

# 2019 Submission - Royal Commission into Victoria's Mental Health System

## Organisation Name

N/A

## Name

Dr Robert Watson

## What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

N/A

## What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

N/A

## What is already working well and what can be done better to prevent suicide?

"Lifeline's 13 11 14 national counselling line is a vital mental health service. However, there is ample evidence that it is trying to be both a mental health and suicide line. These two roles are incompatible, because of the enormous number of calls generated by these dual roles. This creates the issue of timely access for those most at risk; those in the process of suicide. A suicide line needs to respond to their callers very rapidly, as this may be the caller's last action before they carry out or complete self-harm. There is evidence that a significant percentage of calls to the 13 11 14 line go into a queue of calls, are not answered or are abandoned (Watson and Spiteri, 2019; Watson, McDonald and Pearce, 2006). This state of affairs puts suicidal callers at great risk, as they may perceive this to be a sign that they are not worthy of support and/or that it is a confirmation that death is their only option. Victoria provides its own SuicideLine (1300 651 251), but its ability to respond in a timely manner to urgent suicide calls is unclear. For example, information on its website states that we can help anyone who is affected by suicide. Therefore, this line appears to have more than an immediate suicide intervention role, which may mean it too has accessibility issues. The SuicideLine website states the following: Please note that SuicideLine Victoria online counselling is not a crisis service. If you need to contact someone urgently, please call: Suicide Call Back Service on 1300 659 467. The fact that SuicideLine is referring Victorians in urgent crisis to the Suicide Call Back Service and not their own 1300 651 251 number, suggests a problem with this SuicideLine's access. When I called the Suicide Call Back Service, at 10am, I did not get through to a counsellor and the call was terminated. The response times for both of these services are impossible to ascertain from the information provided on their website. At the very least, data on response times should be made publicly available by such services, so stakeholders can make informed decisions about their use. To help reduce suicide rates in Australia, I submit, we need a national suicide crisis line that can guarantee rapid access. In the same way that the public would not want 000 calls waiting to be answered, a suicide line's counsellor must be rapidly accessible by those at imminent risk of self-harm. It should be noted, however, 000 is not a suitable alternative to confidential counselling. Directing suicidal callers to ring 000, as Lifeline and the SuicideLine do, ignores the crucial role that crisis counsellors play in talking suicidal callers out of their planned action (for more information on this claim and other claims made in this submission please see, Watson and Spiteri, 2019).

References Watson, R., & Spiteri, J. (2019). Lifeline caller response times and suicide prevention.

Australian & New Zealand Journal of Psychiatry, 1-2, DOI 10.1177/0004867419850312 Watson, R., McDonald, J. & Pearce, D. (2006). An exploration of national calls to Lifeline Australia: Social support or urgent suicide intervention? British Journal of Guidance & Counselling, 34, 471-482, DOI 10.1080/03069880600942582 "

**What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.**

N/A

**What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?**

N/A

**What are the needs of family members and carers and what can be done better to support them?**

N/A

**What can be done to attract, retain and better support the mental health workforce, including peer support workers?**

N/A

**What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

N/A

**Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

N/A

**What can be done now to prepare for changes to Victorias mental health system and support improvements to last?**

N/A

**Is there anything else you would like to share with the Royal Commission?**

N/A