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Mobile 'free call' racket 'puts lives at risk'

Asher Moses
22 September 2010

Suicide prevention and crisis support lines for children say price gouging by mobile phone companies on calls to their helplines is putting lives in danger.

Telcos are charging almost $1 a minute when users call 1800 or 1300 numbers from their mobile phones, and exclude such numbers from the quotas provided on their cap plans. These calls are either free or the cost of a local call when dialled from landlines.

Crisis lines such as Lifeline and Kids Helpline say a large and increasing portion of their callers are on mobiles and the exorbitant fees are discouraging and preventing people from seeking help.
Peak consumer groups - including the Australian Communications Consumer Action Network (ACCAN), The Australian Financial Counselling and Credit Reform Association (AFCCRA) and the Australian Council of Social Service (ACOSS) - have lodged a joint so-called "super complaint" over the matter with the communications watchdog, the Australian Communications and Media Authority.

They argue that the high costs associated with the calls prevent people from contacting essential services surrounding suicide, mental health and financial distress. Mobile users, many of whom are already facing financial troubles, are also being stung for calls to vital government agencies such as Centrelink, telcos and utility providers.

Dawn O'Neil, chief executive of Lifeline, said 25 per cent of calls to the crisis line came from mobiles and at the current rate of growth this number was likely to rise to half of all calls within 12 months.

"Lifeline is a crisis service; it's relied on by many, many people to be there 24 hours a day and for people like doctors and psychologists and other service providers, we're the after-hours

contact for many of their clients," she said.

She said many of Lifeline's callers were unemployed or on disability pensions and could not afford to have landlines, so only used prepaid phones.

"If they're in a crisis and their prepaid runs out, that could be very, very serious and we know this is occurring. It's a barrier to people getting help when they need it and it could put people's lives at risk," O'Neil said.

Tracy Adams, chief executive of BoysTown, the charity that operates Kids Helpline, said two-thirds of all calls to the national telephone counselling service were from mobile phones. Only Optus customers were able to access the service - which can be reached at 1800 551 800 - for free from their mobiles.

"We have had young people who are receiving regular counselling support tell us their phone bills are exceeding $100 a month because of contacting Kids Helpline," Adams said.

She added that counselling calls to the service averaged 22 minutes while general calls lasted six minutes, meaning many children and young people were facing costs of at least $6 for a general call to more than $20 for a counselling session, excluding hold time. Many calls were more than an hour long and cost over $60.

"We know many young people won't stay on hold because of the mobile costs and our counsellors have had children cut off in the middle of a call because the credit has run out on their prepaid phone," Adams said.

"Children and young people are also more likely to contact us on a mobile than a landline when they are seeking help for very serious issues such as suicidal thoughts and self injury.

"This means kids who are in significant distress and need to speak with a counsellor for longer than average time are being significantly disadvantaged and even discouraged from seeking help."

Barbara Hocking, executive director at SANE Australia, said the costs were penalising a group who were already vulnerable and disadvantaged.

"People calling our helpline on mobile phones can't call it free the way other callers can, but then also we have a large number of people living with a mental illness who need to be able to call 1800 numbers about utilities - their phones, electricity, their legal services, etc," she said, adding that the average annual income of her clients was less than $20,000 a year.

"We're talking about people who have very little disposable income and are not given much education and support to manage the money they've got, so they're very often having to call those utility companies to try to get electricity reconnected, their social security payments, etc."
ACMA is investigating the matter as part of a review into telephone numbering and said today a consultation paper would be released "in the coming weeks".

"As part of that program, the ACMA is conducting research regarding consumers' use, expectations and experience of phone numbers, including 1800 and 13 numbers, and this will inform the ACMA's assessment of the issue of concern raised by ACCAN," an ACMA spokesman said.

The mobile telco industry body, the Australian Mobile Telecommunications Association, said it supported the ACMA review and was co-operating with the regulator.

But none of the mobile telcos have opted to waive fees to 1800 and 1300 numbers in the meantime, with Telstra, Optus and Vodafone/Three saying they would wait for ACMA's review to be completed

If you have Information that you would like published in our newsletter please email us at

info@helplines.org.au

Hotline launched for new parents

Craig Mctear
12th November 2010

Help at hand: PANDA CEO Belinda Horton says people should reach out if they have concerns about postnatal depression.

IT'S the silent epidemic sweeping the nation but help is at hand for those hit hard on the Coffs Coast.

As many as 77,000 Australians suffer from postnatal depression which affects one in seven new mothers and one in 10 new fathers.But a new hotline has been launched to help people in our region who are suffering from the condition.

The Post and Antenatal Depression Association (PANDA) has initiated the helpline – 1300 726 306 – to offer support and advice to locals.

"It is critical women and men realise people can not just snap out of postnatal depression any more than they could snap out of diabetes," said PANDA CEO Belinda Horton.

"It is vital to start talking to somebody if you have issues and if they are not listening, find somebody else.

"Postnatal depression, if not treated, can take a heavy toll on the new mother and father and can dramatically damage family relationships." Ms Horton said she was alarmed a large number of women and men suffered in silence and were not getting help.

"We want to highlight studies clearly show maternal and paternal depression is linked.

"Postnatal depression can happen to anyone. Society expects people to cope and expects people to think that everything surrounding a new baby should be joyous from start to finish.

"Of course any new baby brings huge joy. Nevertheless it's a huge change for any parent. Sometimes anxiety quickly turns to depression." PANDA says it is vital people trust their instincts and that if you are concerned about your partner's well-being in any way, contact your doctor or local support services.

Unusual thoughts/speech patterns, behaviour out of character or talk of self harm or harm to the baby are clear signals postnatal depression may be present.

PANDA has been providing counselling, support and information to women, men and their families for more than 25 years. For more details, visit www.panda.org.au.

Rule change brings drop in child helpline calls

Adele Horin
November 15, 2010

Calls to the Community Services helpline about suspected abused and neglected children have fallen by one-third under the new child protection system that began in late January.

Less urgent matters are now dealt with by other government departments which have set up child well-being units to deal with reports from their own employees, including police, doctors and teachers.

The number of calls to the helpline in the June quarter was 47,766, compared with 71,879 in the same period last year. In particular, a dramatic fall in reports from police to Community Services indicates early success for the new system.

Police officers have been the single biggest reporter of child abuse and their practice of reporting every child at a domestic violence incident they attended had swamped the helpline. Calls from police fell 64 per cent in the June quarter compared with the previous

June quarter - from 21,891 calls to 7863, data the department gave the *Herald* shows.

Gary Groves, the head of the police child well-being unit, said most reports from police now went to his unit for assessment and only children in immediate risk of harm were reported to the Community Services helpline.

"We refer families to services, from counselling for children exposed to domestic violence to helping with runaway teens," he said. "We also provide information to non-government agencies who cold-call on the families."

The new child protection system was put in place following a major inquiry by Justice James Wood, which found the department was overwhelmed, and that only 13 per cent of reports ever resulted in a home visit from a case worker.

One in 10 babies was being reported to the department and one-third of the state's 15- and 16-year-olds had been reported at least once in their lifetime.

Under the new system, the threshold for mandatory reporters, such as doctors and school principals, for contacting the helpline has been raised from "risk of harm" to "risk of significant harm". Responsibility for child protection is now shared with other departments and the non-government sector, who are supposed to provide practical help for families.

Community Services is supposed to deal only with the most serious cases that meet the new definition.

At the launch last week of the first annual report of the Keep Them Safe project - the name given to the government's $750 million, five-year child protection strategy - the Premier, Kristina Keneally, described the change as a "seismic shift".
On present projections, Community Services expects to get about 200,000 calls a year - representing the number of children at serious risk - compared with 309,675 reports in 2008-09.

However, the workload for Community Services was still intense, said Helen Freeland, the acting deputy chief executive of operations.
"Child protection teams are as busy as they always were; we're not feeling any relief," she said. "The families we never got to in the old system are not being referred to us any more. We're still getting the same number of serious child protection referrals and we have not had any additional case workers."
Whether the thousands of families diverted to other departments were receiving help was no longer a concern of Community Services, because "we're not the agency that runs the whole system any more".

NSW cancer patients get free legal advice

28 September 2010

Cancer patients and their families have had to deal individually with hefty financial and legal issues, but now help has arrived free of charge, reports Mohamed Taha.

Cancer Council NSW hopes to help take the burden off of patients and their families.

For centuries people have wondered whether there is a link between stress and cancer. Despite the lack of hard evidence that connects the two, one thing though is certain – having cancer and stress at the same time is a lethal mix.

Research by the Cancer Council NSW reveals that cancer costs an average patient more than $47,000 in lost wages, and other mounting costs such as treatment, childcare and accommodation. This leaves many patients in desperate need of immediate funds.

In response, Cancer Council NSW has joined forces with lawyers across Sydney to provide free legal support to cancer patients.

“The Cancer Council Legal Referral Service (CCLRS) assists cancer patients and

carers across NSW to access legal services, when they would otherwise be unable to do so, because of cost, illness or other barriers," says Louisa Fitz-Gerald, professional services coordinator of the NSW Cancer Council.

The legal services include concerns regarding wills, paying the mortgage, welfare rights and Centrelink, accessing early superannuation, tackling employment discrimination issues and guardianship of children when a parent dies.Back in 2008, a Cancer Council NSW study revealed a strong need for the service across NSW and an absence of alternative means for many cancer patients and carers to access legal advice.

"There are a number of reasons why patients cannot access legal services. They include costs, stress, being too unwell, lacking time and unavailability of services," says Fitz-Gerald.

Most cancer patients are primarily concerned with their treatment, but bills do add up and this is where the service can offer patients and their families much needed protection during these difficult times. Clients are referred to the CCLRS through the Cancer Council's Helpline and by social workers and psychologists based in hospitals.
Nearly eight out of ten hospital social workers have patients, which are plagued by legal issues while coping with the stress of treatment and are unable to work, according to a survey the Cancer Council conducted on 80 NSW social workers.

Sarah Ghamraoui, a social worker from Liverpool Hospital says that elevated costs, stress and sickness prevents many cancer patients from affording vital legal support, placing them at risk of losing homes, jobs and dying without a will. "When someone is diagnosed with cancer, the patient and their family experience feelings of shock, disbelief and panic. It's as if dealing with the emotional, psychological and physical stress of the actual cancer isn't overwhelming as it is, but on top of that many hit a financial or legal brick wall," says Ghamraoui.

"Most advanced or terminal cancer patients nearing their end unfortunately face the dilemma of having to deal with legal and financial issues both for themselves and their families."

Recently, Ghamraoui had a terminal patient who was a single mother with an eleven-year-old son. She describes how the patient struggled during the final months to deal with the issue of there being no next of kin.

"Thankfully, she was fortunate enough to be advised by a volunteer lawyer as part of the CCLRS service to tie the problem up. She ended up passing on guardianship to one of the only friends she had and saved the child from stress and trauma." Unfortunately the harsh reality of cancer is that it is usually fatal.

It is for this reason that many health professionals, psychologists and social workers try to ensure the maximum comfort throughout the cancer patient's journey. One of these means of comfort is through the CCLRS.

Christine, a 41-year-old mother of two, died a few months ago from breast cancer. Christine and her husband shared a mortgage with no savings so a will needed to be completed so Christine could sign and to pass on all her inheritance to her husband. However, she was in a palliative state and wasn't physically able to walk, even within the hospital, let alone to a bank branch to complete the will.

A solicitor was provided as part of the CCLRS and Christine was able to complete the will before she died, bringing much relief to her family.

"The service was helpful and it came right on time. It has given [our family] an opportunity to plan for a smooth funeral, without the headaches," a family member says.

"We are now able to follow a smooth process. We can grieve for the loss of Christine without the legal problems. It has allowed the family to be more at peace and has provided us with closure."

Funding needed to reduce suicide

Kym Agius
17 November 2010

Former NSW opposition leader John Brogden has used the story of his suicide attempt to put pressure on the federal government to up mental health spending. Mr Brogden said he was depressed at a time when he had it all.

He made political history in 2002 by becoming the youngest person, at age 35, to lead an opposition party in Australia, he was a footstep away from taking out the NSW premiership and had a supportive, loving and pregnant wife. "Yet, I could not have been more miserable," he told the annual Asia Pacific suicide prevention conference in Brisbane.

"I was untouchable and unreachable in this splendid isolation and quiet panic."

When news broke in August 2005 of a racist comment and alleged sexual harassment, the intense front-page media scrutiny that followed broke Mr Brogden.

He resigned from his party's leadership.
And then he tried to commit suicide.

"I felt great shame publicly and more shame privately," he said.

"I only had one choice in my mind.

"It was not simply in my mind the only way out, but it was the best way out," he said.

He survived and was taken to a psychiatric ward in the Royal North Shore Hospital. He received more than 10,000 letters of support from the public, many hand-written, and slowly began to piece together his life.
He still suffers from depression, remains on medication and has regular counselling.

He said there was not enough money to prevent suicide in Australia.
"In Australia, we spend tens of millions of dollars every year advertising for people to slow down and drive safely," he said.

He said 1600 people died each year on roads in Australia, but more, some 2200, died from suicide.

"If we had that money sending the message of suicide prevention, I think we would see the benefits," he said.

In federal politics, a coalition motion is due to go before the House of Representatives on Thursday, calling for an increase in funding for early intervention and psychosis treatment programs.
Australian of the year Professor Patrick McGorry, who also spoke at the conference, echoed the call for more funding.

When the money for suicide prevention was compared to the money thrown at lowering the road toll, he said, "it's just puny really when you look at the scale of preventable deaths occurring",

He said he wanted another $3 billion over four years for early intervention programs for at-risk youths.

Disease model of depression can limit treatment

Lyn Bender
November 16, 2010

Her voice is monotonic, her face holding one expression, as though older than her years. She tells me that she has been depressed "forever" and on antidepressants for years. She is having thoughts of wanting to die. This is our first counselling session. Characterising depression as like the common cold is a neat, catchy message, which does, however, belie the true complexity of the myriad of feelings, emotions and events that attach to the phenomenon of depression.

An increased awareness of the illness has been helped by **beyondblue**, which this month celebrates its 10th

birthday. The organisation's chairman, Jeff Kennett, is rightly proud of its achievements, which include Australia-wide bipartisan support and increased awareness of the illness. The initiative provides a simple framework — we may all be afflicted by this diagnosable medical condition and there should be no shame attached to seeking treatment.

But has making depression part of common parlance elevated it in seriousness to the point where normal sadness in response to events in one's life is characterised as depression, for which treatment is then sought, usually in the form of a pill? Depression can range from sadness, most often characterised as the "blues", to feeling like one is entombed in a black hole, often called being in the grip of "the black dog".

A medical model of depression identifies a cluster of symptoms. These include eating and sleep disturbances, social withdrawal, crying, agitation, emotion-numbing relentless fatigue and difficulty in managing everyday living.

Also, more seriously, people can experience suicidal thoughts and actions and a high degree of dysfunction to the point of becoming immobilised. Sufferers may describe themselves as in a fog or a haze or constantly distressed and not seeing any meaning in their life. They may see themselves as outsiders and disconnected from friends and family, set apart and not like other people who seem "normal" and "happy".

These are all states of mind that deserve attention and compassion. Yet if we regard the diversity of experience that can be called depression as a narrowly and rigidly defined disease we are ignoring a vast part of the human condition.

Even a privileged affluent lifestyle will not provide immunity from the reality of the non-negotiable trio of uncertainty, loss and death. There is societal inequity particularly in marginalised groups, but none of us get through life unscathed. One should seek help for sadness and grief and learn to manage intense feelings, as this will prevent entrenching a low mood or depressive states.

Many people I see have suffered from early traumatic loss that is repeated in the pattern of their lives. There is no justice, as deprivation, trauma and loss in early experience may bring ongoing emotionally disruptive consequences through out life. The disease model of depression can be useful, but limiting, and discounts the importance of the person's life story.

In his book *Manufacturing Depression*, Gary Greenberg suggests that we may choose to consider biography (our stories) not just biochemistry (serotonin and hormone fluctuations) as a significant way to understand, treat and alleviate depression. This is valuable advice.

There can be pressure under current mental health care to regard depression as a cluster of symptoms that can be "fixed" with medication, simple strategies and six to 18 counselling sessions. The preferred style is cognitive behavioural, which is frequently presumed in an oversimplified way to change dysfunctional thinking. The thrust of this is pressure is to get the person back on track to where they were before the crisis, breakdown or catastrophic event. The emphasis is on functionality rather than meaningfulness. If there are massive gaps in the person's emotional literacy, skills and integration of early loss and trauma, any improvement is unlikely to hold.

Dan Siegel proposes this integration of past experience in his book *MindSight* as the key to resolution of pain and conflict and lasting, deep change.
Siegel alerts us to the significance of neural pathways and the integration of emotions held in the right hemisphere of the brain with the capacity to consciously reflect on painful experiences in the left hemisphere of the brain. Both sides of the brain must be in communication so to speak.

Siegel uses insight, meditation, body awareness and holistic health regimes. This also fits with "talk therapy" that encourages the person to examine their life story and comprehend anew experiences for which there may have been no words at the time.

Therapy can bring emotional literacy, can help us manage strong feelings, and make new choices. It can provide a resolution of grief that gives deep loss a place in an ongoing life story and future happiness. It can be a pathway between excessive rigidity and emotional chaos.

Technology is only as malicious as the user

Jonno Seidler
4 October 2010

When technology is the preferred answer, nobody asks the difficult questions. The tragic suicide of Rutgers University student Tyler Clementi early October once again induced mass hysteria about the terrible consequences of the Internet.

Clementi's case had all the hallmarks of a social networking disaster; his romantic tryst secretly filmed on iChat, the news spread virally on Twitter and his last note left in the form of a Facebook status update. Almost as soon as the news broke of the violin prodigy's death, conservatives across the world expressed their outrage, demanding tougher sanctions against cyber-bullying and a crackdown on privacy laws.

But the real questions have been lost in a sea of re-tweets, hyperlinks and forum discussions on the subject. Flowing with the moral panic, we once again fail to recognise that this is not a new phenomenon, but it simply has a different form of dissemination. Rather than attacking the method, we should be tackling the cause.
Advertisement: Story continues below

Was Clementi the kind of person predisposed to suicidal thoughts? What kind of liberal society still finds homosexuality abnormal? Moreover, what made this particular student choose death over having his sexuality made public? Though accentuated by social media, interconnectivity and worldwide streaming, these larger issues are not the neat Facebook or Youtube problems some would like them to be. Rather, they are emblematic of a bigger crisis, one regarding tolerance and fairness, which extends to all aspects of human existence. It is in the interest of this same tolerance and fairness that Facebook campaigns are set up to free political prisoners in other countries, and YouTube videos are uploaded by citizen journalists in warzones to show the world a different side of the news.

Clementi's death has demonstrated that there are still gaping holes left in the Western world's understanding of youth sexuality, behaviour and mental health. But it has not explicitly proven that social networking is solely responsible for rubbing salt into these wounds.

The main objection is that Clementi was subject to the ridicule of thousands of people whom he had never met. That those faceless friends of his college roommate Dharun Ravi found reason to ridicule Clementi in the first place should be the more pressing issue at hand.

Technology is only as malicious as the user who wields it. Had Ravi phoned in the salacious rumour to his friends, like bullies did in the '90s, or sent a note around the lecture theatre, as was the norm in the generation before that, it is highly likely the result would have been the same. The scope may have widened in this instance, but the belittling, backstabbing and character assassination haven't.

What is the most disturbing part is not that young people have found newer, faster and more effective ways to hurt each other. It's that in supposedly enlightened, tolerant Western nations, they still want to do it at all.

New pregnancy line delivers

Stephen Johnson
1 November 2010

The new national pregnancy helpline has received three times more calls than the old service, which barred counsellors from discussing abortion.

The federal government established the Pregnancy, Birth and Baby Helpline in July. It was set up to replace the Howard government's contentious National Pregnancy Support Helpline, which declined to give abortion advice.
Opposition Leader Tony Abbott set up the helpline in 2007, as health minister, after he had failed to stop the introduction of abortion pill RU-486.

The new $17.1 million pregnancy helpline has attracted 4000 callers in its first four months, a monthly average of 1000.
Its $15.5 million predecessor took 14 months to attract 4492 inquiries, producing a monthly average of just 320 calls.

While the new helpline has attracted more callers, the volume is still well below the federal Health Department's target of 60,000 inquiries a year.
But the funding over three years is expected to pay for more staff.

Currently 30 staff take calls, including counsellors, psychologists and service information providers.
Women aged between 25 and 34 have been the most common callers, with the bulk coming from NSW, Victoria and Queensland.
Unlike the old service, the new pregnancy helpline provides non-medical advice about newborn babies and breastfeeding, along with information on sexual and reproductive health.

Helpline co-ordinator Bernice Gray said the most sought-after information requests related to hospitals, mother and baby facilities, family welfare and crisis intervention.
Drug and alcohol support services for men were also high on the list, she said.

The helpline is run by the non-profit Royal District Nursing Service.

iiNet announces free calls to crisis and mental health support services

Chloe Herrick
5 November 2010

iiNet's home and net phone subscribers will be able to call service lines such as, Lifeline, Beyond Blue, Mensline Australia, Suicide Callback Service, SANE Helpline, Kids Helpline, The Samaritans and Crisis Care.

IT companies are continuing to lend support to charities, with internet service provider (ISP) iiNet announcing it will provide free telephone calls for customers calling crisis and mental health support services.

The ISP's home and net phone subscribers, including Westnet, Netspace and AAPT, will be able to call service lines including Lifeline, Beyond Blue, Mensline Australia, Suicide Callback Service, SANE Helpline, Kids Helpline, The Samaritans and Crisis Care, free of charge.

iiNet's chief executive, Michael Malone, said he believed access to services such as Lifeline should be available to everyone in need.

"The appeal for free calls was posted on Twitter by one of our followers, and now it's a reality for our home phone customers," Malone said in a statement. "Lifeline Australia is supportive of the iiNet initiative and encourages all Australians to contact Lifeline if they are experiencing difficulty in their lives."

According to Lifeline chief executive, Angus Clelland, Lifeline answers approximately 450,000 calls every year from Australians in an emotional crisis. "For many people, the removal of any burden of cost can mean the difference between seeking help or not," he said.

Reminder Memberships are now Due from 1 November.

Online Membership & Membership renewal Now Available.

Thanks for all the agencies that have renewed their membership. If you would like to renew or become a **new member**, you can now do it online.

Please go to Memberships page www.helplines.org.au

Providing care and support during the festive season

Everyday Lifeline's telephone volunteers answer over 1,200 calls from Australians in need of care and support. The 13 11 14 telephone crisis support service operates 24 hours a day, 7 days a week, 365 days a year (even on Christmas Day).

In 2009 Lifeline received over 1,000 calls on Christmas Day and the average call rate during December is higher than other months during the year.

Lifeline is reliant on your support to ensure all Australians have access to care, even on Christmas Day.

Make a donation this Christmas in support of our vital telephone crisis support service and to acknowledge our volunteers who selflessly and generously give up their time to provide care to the community.

Visit the website www.lifeline.org.au to make a donation now.

Thursday 2 December Helplines Australia Annual General Meeting

3 – 5pm
Cancer Council NSW
153 Dowling St
Wollomoolloo

All member representatives are welcome to attend. Please RSVP by 31 November for catering purposes.

You can e-mail to info@helplines.org.au

Committee positions will be open for voting. Information has been provided to members with the membership renewal and annual reports.

Nominations for committee positions are open to any staff representative of a helpline agency.

Please keep posted on our website.

www.helplines.org.au