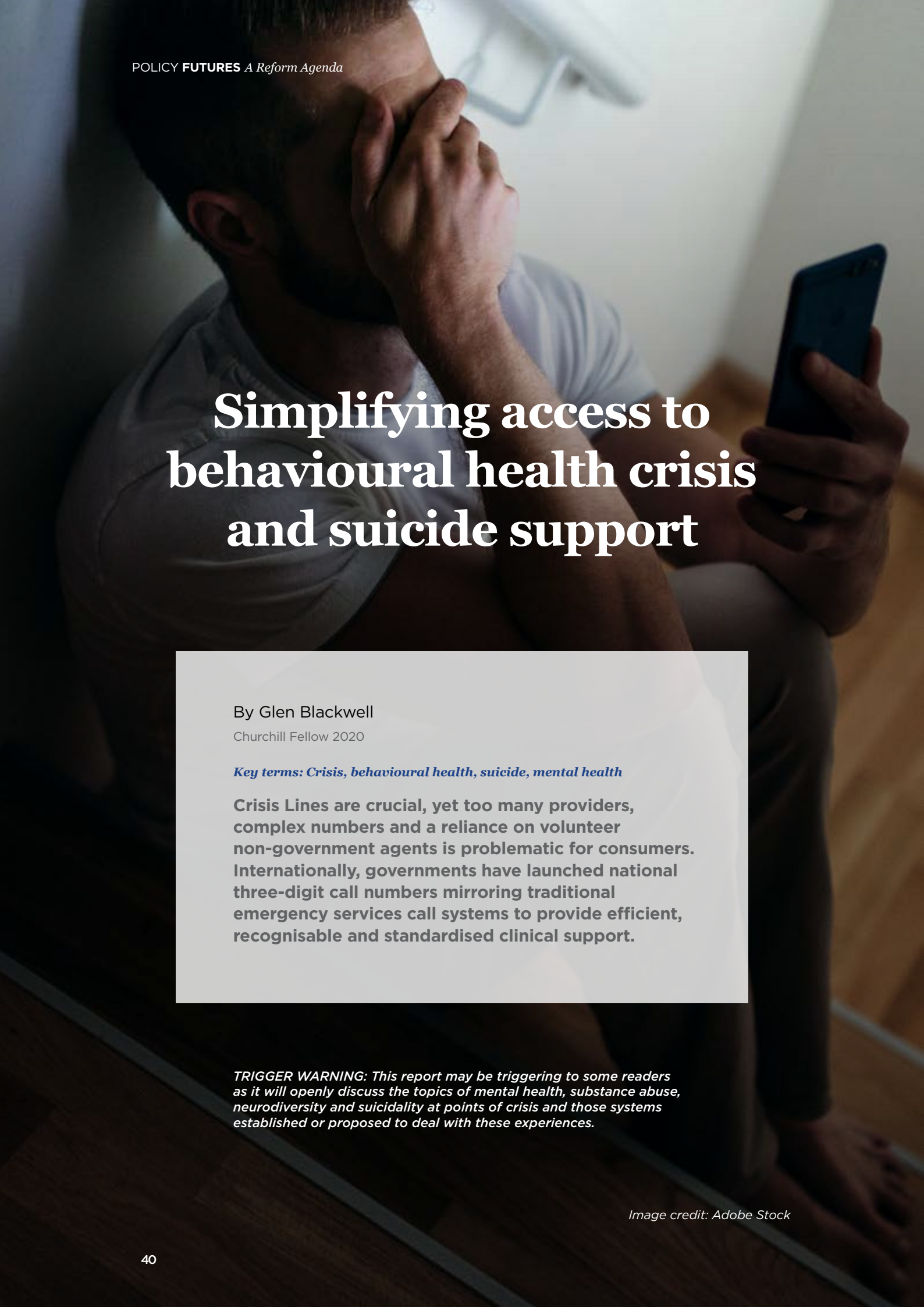

Simplifying access to behavioural health crisis and suicide support

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Churchill Fellow 2020

Key terms: Crisis, behavioural health, suicide, mental health

Crisis Lines are crucial, yet too many providers, complex numbers and a reliance on volunteer non-government agents is problematic for consumers. Internationally, governments have launched national three-digit call numbers mirroring traditional emergency services call systems to provide efficient, recognisable and standardised clinical support.

TRIGGER WARNING: This report may be triggering to some readers as it will openly discuss the topics of mental health, substance abuse, neurodiversity and suicidality at points of crisis and those systems established or proposed to deal with these experiences.

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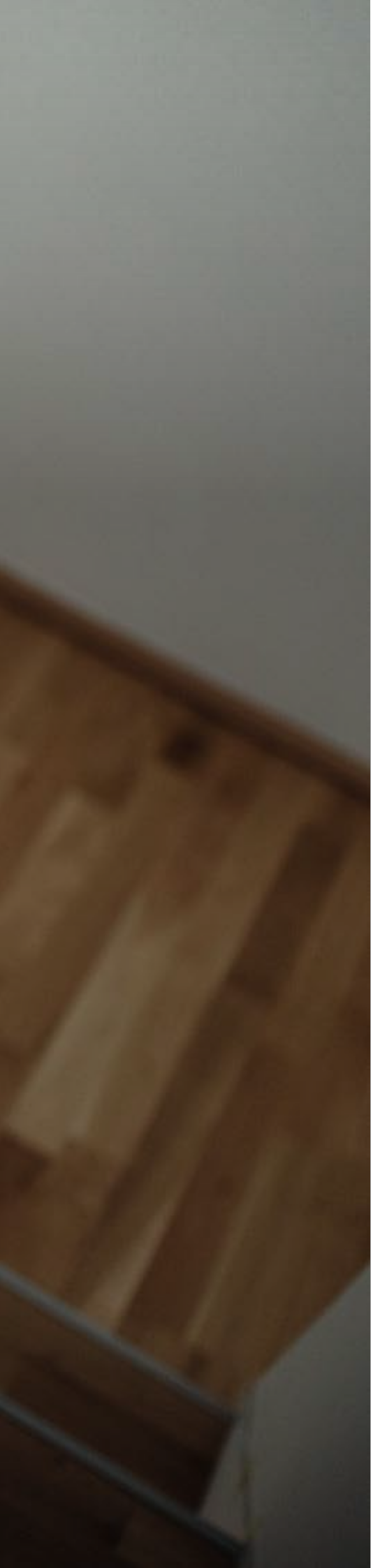


One in eight Australians have seriously considered suicide, with half of Australians reporting costs and appointment waiting times as significant barriers in accessing mental health support.[1] Subsequently, one in four Australians are relying on digital or telephone call services as their support service of choice.[2]

Australian state governments operate call lines supporting individuals in behavioural health crisis (BHC) but they are generally under-resourced and largely unknown. This is unsurprising, given that the Federal Government's leading websites, the Commonwealth Department of Health and Aged Care and the National Mental Health Commission, prioritise promoting not-for-profit (NFP) crisis lines, with both listing 18 different NFP providers for individuals in a BHC over government health crisis call lines.[3]

Government should retake ownership of behavioural health crisis and suicide as a national health problem rather than creating a crowded, confusing and competitive environment of NFP organisations filling the gaps of an inefficient whole-of-government crisis healthcare model.

Governmental deference to volunteer NFPs to fill crisis call service delivery compounds a reliance on and overburdening of the 000 emergency system to service BHC calls in the community. This results in 20-30% of Australian police response time dealing with BHC calls and presenting to hospital emergency departments at ten times the rate with mental health detainees than all other detainees.[4] There is evidence that increased police contact rates with individuals in BHC will increase entry into the judicial process and explain how Australian prison mental health and neurodiversity rates are double that of the wider community.[5]

A secondary impact of 000 managing BHC calls is an over-reliance on hospital emergency departments to manage individuals in BHC or displaying suicidality. Yet, two-thirds of these presentations are released within 4 ½ hours of their arrival, being assessed as not acutely unwell.[6] However, emergency services and consumers themselves have nowhere else to go. This therefore highlights the need for an appropriate model of care.

Behavioural health call lines – not just for suicide

While most crisis lines focus marketing and language on suicidality, this is not the only use of such systems. In the US, for example, 34% of all calls to America's national 988 lifeline relate not to suicide but rather to general mental health or substance abuse concerns, as well as interpersonal, trauma and social problems. Further, a review of California's suicide crisis lines shows that, on average, only 26% of calls are suicide specific.[7]

Consideration of the issues

The Australian Productivity Commission identified that federal and state governments spent $14.5 billion on suicide and mental health – of which, the commission estimates, $7.9 billion is demand driven.[8] Demand driven mental health care has tangible effects on emergency health services: in the financial year 2021–22, mental health accounted for 280,172 hospital ED presentations, costing $344 million.[9]

The Productivity Commission further identified that in financial year 2020–21, governments spent nearly half a billion dollars on NFP organisations such as Beyond Blue and Lifeline,[10] which are not directly accountable for effective service delivery. Indeed, Lifeline's 2021–22 annual report identified that Victoria's Lifeline crisis service answered fewer calls than were generated by the demand of Victorians.[11]

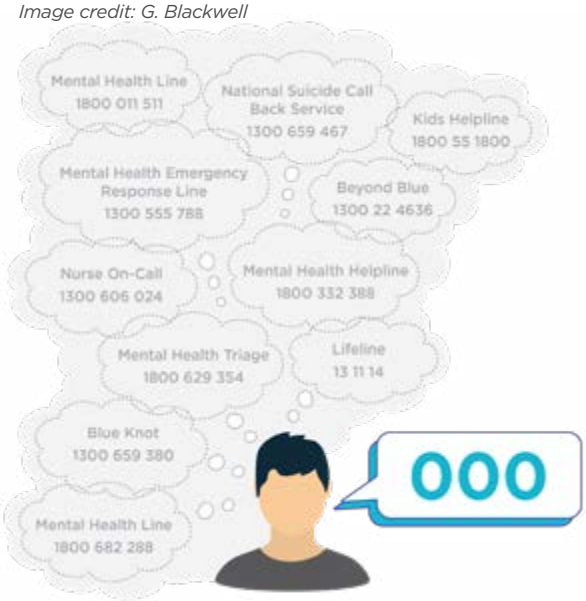
Extending beyond expenditure accountability is differentiation in service quality. A review of California's crisis call centres highlighted that National Suicide Prevention Lifeline (988) paid call-takers produced superior outcomes, decreased caller distress, promoted a consistent approach to suicide prevention, and reduced distress in the call-takers themselves when compared to NFP crisis lines.[12]

The *National Suicide Prevention Strategy for Australia's Health System 2020–2023* identifies a zero suicides goal, which requires a 'whole-of-government suicide prevention' approach[13] with shared responsibility across portfolios including Health, Justice, Education, Indigenous Affairs and Social Services, to name a few.[14] The prevention strategy considers BHC and suicide a government responsibility and states that NFPs must not be the primary crisis mental health care plan.

Mental Health Australia's submission to the Productivity Commission's inquiry into mental health highlighted inefficiencies in a competitive and confusing non-government system of care. They stated that, instead of generating competition between sectors and specific mental illnesses, which creates a community services system which is difficult to access, governments should prioritise funding for acute care in public hospitals and community-managed mental health.[15]

Returning government as a lead in BHC and suicide prevention requires government to take ownership of the first stage in crisis contact through establishment of a national three-digit call line, mirroring the 000 emergency service. A government health service-led system could incorporate existing NFPs, though in a more directed and collaborative approach, without government revoking its responsibility.

Image credit: G. Blackwell



Lessons from USA's 988 and the world

The US Federal Government's Substance Abuse and Mental Health Services Administration (SAMHSA) launched the 988 service in July 2022, to enhance access to the National Suicide Prevention Lifeline.[16] In the first 12 months, 988 answered nearly five million contacts, representing a 150% increase or nearly two million more contacts from the previous year operating under 10-digit call numbers.[17]

Joining the three-digit crisis line movement, Canada launched 988 in November 2023, emphasising international governments' push to retake ownership of BHC.[19]

988 SUICIDE & CRISIS LIFELINE

988 USA[18]

In a mental health crisis? CALL 111 OPTION 2

NHS 111 call line[23]

Image credit: G. Blackwell

Whilst this was new for the USA and Canada, England's 111 First Response for Mental Health scheme launched in 2016.[20] Each 111 First Response centre is managed by local NHS trusts equivalent to state health service providers in Australia (e.g. MHERL WA).

Evidence from England's National Health Service (NHS) 111 First Response should have given the USA, and now Australia, an insight into how a three-digit crisis line number is effective. After eight months of operating an NHS review showed 48% of calls were self-referrals, with 97% not requiring hospital ED admission. Further, 111 First Response calls resulted in 26% fewer hospital ED admissions by ambulance and a 19% reduction in mental health ED admissions, worth nearly £5 million in savings.[21] Importantly, fewer than 2% of calls will result in a law enforcement response again aligning to 988 Lifeline's first year with only 2% of calls requiring an emergency service call-out.[22]

Expanding on a three-digit crisis line concept, in 2021, Austin, Texas, added mental health as a fourth service 911 call takers could offer. Call-takers triage calls through offerings of ambulance, fire, mental health and police providing, a more appropriate stream for a consumer-centric BHC response, returning to the principle of removing law enforcement engagement with a health issue and reducing the capacity for judicial or use of force outcomes.

Behavioural Health Crisis Receival Centres (BHCRC)

Supporting an Australian three-digit crisis line is the reform of how individuals in a BHC are managed when unsafe and need to be removed to a place of safety. Australia has leadership in this field, with Robina's Crisis Stabilisation Unit and Adelaide's Urgent Mental Health Care Centre accepting BHC direct entry patients. However, Exeter and Liverpool, England; Vancouver, Canada; and Houston and Lubbock, USA, demonstrate that BHCRCs are the standard approach, rather than an exception.[25]

BHCRCs deliver a more suitable and sustainable model of care for individuals experiencing BHC, with expedited entry into enhanced patient care delivered by specialist practitioners who understand BHC specific presentations. This lessens stress and anxiety on patients and, in turn, reduces the likelihood of negative interactions whilst overstimulated.

PEAT at Vancouver Hospital[26]

Harris Centre Houston[30]

Image credit: G. Blackwell

Summation of the issues

Failure to establish a national three-digit crisis line sees a continuation of federal and state governments funding multiple NFP and government call centres in an ineffective system through:

- administration expenditure of multiple service providers delivering similar services
- confusion for consumers in crisis reinforcing a reliance on traditional 000 call lines
- reduced government oversight to ensure delivery on national suicide strategy policies
- continuation of a competitive non-government sector of service providers, diagnosis groups in crisis management with a lack of accountability.

Implementation of a national government lead three-digit call line (e.g. 222) modelled on 000 service efficiencies creates opportunities to meet national suicide plan objectives by:

- returning over $400 million per year back into government-managed health systems with direct linkages in community care programs.
- fulfilling Australia's suicide prevention strategy of 2020–23 and preempting 2024's new Australian suicide prevention strategy call for a whole-of-government approach encompassing all portfolios[27]
- improving access to quality mental health services[28]
- reducing stigma and simplifying access to appropriate BHC service providers
- introducing national standardised service delivery and engagement of mental health service providers.

Stakeholder engagement

The policy recommendations below align to the national suicide prevention strategy and recommendations of the Productivity Commission, as informed by Commonwealth and state officials, Mental Health Australia, peak organisations, experts and people with lived experience of suicidal behaviours and mental health diagnoses.[29]

Consultation on policy recommendations included in this paper has also been undertaken with key stakeholders, including Autism Australia, WA Association of Mental Health, National Consumers of Mental Health Association, and COMHWA, who believe a three-digit call line and BHCRCs will improve consumer engagement, care and outcomes. However, further consultation is required with state government crisis call centres, health departments and emergency services in a collective forum.

Policy recommendations

1. **Creation of a national three-digit Behavioural Health Crisis Line**

   It is recommended that National Cabinet convene a working party of federal and state health and emergency services portfolios in 2024 to establish a three-digit BHC call line (e.g. 222) modelled on current 000 call systems. To effectively establish a national three-digit BHC call line, the following processes are required:

   - standardised state government-run mental health call service centres (e.g. MHERL in WA or Mental Health Line in NSW) ensuring that government is seen as taking the lead in suicide prevention and mental health management
   - realignment of federal and state funding to government health-based call centres under the unified national three-digit number, maximising efficiencies and returning oversight to the state
   - federal and state governments enshrine future funding to maintain and promote the three-digit number system
   - inclusion of the BHC call number into Australian Communications and Media Authority's legislation and policies
   - funding for development and delivery of a sustained awareness and promotional campaign across Australia.

2. **Creation of fourth emergency response offering for 000 service**

   It is recommended that a fourth offering be added to the 000 emergency service diverting those in BHC away from the judicial system.

   - introduce mental health as a fourth offering for call-takers as an emergency service response
   - adjust the emergency service offering sequence to: *ambulance • fire • mental health • police.*

   Removing police as first offering removes the automatic response of individuals in crisis requesting police for non-law enforcement emergencies.

3. **Creation of a national Behavioural Health Crisis Receival Centre framework**

   It is recommended that National Cabinet appoint the Department of Health and Ageing to convene a working party of federal and state health agencies in 2024 to prioritise a national BHCRC framework:

   - establish a joint federal and state funding system, similar to traditional hospital ED funding frameworks, for BHCRC
   - establish national guidelines relating to population-to-bed count, clinical staffing ratios, appropriate peer / lived experience engagement
   - legislate protections for information sharing and treatment periods to ensure a person-centred and equitable national service delivery model.

Image credit: G. Blackwell

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With over 34 years of policing, Glen Blackwell has developed and led Mental Health Co-Response Teams, WA Health's Mental Health Emergency Response Line and Policing Behavioural Health training. His 2020 Churchill Fellowship research in the UK, Canada and USA has established him globally in Policing Behavioural Health Crisis where he has presented his work at the CIT International, Detroit and ANZPAA, Melbourne conferences as well as to the International Co-Responders Alliance.

References

1. Australian Government Department of Health and Age Care (2023) Suicide in Australia https://www.health.gov.au/topics/mental-health-and-suicide-prevention/suicide-in-australia, Mental Health Association (2021) Submission to Productivity Commission into Mental Health. https://www.pc.gov.au/__data/assets/pdf_file/0012/243111/sub538-mental-health.pdf
2. Mental Health Association (2021) Submission to Productivity Commission into Mental Health. https://www.pc.gov.au/__data/assets/pdf_file/0012/243111/sub538-mental-health.pdf
3. Australian Government Department of Health and Aged Care (2023) I Need Help Now https://www.headtohealth.gov.au/crisis-links, Australian Government National Mental Health Commission (2023) Find Support – Crisis Support Services https://www.mentalhealthcommission.gov.au/find-support
4. Miles-Johnson, T., & Morgan, M. (2022). Operational response: Policing persons with mental illness in Australia. Journal of Criminology (2021), 55(2), 260–281. https://doi.org/10.1177/26338076221094385, Australian Institute of Health and Welfare (2023) Mental Health Services Provided in Emergency Care https://www.aihw.gov.au/mental-health/topic-areas/emergency-departments
5. Australian Institute of Health and Welfare (2023) Adults in Prison https://www.aihw.gov.au/reports/australias-welfare/adults-in-prison, Richard Lamb, H., & Weinberger, L. E. (2005). The Shift of Psychiatric Inpatient Care From Hospitals to Jails and Prisons. The Journal of the American Academy of Psychiatry and the Law; J Am Acad Psychiatry Law, 33(4), 529-534., Fazio, Rachel & Pietz, Christina & Denney, Robert. (2012). An estimate of the prevalence of autism-spectrum disorders in an incarcerated population. Open Access Journal of Forensic Psychology. 4. 69-80.
6. Australian Institute of Health and Welfare (2023) Mental Health Services Provided in Emergency Care https://www.aihw.gov.au/mental-health/topic-areas/emergency-departments
7. SAMHSA (2023) (1) Suicide & Crisis Lifeline https://www.samhsa.gov/find-help/988, Ramchand R., Jaycox L., Ebener P., Gilbert, M. L., Barnes-Proby, D., & Goutam P. (2017). Characteristics and proximal outcomes of calls made to suicide crisis hotlines in California. Crisis, 38, 26-35.
8. Productivity Commission (2021) Mental Health and Suicide Prevention Stocktake https://www.pc.gov.au/research/completed/mental-health-stocktake
9. Productivity Commission (2021) Mental Health and Suicide Prevention Stocktake, Australian Institute of Health and Welfare (2023) Mental Health Services Provided in Emergency Care https://www.aihw.gov.au/mental-health/topic-areas/emergency-departments, Australian Institute of Health and Welfare (2023) Mental Health Services Provided in Emergency Care https://www.aihw.gov.au/mental-health/topic-areas/emergency-departments
10. Productivity Commission (2021) Mental Health and Suicide Prevention Stocktake https://www.pc.gov.au/research/completed/mental-health-stocktake
11. Lifeline Australia (2022) 2022 Annual Report https://www.lifeline.org.au/media/hikdmw5w/lifeline-annual-report-2022.pdf
12. Ramchand R., Jaycox L., Ebener P., Gilbert, M. L., Barnes-Proby, D., & Goutam P. (2017). Characteristics and proximal outcomes of calls made to suicide crisis hotlines in California. Crisis, 38, 26-35.
13. Department of Health and Human Services (2020) National Suicide Prevention Strategy for Australia's health system: 2020-2023 (page 12) https://www.health.gov.au/resources/publications/national-suicide-prevention-strategy-for-australias-health-system-2020-2023?language=en
14. Department of Health and Human Services (2020) National Suicide Prevention Strategy for Australia's health system: 2020-2023 (page 12) https://www.health.gov.au/resources/publications/national-suicide-prevention-strategy-for-australias-health-system-2020-2023?language=en
15. Mental Health Association (2021) Submission to Productivity Commission into Mental Health. https://www.pc.gov.au/__data/assets/pdf_file/0012/243111/sub538-mental-health.pdf
16. SAMHSA (2023) Suicide & Crisis Lifeline https://www.samhsa.gov/find-help/988
17. SAMHSA (2023) 988 Lifeline's First Year https://www.samhsa.gov/sites/default/files/988-one-year-anniversary-fact-sheet.pdf
18. 988lifeline (2023) Media Resources https://988lifeline.org/media-resources/
19. CAMH (2023) 9-8-8 The groundbreaking new three-digit service coming to Canada https://www.camh.ca/en/driving-change/988
20. NHS England (2023) New mental health 111 services reduces A&E visits by a third https://www.england.nhs.uk/integratedcare/resources/case-studies/new-mental-health-111-service-reduces-ae-visits-by-a-third/
21. NHS England, New mental health 111 services
22. Blackwell, G (2023) Reducing Recidivism in Behavioural Health Crisis Cycles https://www.churchilltrust.com.au/fellow/glen-blackwell-wa-2020/, SAMHSA (2023) 988 Lifeline Performance Metrics https://www.samhsa.gov/find-help/988/performance-metrics
23. Livewell Campaign (2023) https://www.livewellcampaign.co.uk/livewell-articles/nhs-111-option-2/
24. Austin Texas (2021) Mental Health Option Added to 9-1-1 https://www.austintexas.gov/blog/mental-health-option-added-9-1-1
25. Blackwell, G (2023) Reducing Recidivism in Behavioural Health Crisis Cycles https://www.churchilltrust.com.au/fellow/glen-blackwell-wa-2020/
26. Blackwell, G (2023) Reducing Recidivism in Behavioural Health Crisis Cycles https://www.churchilltrust.com.au/fellow/glen-blackwell-wa-2020/
27. Department of Health and Human Services (2020) National Suicide Prevention Strategy for Australia's health system: 2020-2023 (page 11) https://www.health.gov.au/resources/publications/national-suicide-prevention-strategy-for-australias-health-system-2020-2023?language=en
28. Department of Health and Human Services (2020) National Suicide Prevention Strategy for Australia's health system: 2020-2023 (page 24) https://www.health.gov.au/resources/publications/national-suicide-prevention-strategy-for-australias-health-system-2020-2023?language=en
29. Department of Health and Human Services (2020) National Suicide Prevention Strategy for Australia's health system: 2020-2023 (page 24) https://www.health.gov.au/resources/publications/national-suicide-prevention-strategy-for-australias-health-system-2020-2023?language=en, Mental Health Association (2021) Submission to Productivity Commission into Mental Health. https://www.pc.gov.au/__data/assets/pdf_file/0012/243111/sub538-mental-health.pdf)
30. Blackwell, Reducing Recidivism in Behavioural Health Crisis Cycles.