



A Brief Intervention Counselling Service for Canberra

a 2008-09 ACT Budget Proposal

September 2007

Introduction

Lifeline Canberra is seeking to establish a new face to face counselling service that will offer crisis appointments for solution oriented counselling. The service will fill a gap in Canberra's counselling services and address the critical under-supply of counselling that results in extended waiting lists for most services.

The Canberra community would respond very positively to the introduction of such a service, seeing it as a valuable, accessible service that takes the pressure off existing services, provides therapy which is solution focussed, and is a preventative approach to the development of more serious mental health issues.

The brief intervention service would complement existing services offered by other providers and dovetail with the work currently undertaken by some 240 trained volunteer telephone counsellors at Lifeline. We anticipate that funding of \$450 000 would be required to run a full time service with paid qualified counsellors based at Lifeline's Canberra office.

The Need

The Federal Government recently introduced a Medicare rebate for psychological services. The rebate was taken up with unprecedented demand, an indication of the degree of unmet need in the community for affordable psychological care. The Medicare initiative however, does not address the needs of people on low incomes or in immediate crisis. When in crisis, people are not able to wait for up to a week to obtain a GP appointment and then for a further delay before being able to see a private psychologist. During this time the crisis is likely to have escalated significantly, resulting in far more serious and long lasting health issues. Lifeline receives calls from people who are experiencing a sudden and unexpected mental health crisis and who need immediate short term help. These people currently are not able to access any service, due in part to the enormous demand and long waiting lists operated by most services. While much is being done to increase service for people in severe crisis, there remains insufficient services for people facing stress, crisis or who are developing mental illness or in the early stages of an episode. The concept of early intervention has become best practice and is a key health promotion message; however there are insufficient services to meet the demand for mental health early intervention. This new service would fill that gap.

Lifeline Canberra call rates have increased significantly in the past 5 years, our suicide call rates have tripled. These are callers that we commonly refer to face to face counselling, and who find that they often cannot get appointments with other services in a timely way. We hear from our callers that the waiting times to see a counsellor, which can be from several weeks to several months, are just too long for their needs and the caller then feels powerless, unable to find the help they need. Take for instance, a call received recently regarding a 14 year old girl. She has 12 previous suicide attempts and a history of ongoing self-harming behaviours. Her family have been unable to find a service that will accept her for counselling, either because of waiting lists or eligibility requirements. They are unable to afford the cost of private

A model for a crisis counselling service

This paper presents a model for Lifeline Canberra to provide a brief intervention counselling service. Issues that influenced the design of the model included ensuring that it meets the stringent quality standards set by Lifeline Australia and the Raising the Standard quality improvement for community organisations. It will also be designed to ensure that it can meet the anticipated demand; that a waiting list cannot arise; and that walk-in appointments are available for people who are in immediate crisis.

Our crisis service would be non-denominational and open to anyone in crisis. They would have access to immediate short term support. By offering a crisis service, we would assist people to resolve crisis before they become long term entrenched or escalating problems.

Our counselling staff would be highly competent generalists, able to assist with the common and usual causes of crises. They would refer to the specialist or medium term counselling services, those people who had a specific need for this additional assistance.

The brief intervention service would both complement and go beyond the service that can be offered by the crisis line. A caller to the crisis line cannot be guaranteed that they will speak to any particular counsellor or that they will have access to the amount of time that they need to address their issue. The lines are very busy and calls can be interrupted or cut short when other calls come in. The crisis line uses a Rogerian counselling model that explores emotions and feelings. The brief intervention service will use solution oriented counselling which offers a very different style of support to a client. Where necessary, such as when a client needs support before entering a longer term service, the face to face counsellors and the crisis line may work cooperatively with a client to provide the necessary support.

Goal and objectives

The Lifeline brief intervention counselling service goal is:

To enhance the wellbeing of the community through provision of crisis counselling services

We will do this by:

- ◆ providing solution oriented short term counselling to anyone in crisis
- ◆ Offering appointments within 48 hours of contact with the service
- ◆ Working in partnership with the Lifeline crisis line to provide both face to face and phone support to anyone in crisis
- ◆ Working in partnership with other services to provide bridging support for anyone in crisis who is assessed as needing medium or long term assistance

How the Service would work

In this submission we propose to establish the service with Government support of \$450 000. This would enable us to employ three full time generalist counsellors, establish a new office environment for them to operate from, promote the service to the Canberra community and provide the necessary administrative, policy and executive support.

The first point of contact for anyone in crisis will continue to be the 24-hour crisis line. The telephone counsellors will work with callers in the usual way. If during the call the counsellor considers that the caller needs further assistance, they would be offered access to a face to face appointment and, with their consent, the telephone counsellor will record name and contact details to pass to the brief intervention counsellor. The following day, the caller would speak with the counsellor who will offer an appointment within the next 48 hours or refer on to a more specialised agency if that is more appropriate. No waiting list would be kept.

People may also be referred to the service by a range of other community services, including their GP, community care workers, and other counselling services with waiting lists. When another service or health provider refers a client to the service, the client, or the health provider, would call during office hours to speak to an intake counsellor and obtain an appointment within the next 48 hours. If no appointment is available during the next 48 hours, the client or caller will be advised to obtain support as needed by calling the 24 hour crisis line and could try again on a subsequent day if the situation remains critical. The first appointment would generally be 90 minutes in duration and would establish the client's needs and what role the brief intervention service could play. This may involve a limited number of additional appointments, use of the crisis line, referral to other services, or establishing other resources and strategies to enable to client to manage the crisis themselves.

Estimating actual demand for the service is difficult, but all factors indicate that a crisis brief intervention service, with appointments available to new clients every day, cannot operate with less than 3 full time counsellors. Factors considered in determining the level of resources include the crisis line's existing referral rates, existing waiting lists for low cost counselling services, the increase in call rates to the crisis line, and resources required to effectively deliver the model outlined above. With 3 full time staff the service should be able to offer 40 counselling sessions each week. If the demand exceeds capacity, we will seek funding for additional counsellors. The service can only operate effectively if it has enough staff to offer crisis support within 48 hours.

To ensure the service is not overwhelmed with referrals, particularly from the waiting lists for existing services, Lifeline will establish partnership arrangements with other key services to ensure that they refer prospective clients appropriately and to ensure that the brief intervention service refers appropriately to them. Partnership arrangements, with the Mental Health services for example, could also include the protocols for providing bridging support to clients waiting to access these services, so that the crisis service does not find itself providing long term counselling support.

The brief intervention service will complement existing counselling services and act as a bridge for those clients who require longer-term support but cannot yet get in to see another service. In many cases, we will be able to offer these people support until such time as the other service is able to see them.

The new service will alleviate the existing over demand for medium to long term counselling services. The rate of 'do not arrive' appointments for existing services should decrease as an outcome of increased access to crisis appointments. In addition by providing preventative intervention for those with mild to moderate mental health issues, the demand on Mental Health services should decrease.

If demand for the service is high, there may be opportunities for us to use qualified counsellors in a voluntary capacity, in addition to the full time staff. This is an option we propose to explore with the Australian National Network of Counsellors in Canberra. In return for volunteering their counselling skills, we could offer supervision and professional development opportunities to these volunteers. This model has been used successfully by Lifeline Sydney for some years.

Budget

Salaries:		227 000
1 Service Manager/Counsellor		
2 full time counsellors		
Receptionist/administration, contribution to Executive, Board and Finance		
On-costs (20%) :		45 400
Including superannuation, leave, workers compensation, supervision and professional development		
Overheads:		95 000
Including rent, office costs, promotions materials, audit, telephone, insurance etc		
Staffing total		367 400
Service development and evaluation		84 900
Including staffing initial service design phase, research, consultation with stakeholders, and evaluation		
Annual Total (excluding GST)		452 300

Rationale

The Ministerial Council on Gambling comprises the Ministers with responsibility for gambling in each of the States and Territories and reports to the Council of Australian Governments (COAG). The aim of the Ministerial Council is to minimise the negative consequences of problem gambling. In November 2000 COAG requested the Ministerial Council to develop a National Framework on Problem Gambling, primarily to be implemented by State and Territory governments around four central themes:

- Prevention
- Early intervention and continuing support
- Building effective partnerships
- National research and evaluation.

Additionally, COAG agreed in principle that targeted education strategies about problem gambling and its consequences should be developed for school-aged young people. Broader strategies to be implemented include general public awareness and education about problem gambling and its consequences, and the targeting of this information to known at risk groups. This proposal seeks to implement these strategies within the ACT.

Existing services:

Gambling is an integral part of our society. The main gambling activity within the ACT is the use of electronic gaming machines (EGMS or Pokies). These machines are primarily available within licensed venues, with the majority held by licensed Clubs. Most people who use EGMS experience no financial or social harm as a result of their use. However there is a growing concern nationally about the impact of problem gambling for those who are not able to control their gambling behaviour and experience financial or social harm as a result. Research is indicating that many people experiencing harm from gambling in the ACT are young males.

Lifeline Canberra provides the only specialised Gambling Counselling service in the ACT. It has been operating since 1993. Lifeline's knowledge of the issues and needs faced by problem gamblers has been built up from the wealth of stories our counsellors have heard, and informed by the latest research both locally and nationally. In 2002 Lifeline began a program of partnership with the major Clubs in the ACT, recognising that they have a role to play in assisting problem gamblers and in providing a responsible gambling environment.

Existing community education activities are limited to awareness raising within the community sector, up-skilling other community workers to identify and assist people who experience problems with gambling. While this important work will continue, more needs to be done in early intervention and prevention if we are to see a long term downward trend in problem gambling. These strategies must be part of a holistic regulatory, education and community approach to gambling which seeks to minimize problem gambling. We have researched prevention and education strategies in other states and used this information to inform development of the program described below.

The way forward:

Addressing problem gambling requires more than a single solution. A multifaceted approach which includes regulatory elements such as managing the availability of machines, must go hand in hand with preventative strategies and support for those who do experience harm. The ACT has a strong regulatory framework and issues of availability and access are addressed in that regard. We have an effective problem gambling support service but need to do more in the arena of preventative education and awareness. By taking a public health approach to responsible gambling, much can be achieved to ensure that people in the ACT are able to gamble for recreation if they choose to and do not develop harmful gambling behaviours.

Lifeline Canberra recently met with the Chief Minister to discuss responsible gambling in the ACT. At that meeting Mr Stanhope expressed his support for the expansion of prevention and education activities regarding responsible gambling. The program outlined below sets out the elements of such an expansion and seeks funding from the ACT Government to enable Lifeline Canberra to undertake this work.

Program Description – Pokies, learning to live with them

We have recognized that more needs to be done to educate people who choose to gamble, about the true nature of the product they are purchasing, so that they may make more informed decisions about their patterns of play and spending choices. To achieve this effectively, a suite of approaches needs to be employed which target:

- ★ Emergent or pre gamblers – eg high school students
- ★ Specific groups of high users – eg within some trades
- ★ Specific high risk groups – eg young sports people
- ★ Members and staff of clubs that provide gambling
- ★ The general public – through media strategies and Gambling Awareness Week

Strategies used with each target group will range from structured in depth education activities with clear competencies attached, to concise public education messages for mass consumption. Effective implementation will rely upon development of close working relationships with key stakeholders including ACT Department of Education, Gambling and Racing Commission, industry and sporting groups, and gambling venues.

The program has been devised as a 3 year initiative. It will employ educators to undertake the following tasks:

practices, prompting responses ranging from attention to the issue, reflection and action in relation to gambling.

Victoria - The Victorian Government's "Think of what you're *really* gambling with" Problem Gambling Communications Strategy used a variety of advertising mediums along with public relations campaigns to try to reduce the incidence and impact of problem gambling. Research indicates that 86% of Victorians recall the campaign slogan "Think of What You're *Really* Gambling With" and the advertising campaign has now been adopted in other states including NSW, SA and Tasmania. Calls to Victoria's Gambler's Help Service had increased by 31.4%, while client visits increased by 40%. These figures are particularly remarkable as only between 10 and 1.5% of problem gamblers are known to seek professional assistance. Any increase in this figure is significant.

Module 4 – Equipping Gambling Venue Staff

★ Revise and update existing Responsible Service of Gambling Training and Gambling Contact Officer Training programs. These programs are provided for staff of gambling venues, including ACTTAB, and meet the requirements of the Gambling and Racing Code of Practice. The revised module will be integrated with the messages of the other modules outlined above, ensuring that venue staff (who are themselves an at risk group) receive comprehensive training in responsible gambling.

Cost 1 year only: \$7 000

Evidence Base:

The ACT Code of Practice requires staff of gambling venues to be trained in identifying and responding to problem gambling. Lifeline Canberra is a premier provider of this training. Our program draws upon our thorough knowledge of the impacts of problem gambling from the perspective of affected individuals and provides staff with both this understanding and practical skills that they can use when assisting a patron. Updating the existing program will ensure its continued relevance and enable the key messages of the other Responsible Gambling modules described above, to be integrated into the training package.

Three Year Program Cost

Staffing – including all on costs and overheads	\$249 000
Materials – education materials for use by program participants	\$25 000
Media expenses – preparation and air time	\$35 000
Evaluation – of program elements and 3 year program evaluation	\$12 000
Total – 3 year program	\$321 000
Annual cost	\$107 000