# Lifeline
## Saving Lives
### Crisis Support. Suicide Prevention.

# Submission to the
# NSW Bushfire Inquiry

## April 2020

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*Please note: There is sensitive discussion of suicide and its impacts within this document that may have a triggering effect on some readers.  Should you or anyone you know experience emotional distress, please phone Lifeline on 13 11 14 at any time.*

# 1. Executive summary

The 2019-20 bushfire season imposed many devastating impacts, including those specific to mental health, with implications for suicidality.

Lifeline's digital and in-community suicide prevention service offerings satisfy the need to provide a range of pathways to support. Those offerings were, and continue to be, deployed to meet community need. To develop recommendations for the NSW Bushfire Inquiry, Lifeline centre CEOs from around the state were consulted about their regions' experiences throughout the bushfire crisis. Their reflections and resultant Lifeline Australia recommendations are summarised in Table 1.

Lifeline Australia endorses a commitment to **digital** and **in-community** offerings as part of any coordinated response to future disasters. Specifically:

- ➢ Digital
  - Support for the rapid deployment of a single, tailored digital crisis support service.
  - Design of, and adherence to, a clear communications strategy around the digital service offering as a help-seeking enabler.
- ➢ In-Community
  - Development of a coordinated inter-agency disaster response and recovery framework as it pertains to mental health and suicide prevention, with a time frame that recognises the various stages of psychological impacts of the disaster.
  - Establishment of a framework for preparing, monitoring and protecting the mental wellbeing of first responders.

**Table 1.** Lifeline centre CEO reflections and Lifeline Australia recommendations to the NSW Bushfire Inquiry.

## Lifeline Centre CEO Reflections

- Offering online/telephone-based counselling and support systems (Psychological First Aid trained CSs & Financial Counsellors) to provide regular 'check-ups'
  *Miko Smith, CEO Lifeline North Coast*

- Face-to-face interventions are best, especially in identifying those requiring immediate crisis support.
- Consistent engagement with communities to avoid feelings of abandonment after intervention.
  *Catherine Vaara, CEO Lifeline Mid Coast*

- Establish protocols and funding for a NSW Community Recovery Program which includes the capacity to mobilise and deploy teams trained in Psychological First Aid and Crisis Support over a prolonged period of recovery.
  *Stephanie Robinson, CEO Lifeline Central West*

- To support volunteers and service providers to be equipped to ensure their own wellbeing, as well as identify and respond appropriately to people they come into contact with, early access to specific, tailored training would be beneficial.
  *Renee Green, CEO Lifeline South Coast*

## Lifeline Australia Recommendations

### Digital

1) Support for the rapid roll-out of digitally delivered tailored emotional supports; and

2) Targeted, clear communications to support the uptake of those services.

### In-Community

1) Development of an inter-agency disaster response and recovery framework as it pertains to community mental health and suicidality that:

a) Recognises and adapts to the rolling phases of psychological response and thus risk, over a prolonged period of community recovery,

b) Has a focus on individual agencies at a local level, and

c) Coordinates the role of Government, as well as trusted non-profit and for-profit organisations, in delivering against all the core elements.

2) A framework designed for preparing, monitoring and protecting the wellbeing of first-responders including:

a) Resilience training amongst first responders as a preparedness measure

b) Establishment of coordinated monitoring systems relating the mental health and suicidality of first responders, and

c) Deployment of evidence-based interventions tailored for first responders.

## 2. Context

The summer bushfires of 2019-20 imposed a heavy toll including loss of human and animal life, and significant damage to property and bushland.

The tragic loss of human life resulting directly from the bushfires was accompanied by a range of additional 'hidden' health costs. Modelling suggests that in the state of New South Wales alone, bushfire smoke inhalation contributed to the deaths of approximately 131 people, with even higher numbers of people seriously impacted by cardiovascular and respiratory issues (Arriagada et al., 2020).

Of course, the negative impacts of such a disaster are not restricted to physical health.

It is now well established that mental health impacts of natural disasters are significant across the community. In the short term, communities highly impacted by bushfire report increased levels of disaster-related post-traumatic stress disorder (PTSD), depression, distress, and heavy alcohol use (Bryant et al., 2014; Laugharne et al., 2011). In the medium to long-term following bushfires, rates of probable depression and severe distress (Bryant et al., 2018), and symptoms of PTSD (McFarlane & Van Hooff, 2009) remains elevated among bushfire-exposed communities, particularly when compiled with loss and hardship secondary to the traumatic event.

Compounding concerns relating to mental health consequences of natural disaster is the established relationship of such events with increased levels of family and domestic violence. It has been reported that Hurricane Katrina was associated with a marked increase in family and domestic violence, and that a similar spike was observed as a consequence of the Canterbury earthquakes (see Parkinson & Zara 2013). Rates of family and domestic violence are also, concerningly, associated with increased risk of suicidality (Devries et al, 2011).

Following on from this, the relationship between suicide and natural disasters is complex (Kõlves et al., 2013). Importantly, it appears that the impact of natural disasters on suicide rates is dependent on the severity of the disaster (Matsubayashi et al., 2013). Though smaller-scale disasters have been associated with a decrease in suicides, disasters imposing high levels of destruction have been associated with an increase in suicide rates in the following years. Increases in suicidality have been observed amongst survivors of Hurricane Katrina (Kessler et al., 2008), the Fort Murray wildfire (Brown et al., 2019), and the Niigata-Chuetsu Earthquake (Suzuki et al., 2011).

A further consideration of measures designed to support mental health and prevent suicide relates to the dynamic and enduring nature of the disaster's impact. Responses to disaster can be summarised as a series of psychosocial phases, with fluctuating emotional highs and lows (see for example Substance Abuse and Mental Health Services Administration, 2020). Those phases can unfold over timeframes measured not in weeks or months but years: Negative mental health consequences of the Black Saturday fires were measurable even five years post-disaster (Gibbs et al 2016).

It is for that reason that not only must any disaster response framework make provision for suicide prevention offerings, but it must also respond to the fluctuating mental health needs of communities over timeframes that can be measured in years.

Lifeline, as Australia's national crisis support provider, is in a unique position to sustainably provide both digital and in-community suicide prevention and mental health support to communities impacted by disaster.

## 3. About Lifeline

Lifeline is a national charity with a vision of an Australia free of suicide.

Our network delivers digital services to Australian people in crisis wherever they might be. Lifeline's services include: Lifeline's 13 11 14 crisis line; a nightly online crisis support chat and text service; a suicide hot spot service targeting known suicide locations; and a range of online self-help and referral resources.

Lifeline Centres also deliver accredited education and training programs focussing on suicide awareness and prevention; and community-based suicide prevention initiatives, including support services (for example counselling and bereavement groups) for those impacted by suicide.

As such, Lifeline's suicide prevention services can be conceptualised as falling into two key areas:  The first is **digital** crisis support services (phone, chat and text). The second is our range of **in-community** programs and initiatives. Those latter are designed to help prevent suicide by embedding protective mechanisms at the individual and community level both prior to, and subsequent to, suicidal crises.

In that context, Lifeline's digital and in-community offerings are of direct relevance to communities experiencing the effects of disaster. Lifeline centres within NSW and across the country were deployed to offer service as part of a coordinated bushfire response.

Our story of Lifeline's engagement in that response, and recommendations arising, appear below.

# 4. Lifeline's bushfire response

## 4.1 Digital

During the 2019-20 bushfires Lifeline was rapidly able to respond to the evolving crisis by deploying a tailored service called 13 HELP. Details of how the offering was implemented appear below.

### Background

On 30 January, the Federal Government supported Lifeline Australia (LLA) to establish 13 HELP (13 43 57). The announcement of funding for 13 HELP was made as part of the Federal Government's broader response to bushfires, specifically the mental health support package. The NSW Government has also pledged a further $500 000 in support of the 13 HELP crisis line.

### Establishment activities

The 13 HELP phone service was established in a two-week timeframe. At launch it was available 24/7 and supported by trained, paid Lifeline Crisis Supporters.

### Telephony and workforce management

- This line is supported by Lifeline's existing national operating capabilities including contact centre platform, CRM and workforce planning solutions.
- An additional crisis support workforce was created to avoid reducing the capacity in 13 11 14.
- High demand surge capacity for 13 HELP was made available via overflow to 13 11 14 crisis supporters where required.

### Crisis Supporter training

- Incremental training and upskilling for Bushfire Recovery Line Crisis Supporters was developed leveraging Lifeline's "CARE" practice framework.
- Training was developed, tested and scheduled for all crisis supporters opting in to taking 13 HELP calls.  This was completed within the two-week project launch window.
- Training focused on identifying the types of issues most likely to present in relation to the bushfires; Recognising the likely presentation of those seeking help including someone directly affected, someone concerned about others, those who have a history of trauma and those who are triggered; supporting callers in the specific context of the immediate aftermath of a disaster; and providing context-specific referrals, a capability that was enabled by access to a Government database.
- Training quality and safety were overseen by Lifeline's existing clinical governance framework.
- Identification of supporting resources for crisis supporters and General Public (updated on the website https://www.lifeline.org.au/bushfire-recovery).

**Centre Based Service enabled by National Operations**

- A new paid workforce of Crisis Supporters was established via the Centres across the Network.
- There was a high level of support and engagement across the Network with National Operations. Within two weeks Lifeline was able to leverage and effectively extend our existing internal capacity to meet demand for the new service.

**Marketing and promotion**

- Rapid turnaround of marketing and promotion to rapidly ensure promotion of the service to impacted communities so that they were aware and able to utilise the service.
- The 24/7 availability of Lifeline services was raised by mentions in popular media by figureheads including Andrew Constance, MP, increasing our national profile.

**Service Usage Statistics**

Service usage statistics for 13 HELP are represented below (See Table 2). When 13 HELP was established it was anticipated that the crisis line would receive an estimated 217 calls per day (based on the 10% uplift on 13 11 14 line since the end of November 2019). The average call volume since full operation has been in the domain of 307 calls per day. Further, the 13 HELP service was staffed to ensure callers received a swift response, with average wait times of 90 seconds.

*Table 2.* 13 HELP Call Summary

| Date Range | Calls (Offered) [Avg per day] | Calls (Answered) [Avg per day] | Handle Duration (m) [Avg] | Time to Abandon (s) [Avg] | Speed to Answer (s)[Avg] | Call Answer Rate |
|---|---|---|---|---|---|---|
| 21 Feb - 6 Apr | 307 | 278 | 12 | 89 | 67 | 91% |

> *It is important to note that the effects of these… events go well beyond those who have lost a home or a loved one. It impacts whole communities in various ways, and it is also a major trigger for those who have a history of trauma. Anytime something like this with such widespread media coverage happens, there is a large increase in general community distress – which impacts our help seekers significantly*
>
> **Ann Evans, Lifeline Australia crisis support specialist**

**13 HELP as a case study**

Lifeline's crisis support service 13 HELP arguably represents a key example of an agile, tailored, at-scale response to disaster-related community need. Above-expected levels of service

utilisation, when viewed in conjunction with the existing evidence base supporting the efficacy of crisis helplines, offers confidence 13 HELP has and will continue to serve a vital protective function with regards to mental health and suicidality within bushfire-ravaged communities and beyond.

## 4.2 In-community

In addition to the 13 HELP digital offering, coordinated by Lifeline Australia, Lifeline Centres in New South Wales deployed resources to provide on the ground - or in-community - support to those affected by the bushfires. Those services were offered in a complex environment of multiple agencies and varying community need.

In the context of significant emotional pain being felt by bushfire impacted communities, Lifeline Centres were looked upon for support. In consultation with other agencies operating in respective communities, Centres provided a range of general outreach, training, Psychological First Aid, and practical supports (clothing and provisions) to individuals in need. The response by Centres leveraged local capacity and capability in psychosocial support and was augmented by capacity drawn from the broader Lifeline network, for example, personnel from Lifeline Centres in Queensland who possess relevant skills in Community Disaster Relief and Recovery.

First-hand stories of Lifeline Centre engagement, along with reflections for future disaster response and recovery offerings, appear below:

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**Catherine Vaara, CEO Lifeline Mid Coast**

*"Knowing the impact from these fires was going to be ongoing, this Centre [delivered] Psychological First Aid train the trainer so that we as a network, could start to provide some kind of consistent Lifeline disaster recovery support to our own towns and villages."*

*"Lifeline Mid Coast developed **the Lifeline Community Leadership program**, designed to offer more than training – a program that offered ongoing reflective style supervision for community leaders and their teams as well as possible professional development such as Roses in the Ocean. The program is designed to go for about 12 months with a number of visits to each community."*

Reflections:

- Face-to-face interventions are best, especially in identifying those requiring immediate crisis support.
- Consistent engagement with communities to avoid feelings of abandonment after intervention.

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**Stephanie Robinson, CEO Lifeline Central West**

*"Some weeks we have had up to 8 people and 3 vehicles attending to crisis interventions, community meetings, Recovery Centres, Relief Centres, round table meetings, council meetings, community recovery planning meetings…dozens and dozens of events and over 60 outreach visits to people considered to be high risk.*

*Each and every day we [were] flagged down by Police, concerned neighbours, individuals needing support and sometimes just a person who wants to grab us to give us a hug and say thank you."*

Reflections:

- There is a clear need to establish protocols and funding for a NSW Community Recovery Program which includes the capacity to mobilise and deploy teams trained in Psychological First Aid and Crisis Support over a prolonged period of recovery.

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**Miko Smith, CEO Lifeline North Coast**

*"Our immediate reaction was the coordination of our Crisis Supporters to evacuation centres (RSL & CEX clubs) within our region. The Crisis Supporters were listening to people who were scared or who had lost their possessions.*

*After the initial shock of losing the first couple of communities near Grafton, we worked with both RSLs and CEX clubs across six sites to provide clothing to those in need. This lasted ten days before it was evident that cash donations were more suitable.*

*After this, we began a campaign with selected local support services to offer bushfire victims vouchers for items from our Toormina Shop.*

*In November and December, we visited affected districts and provided them with details on our Financial Counselling support services."*

Reflections:

- Offering online/telephone-based counselling and support systems (Psychological First Aid trained Crisis Supporters & Financial Counsellors) to provide regular 'check-ups'.

**Renee Green, CEO Lifeline South Coast**

*"Lifeline South Coast engaged with communities heavily impacted by bushfires on the NSW South Coast. Our activities were focused on providing general information about mental health, general information about Lifeline services, being available to provide face-to-face support, and providing financial counselling. We are actively looking at ways to continue to engage with those impacted communities give the current restrictions on travel and gathering. Through listening to those communities we engaged with we.... learnt the value to those communities of having people available face-to-face to be able to listen. Lifeline people bring those skills of non-judgemental listening, understanding people in crisis, the experience to identify and talk about suicide, and appropriately escalate a situation if required. We also witnessed a tremendous amount of services and volunteers, those already existing in the communities and those from outside, engage with the community to provide a wide variety of services. It was incredibly heartening to see such an outpouring of support."*

Reflections:

- To support volunteers and service providers to be equipped to ensure their own wellbeing, as well as identify and respond appropriately to people they come into contact with, early access to specific, tailored training would be beneficial.

# 5. Lifeline Australia recommendations

Lifeline Australia recommends that in the wake of bushfire mental health support needs to have a holistic approach in supporting the needs of the community. Lifeline's digital and in-community offerings satisfy this need by providing a range of entry points for help-seeking. Importantly, the various offerings *are not intended to be mutually exclusive* but rather, cumulatively create an ecosystem in which those seeking support have flexibility both in how and when that support is provided. Based on this experience we provide the following recommendations:

## 5.1 Digital

**Support for the rapid roll-out of digitally delivered tailored emotional supports and targeted, clear communications to support the uptake of those services.**

1. Support for a tailored digitally delivered crisis support service that can rapidly be brought online: The sooner a support service is publicly available, the higher the level of protection afforded against rolling phases of the disaster's negative psychological impacts.  Such a service offering requires an agile response from the provider, and to that end will typically leverage existing infrastructure. As such, from the earliest stage of disaster response planning, close consultation with service providers with the capability of supporting at-scale rapid, context-specific adaptations of crisis support offerings is recommended.

2. In times of disaster individual's cognitive load is often overwhelmed and unable to quickly process new information. Consequently, clear messaging is a vital help-seeking enabler. This is particularly the case in the data-rich modern digital environment, where information of varying quality is readily available to anyone with a digital device. In that context, Lifeline Australia recommends a strong emphasis be placed on developing a communications strategy directing help seekers to a single, tailored, crisis support service offering. Such a strategy should reduce cognitive load and provide a clear pathway for people negatively impacted by the disaster (such as to 13 HELP), resulting in better service uptake and improved outcomes.

## 5.2 In-Community

**Development of an inter-agency disaster response and recovery framework as it pertains to community mental health and suicidality (items 1a), b) and c) below), and a framework designed for preparing, monitoring and protecting the wellbeing of first responders (items 2a), b) and c) below).**

1. Development of an inter-agency disaster response and recovery framework as it pertains to mental health and suicide prevention through the various stages of emotional response to a disaster will maximise protective benefits. Elements would

include measures designed to address mental health needs in the immediate aftermath, through to longer term community recovery programs that support connectivity and recognise predictors of suicidality including financial stress (Wang et al., 2015) and relationship breakdown (Kazan et al., 2016).

Specific inclusions endorsed by Lifeline Australia are:

a) The framework should be designed to address the core elements of a successful Community Disaster Relief and Recovery program as it pertains to mental health and suicide prevention. Such a framework should recognise and adapt to the rolling phases of psychological response and thus risk, over a prolonged period of community recovery. There are local and national examples of how this has been implemented in other contexts.

b) Such a framework is enabled by a focus at the individual agency level on offerings that address the core elements identified in item (a).

c) Development of a framework that enables coordination at the level of State Government of the role of Government, as well as trusted non-profit and for-profit organisations, in delivering against all the core elements.

2. Establishing a framework for monitoring and protecting the wellbeing of first responders will assist in ensuring the sustainability of disaster response and recovery offerings. There is evidence that chronic exposure to traumatic events has negative impacts upon first responders' mental health (Geronazzo-Alman et al., 2017). This is the case even though there are reasons to expect that the impacts are under-reported (Stanley et al., 2016). In recognition of the crucial role played by first responders in disaster situations, interventions have previously been deployed to create an evidence base (see below). Specific elements of the framework endorsed by Lifeline Australia are:

a) Resilience training amongst first responders as a preparedness measure. With the wide variety of potential first responders in mind, tailored offerings for specific groups are likely to offer the most effective approach.

b) Establishment of coordinated monitoring systems relating the mental health and suicidality of first responders. Again, cultural elements – for example the paramilitary approach of Fire and Rescue and Police as a point of difference from other types of service providers – must be taken into account.

c) Deployment of evidence-based interventions tailored for first responders. Operation Restore (see Boothroyd et al., 2019) is one example of an intervention designed by and assessed with respect to post-disaster mental health of first responders.

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