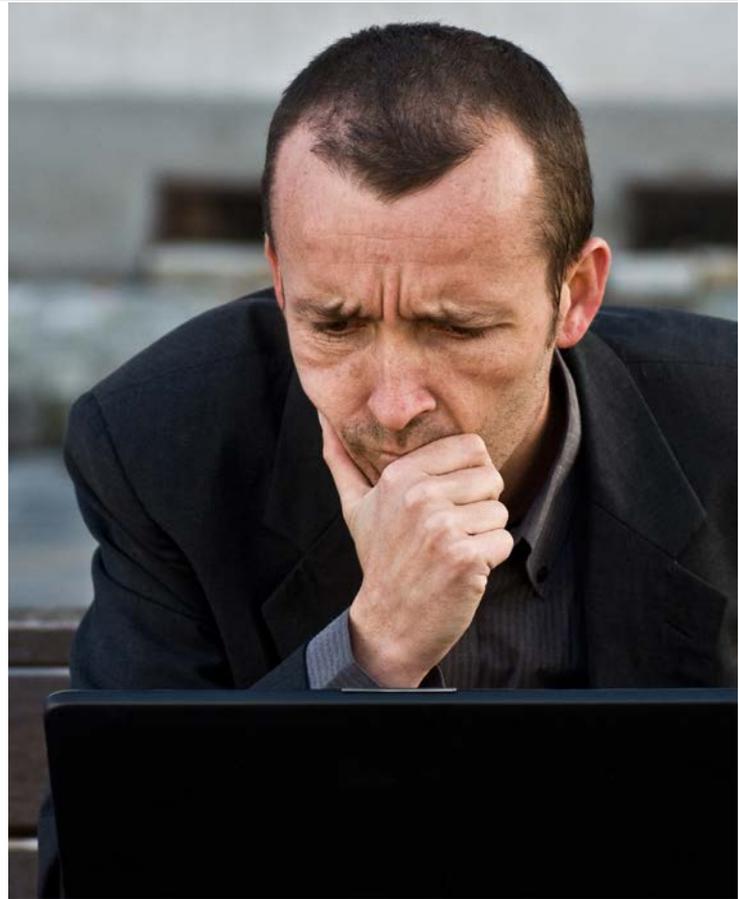
Lost his job a couple of years ago and as the family debts began to pile up, he started to gamble the last of their savings. Feeling guilty, desperate and alone, John began to question if life was worth living.

Interventions

- The counsellor and John talked about why he wanted to end his life
- They explored the impact of suicide on his family
- They came up with a safety plan

Outcomes

- John realised with time he could turn his life around
- Agreed to safety plan, link with GP, ongoing counselling



CASE STUDY: BEREAVEMENT

Karen: 35, mother of young child, widow

Discovered the body of her partner who died by suicide. Karen was not comfortable reaching out to a local counsellor, so she called Suicide Call Back Service.

Interventions

- Karen and the counsellor worked on coping strategies; practical tools for when she was distressed
- Able to call between weekly sessions if needed
- Encouraged to reach out to friends, family and her GP

Outcomes

- After the six sessions, Karen was confident enough to contact a local counsellor for ongoing support
- Now using coping strategies, such as mindfulness, and is reconnecting with friends and family



FEEDBACK

“I’m extremely grateful for the Suicide Call Back Service. The weekly sessions were truly a light in the darkness after losing my partner to suicide.”

“Your counsellor listened patiently to my life story and gave me some great ideas. I hadn’t been able to think what I needed anymore. Even at my age, it has been so beneficial to remind myself that there are always solutions other than suicide.”

QUESTIONS?



1300 789 978

SUICIDE
CALL BACK
SERVICE

free counselling

1300 659 467



1800 859 585

1800 859 585

Connections: Western
Sydney PHN Helpline

