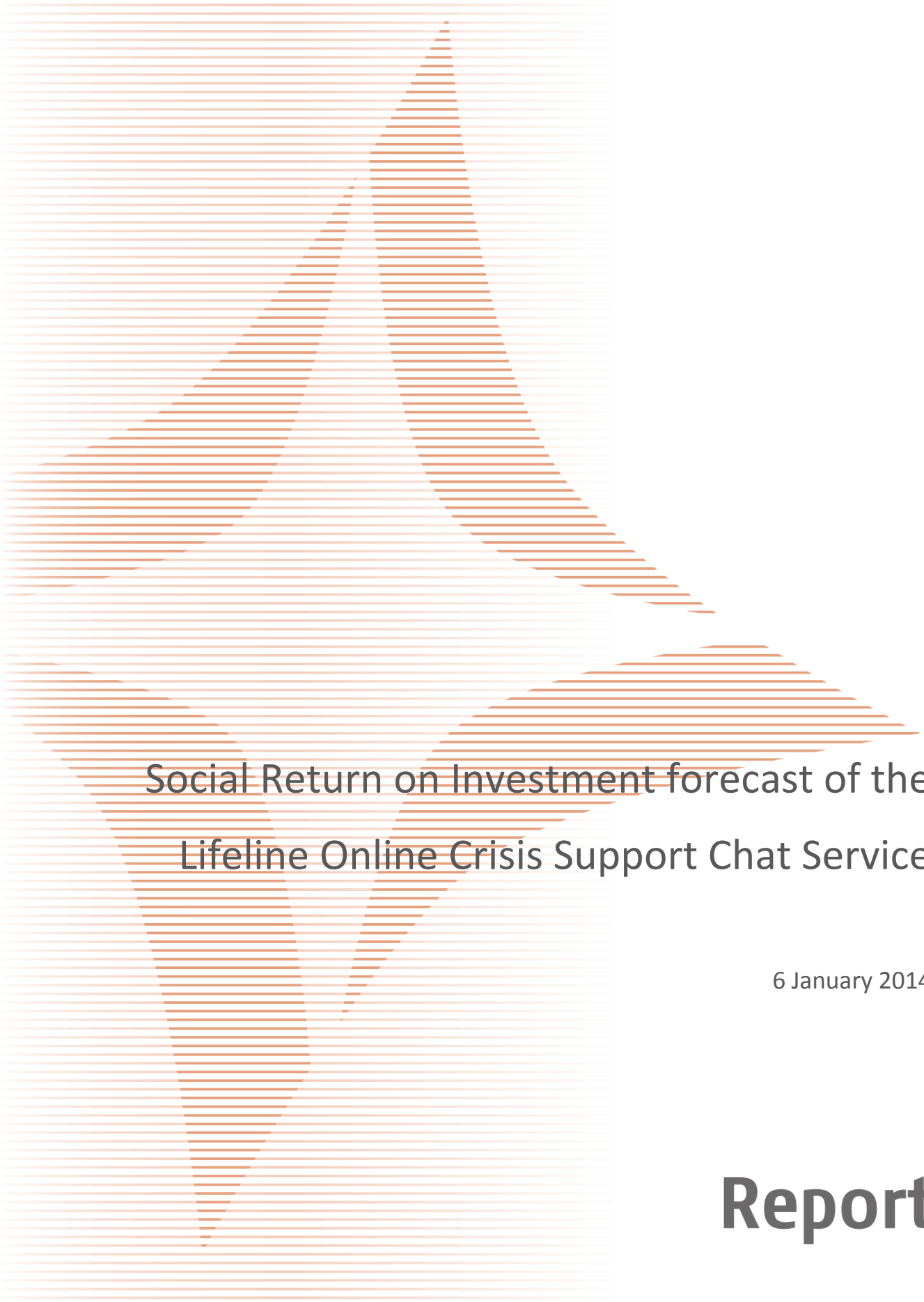


Social Return on Investment forecast of the Lifeline Online Crisis Support Chat Service

6 January 2014

Report

Acknowledgement

The MLC Community Foundation has been a proud supporter of Lifeline since 2008, in the form of long term grants that have reached $2.4 million since the relationship commenced. The MLC Community Foundation is the founding partner and major financial contributor of the Lifeline Online Crisis Support Chat service.

This Social Return on Investment (SROI) Study was generously supported by the MLC Community Foundation through financial assistance to the Lifeline Research Foundation and through pro bono expertise from the National Australia Bank Data Analytics personnel who contributed to the statistical analysis for the study.

TABLE OF CONTENTS

Executive Summary

This report presents the results of a Social Return on Investment (SROI) forecast study for the Lifeline Online Crisis Support Chat service.

Lifeline Online Crisis Support Chat is a crisis intervention service to support suicide prevention in Australia. The service aims to attract people experiencing personal crisis, and in doing so seeks to interrupt the development of a suicidal crisis state which may result in a person attempting to end their life. The Service also seeks to facilitate a person taking positive steps to address the issues in their life, including accessing services that provide longer term programs and mental health treatments. The beneficial impacts of the Lifeline Online Crisis Support Chat Service go beyond the immediate contacts to the service. More widely, the health system and emergency services benefit from reduced call outs for suicide attempts, or tragically, for responses to a death by suicide. Most broadly, Australia benefits from reduced deaths of people who otherwise make a contribution to our national economic and social achievements.

The SROI methodology was used to forecast the social impact of the Lifeline Online Crisis Support Chat Service. SROI is an internationally recognised approach for understanding and measuring the impacts of a program or service from the perspective of material stakeholders. In particular, SROI methodology focuses on measuring the changes that occur for stakeholders – against stated outcomes that are intended through a 'model of change' for the program or service. A monetary figure is then developed drawing on financial proxies to represent the economic value of outcomes experienced by stakeholders.

This SROI forecast is based on a typical year of funding for the Lifeline Online Crisis Support Chat Service. Based on 230 responses to a online user survey and economic modelling reflecting the SROI methodology, the study has found that from an annual investment of $860,517, for every dollar invested in the Lifeline Online Crisis Support Chat Service, there is a social return valued at $8.40. Given the uncertainty relating to the relationship between suicide ideation and suicide attempts, the ratio is more appropriately provided as a range. Based on modelled parameters to account for this uncertainty, the ratio falls in a range of $7.40 and $9.40.

Social value was created for two categories of service users; those for whom crisis intervention occurred and those for whom crisis aversion occurred. Social value for the public medical system and public emergency services was also created. The spread of social value across these stakeholders and a summary of social value creation is depicted in the following two figures below.

	Total Social Value per stakeholder ($)	Present Value of Social Value to stakeholder
Crisis Intervention (High Risk)	$ 2,367,059	$ 2,233,075
Crisis Aversion (Medium - Low Risk)	$ 3,166,579	$ 2,987,339
Emergency Services	$ 469,884	$ 443,286
Medical services	$ 1,639,367	$ 1,546,573
Total	**$ 7,642,889**	**$ 7,210,273**
	Total Value of Inputs	**$ 860,517**
	SROI ratio ($1:$x)	$ 8.4

Figure i: Social value creation summary

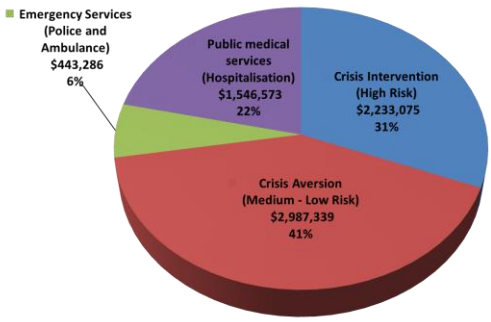


Figure ii: Social value created per stakeholder

Three main outcomes were identified for the service users:

- Reduced suicidality/self-harm potential,
- Improved resourcefulness, and
- Enhanced belonging

In addition, two areas of cost re-allocation were identified for public services

- Reduced use of medical services, and
- Reduced call outs

The spread of value across these 5 outcomes are depicted in the figure below.

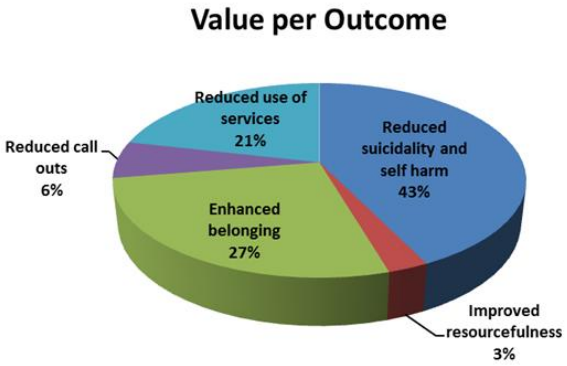


Figure iii: Social value created per outcome

Analysis of survey results

- Lifeline Online Crisis Support Chat clearly attracts suicidal persons (around 50% of contacts) and many of these (45% of contacts) are highly upset, suggesting that they are in a 'danger zone' for a suicide attempt.

- Post chat, this level of upsetness drops for the majority (only 9% of chats remain highly upset). This suggests the service is providing crisis intervention effectively, to interrupt the potential for a suicidal act.

- Around half of the chat contacts made use of other services after the chat session and were able to name these as mental health services and community services related to their personal difficulties, with many contacts accessing other online services. Importantly, 75% of those contacts who did make use of others services post-chat, stated that they would probably or definitely not have approached these otherwise. This means the mental health service system, overall, is being more effectively utilised for positive benefits to these persons – with related benefits to their families, employers and others surrounding them.

- More than one third of the chat contacts would not seek help from other services, and 53% were unaware of any other online or crisis services that they could use. This demonstrates that, without Lifeline Online Crisis Support Chat, many people would not seek help – the service is filling a gap in the overall community response on suicide prevention.

- Responses from an open ended survey question relating to what users thought of the service were coded and categorised into various themes. Users identified the following as the most important aspects of the crisis chat service.

    - Care provided,
    - Providing them with perspective,
    - Ability to use written communication,

- Empathy,
- Sense of companionship,
- Instilling a sense of calm,
- Providing a distraction,
- Guidance in time of need,
- Life saving (preventing the act of suicide), and
- Anonymity

The overall results of the survey and SROI modelling indicate that the Lifeline Online Crisis Support Chat Service should be recognised as a vital national infrastructure service in suicide prevention and crisis support as it is:

- Directly able to interrupt further escalation of a crisis state within an individual and therefore contributes to the prevention of deaths by suicide, at the time of the contacts come to this service;

- Using technology as a smart solution, in recognition of the growing preference by contacts to use the internet for help;

- Showing how the offer of help to people as a personal crisis is emerging can work – to avert further development of a crisis situation

- Attracting people at critical points in their life and then creating pathways for longer term contact to be made with professional services and longer term programs to address the underlying issues that contribute to a crisis state.

Section 1 – Introduction to Lifeline Online Crisis Support Chat Service

This section provides a background to the Lifeline Online Crisis Support Chat Service and the scope and approach employed in this SROI forecast which includes a stakeholder engagement and data collection summary.

Lifeline Online Crisis Support Chat Service is a crisis support service which enables suicide prevention in Australia. The service aims to attract people experiencing personal crisis, and in doing so seeks to interrupt a suicidal crisis state which may result in a person attempting to end their life or to avert the escalation of a person's response to difficulties in their life into a crisis situation.

Lifeline Online Crisis Support Chat Service is an online service available seven days a week between 8:00 pm and 12:00 am, as a generally available service, ie: anyone can use it. The Service is presented as offering 'crisis support' which is a short term interaction, with each chat session being treated as a 'single session', i.e. not a continuing service with a case plan. However, individuals are able to use the Lifeline Online Crisis Support Chat Service more than once, and some contacts use the service several times over periods of personal need.

During a typical session, a service contact will 'chat' with a trained and accredited Lifeline Crisis Supporter, who will apply an evidence based model of service to explore with the contact the issues surrounding their expressed need for crisis support, at that time, and seek to engage the contact in problem solving and resourceful actions to positively cope with the issues before them.

To facilitate a person utilising professional health services and other community services that will address longer term issues, the Lifeline Online Crisis Support Chat Service offers contacts information and assistance in identifying other services that can provide longer term programs and mental health treatments.

Social Return on Investment

The Social Return on Investment (SROI) methodology[1] was used to assess the social impact of the Lifeline Online Crisis Support Chat Service on service. SROI is an internationally recognised approach for understanding and measuring the impacts of a program or service. It looks at what changes for key stakeholders, from the perspective of these stakeholders. [2]

Using the SROI approach, it is possible to measure the 'impact' of activities, rather than simply measuring the delivery of activities or outputs (such as "number of counselling sessions" or "number of loans issued"). It also enables organisations to get a better understanding of the processes that affect their stakeholders, by identifying the links between activities and impacts.

A monetary value is used to represent the value of the outcomes experienced by stakeholders. The value of the outcomes can be compared to the investment required to generate them, providing an indication of cost effectiveness. SROI thus puts social and economic outcomes into a language which is widely understood by investors and decision makers.

Please refer to Appendix B for further information about the SROI methodology and an explanation of key terms.

Scope and approach of this SROI forecast

This SROI has been modelled to forecast the social value created by the Lifeline Online Crisis Support Chat Service in a typical year of operation. It is based on an analysis of the current model of service delivery and primary data collected through a survey of present and past contacts. The ratio is based on budgeted input costs (both cash and in-kind) for designing and delivering the program during a typical year.[3]

A typical year of funding includes;

- Employee expenses
- Equipment and Telecommunications
- Marketing and promotion
- Management charges
- Evaluation and Research to design the service

[1] See Appendix A for an explanation of the SROI methodology
[2] Value in the SROI methodology is calculated per stakeholder rather than per contact. Presently, Lifeline collects data on a "contact level" rather than on an individual user. Using results of a online survey and available contact data, the number of individual users was calculated. Appendix B shows the methodology and rationale used to calculate this data
[3] Appendix C provides a detailed breakdown of the input costs of the Lifeline online crisis support chat service

Stakeholders

The stakeholders of the Lifeline Online Crisis Support Chat Service were identified in consultation with representatives of Lifeline who are involved in the delivery of service and the management of the organisation's crisis support services. Only those stakeholder groups deemed material, following discussions with this group, have been included in the SROI calculation. The following initial list of stakeholders of Lifeline online crisis support service was identified prior to the materiality decision[4]:

- Service users
- Families of contacts
- Broader community (including schools)
- Employers
- Private Health sector
- Public Health sector
- Emergency Services (Police, Ambulance)

Further discussions led to applying SROI materiality principles and limiting the scope of stakeholders gaining significant social value as follows:

- Service users split into two categories:
    - Crisis Intervention recipients, and
    - Crisis Aversion recipients
- Public Health sector (hospitals and health services)
- Emergency services (Police and Ambulance)

Stakeholder engagement summary

Due to the confidential nature of many of the users' cases and further accessibility issues, it was deemed inappropriate to conduct one-on-one interviews or focus groups with service contacts as a primary method of stakeholder engagement. Lifeline Crisis Supporters, staff, supervisors and sector experts were engaged at various points during the course of the project. Their hands-on experience was drawn on to identify the key domains of change and resulting social value that would have been experienced by the material stakeholders.

[4] Appendix D provides a list of all the stakeholders considered and the materiality decisions made

Data collection summary

Online surveys were designed by Net Balance and the Lifeline Research Foundation with assistance from MLC qualitative data collection experts. The surveys were based on measures that would generate evidence of the identified changes for contacts (consumers) as a result of engagement with the service. The surveys were administered online to users of the Lifeline Online Crisis Support Service in July 2013 and received 230 responses.

This project was conducted between January and August 2013.

Section 2 - Literature on Online / Phone Crisis Support Services

This section describes relevant research on online crisis chat/phone crisis support service and illustrates the key drivers behind the need for such services and their potential benefits.

Telephone crisis line services have contributed significantly to community-based crisis support and suicide prevention since the 1950s. Early research in the 1960s and 1970s (Litman, 1970, 1995; Sudak, Hall and Sawyer, 1970, 1995) established the basis for telephone crisis lines as suicide prevention services. The elements of these services included a recognition that help seeking would occur through informal supports as well as professional health services, and that the offer of a helping service through accessible means such as telephone could be highly effective in attracting people experiencing personal difficulties, including those with thoughts of suicide.

More recently, online crisis support services, modelled on the techniques used by telephone crisis lines, have commenced operation. The Lifeline Online Crisis Support Chat Service is one of several worldwide that have been established in the past 3-5 years.

Service Promotion and Utilisation – Crisis Lines

One measure of service effectiveness for crisis lines is their capacity to attract people in crisis, distress and / or at risk of suicide.

Research studies have examined the extent to which callers to telephone crisis lines are exhibiting high levels of psychological distress. One Australian study (Perkins et al 2004) reported Lifeline caller's psychological distress as measured by the Kessler 10 scale: 72% of those interviewed scored high (22 or more) and 51% scored very high (over 30).

Suicidal persons contact telephone crisis lines. In response to a direct question about thoughts of self-harm, "Do you currently have thoughts about harming your self or not wanting to be alive?" 29% of Lifeline callers in the Perkins study said yes. This finding is similar to that reported in a North American study conducted by Mishara et al (2007b) which showed 35% of calls to the telephone crisis line involved suicide crisis.

Lifeline Online Crisis Support Chat Service found at the time of its inception high proportions of contacts expressing suicidal thoughts at the time (43%) and high proportions (31%) indicating extreme emotional distress in response to the question 'how upset are you now'? Similarly high proportions of suicidal ideation and distress in contacts to this service have continued, and are replicated in the experience of the US Crisis Chat service

Caller Outcomes

Specific outcomes for callers during and after telephone crisis line contact include:

- Changes in the callers' crisis state or suicidality during the call;
- Resourcing for improved crisis management for the current situation and the next;
- Development of action plans and the provision of referrals for longer term services.

Kids Help Line Australia research reported a significant reduction in suicidality and improvement in mental state from 100 young suicidal callers (King, Nurcombe, Bickman, Hides and Reid, 2003). Research conducted in the USA with non-suicidal crisis callers (Kalafat et al., 2007) found a significant reduction in their distress by the end of the call compared with baseline assessments of crisis state when the call started. Callers were significantly less confused, depressed, angry, anxious, helpless and overwhelmed and also less hopeless. In another USA study, Gould and colleagues (2007) measured changes in suicidal callers at the beginning and end of the call. They identified a significant reduction in suicidal status during the call on measures assessing intent to die, hopelessness and psychological pain. A subset of callers was asked to reflect on their crisis contact when followed up within the next month. They identified the counsellors' warmth, willingness to listen, letting them talk and clarify options and patience as qualities that contributed to good outcomes. Notably, 11.6% indicated that the call prevented them from killing or harming themselves.

Lifeline Online Crisis Support Chat Service has noted a change in self-reported 'upsetness' for contacts, with 85% of contacts being moderately or extremely upset at the time of contact, and 32% of contacts moderately or extremely upset post chat.

Post-call Actions and Service Referrals

The development of action plans and provision of referral options are also important features of the call and are designed to enable coping and increase resourcefulness after the call has ended.

The study by Kalafat and colleagues (2007) on non-suicidal crises found that action plans were developed in nearly 6 in 10 callers and included such things as reaching out to a partner or friend or identifying relaxation activities. Two thirds of callers either received a new referral or were encouraged to reconnect with services previously accessed by them. Mental health care predominated in referrals provided. In more recent research published in 2012, researchers Gould, Munfakh, Kleinmann and Lake reported that of those callers to the US crisis line who received referral information for mental health care, approximately 50% did utilise this information.

For Lifeline Online Crisis Support Chat Service, about half of those surveyed in 2013 were able to state a service that they had connected with as a result of using the Lifeline service; moreover, 75% stated that they would probably or definitely not have contacted this [other] service had it not been for the experience of Lifeline Online Crisis Support Chat Service.

Section 3 - Stakeholders Identification

This section provides a closer look at the stakeholders for whom social value is created through the Lifeline online crisis support chat service

Stakeholders

The stakeholders of the Lifeline Online Crisis Support Chat Service were identified in consultation with the project team set up for this project. Based on the input provided by Lifeline, including analysis of current evaluations and data, the material stakeholders of the Lifeline Online Crisis Support Chat Service were identified. Only those stakeholder groups deemed material have been included in the SROI calculation. All considered stakeholders of the Lifeline Online Crisis Support Chat Service, and the rationale for the selection of the material stakeholders, are presented in Appendix D.

In SROI, a stakeholder is deemed 'material' if sufficient social value, in the context of the total social value created by the Lifeline Online Crisis Support Service, has been created for that stakeholder to merit their inclusion in the analysis. The aim is to focus the theory of change on those changes which are most significant and which merit being included in the lengthy data collection and modelling process.

The material stakeholders of Lifeline Online Crisis Support Service are described in Table 1.

Table 1: Material stakeholders of the Lifeline online crisis support chat service

Stakeholder group	Description
Contacts	Individuals who contact the Lifeline Online Crisis Support Chat Service; these may be first time contacts, or persons who have used the service before. As the Service is a generally open service (ie: no intake restrictions) these individuals self-identify their need for service and come with a variety of presenting issues and situations. Contacts may be classified as those experiencing extreme distress, for whom crisis intervention techniques are applied to reduce the intensity of the crisis and address immediate safety considerations, and those who are experiencing personal difficulties and for whom crisis aversion techniques are applied to lessen the likelihood of destructive responses to the difficulties occurring.
Health Services	Individuals in crisis may be current users of health services, or may become users of health services are their needs escalate. In particular, where suicide attempts occur, there is likelihood that the individual will require emergency and hospital health services, and may go on to use treatments and health care programs in recovery.
Emergency Services and Police	Emergency services are affected by suicidal behaviours and attempts, as front line workers in response to community safety issues. These workers are likely to be called to a situation where a person has suicidal intent; they are likely to be involved in an emergency response should a person attempt suicide, or die by suicide.

Section 4 - The Theory of Change

This section outlines the steps that were taken in determining the Theory of Change for the Lifeline Online Crisis Support Chat Service. In determining the Theory of Change, Lifeline staff involved in the delivery and management of the Service were consulted and the research and theory underpinnings of the Lifeline Crisis Support Practice Model were utilised to identify the main areas of change for service users.

What is a theory of change?

SROI is based on the theory of change. This is a description of how inputs are used to deliver activities which, in turn, result in outcomes (changes) for each stakeholder. The theory of change tells the story of how stakeholders are involved with the Lifeline Online Crisis Support Chat Service and their perception and belief of how their lives have changed as a result.

Workshops were conducted with Lifeline staff and managers with practical experience and substantial experience in service delivery in order to determine the theory of change for the material stakeholders identified. Additionally, a review of past evaluations and the research literature and theory that underpins the Lifeline Crisis Support Practice Model was undertaken to corroborate the takeaways from the workshops.

The Lifeline Crisis Support Model

Lifeline has developed a Crisis Support Model which draws on research evidence surrounding crisis intervention for suicide prevention, and the theory on crisis support that has developed since the establishment of helplines and crisis lines more than 50 years ago.

The Lifeline Crisis Support Model of service contains several key process features:

- focus on crisis: when a person is not coping with whatever life has thrown at them, in the knowledge that crisis is a dangerous place;
- connection: to provide someone who will 'be there' so no one is left alone during a personal crisis;
- safety checks and interventions to prevent destructive responses to crisis, including attempted suicide;
- motivation: to support one help seeking action with the confidence to make another, and another;
- action: to create pathways for practical steps to address the underlying issues that generate a sense of crisis and being unable to cope.

The application of the Lifeline Crisis Support Model to the development of intended outcomes for the Lifeline Online Crisis Support Chat Service is shown in Table 2:

Table 2: Lifeline online crisis support chat service theory of change

Stakeholder	Intermediate Outcomes	Final Outcome
Service Users -	- Reduced suicidal thoughts and feelings. - Alleviation of distress. - Reduced destructive response to distress. - Averted suicidal progression. - Seeing other options to suicide - Thinking differently.	**Reduced suicidality and/or self-harming**
	- Restoration of equilibrium. - Increased capacity to cope. - Increased acceptance of self. - Increased capacity for self-care. - Increased self-efficacy. - Improved confidence to address next issue. - Increased sense of empowerment.	**Improved personal resourcefulness:**
	- Reduced feelings of loneliness and isolation. - Knowing someone is "present" for them. - Increased sense of acceptance by others. - Restoration of willingness to trust others in helping relationships.	**Enhanced belonging**
Emergency Services	- Less likely to require use of ambulance and police services due to a decreased number of cases of suicide / suicide attempts	**Reduced call-outs**
Public Health Services	- Less instances of hospital admissions due to averted cases of self-harm	**Reduced use of services**

Section 5 - Evidencing the Change – Quantitative Data Collection

This section briefly outlines the process taken to quantitatively evidence the outcomes identified in the theory of change.

Outcomes Survey

For this SROI study, an online survey was administered to contacts of the Lifeline Online Crisis Support Chat Service. This was to ensure that data was collected on the impact experienced by this group of stakeholders, from use of the service.

The recruitment of contacts occurred directly through the offer of the survey by Online Crisis Supporters, at the end of a crisis session, and from contacts recruited via a tick-box on the service website where contacts could indicate their willingness to provide post-service feedback for research and evaluation purposes.

The survey contained questions about respondents – basic profile data on gender, age and employment status. Respondents were asked about their experience using the service and satisfaction with accessibility and quality of service. Questions sought to explore contact perceptions of the changes they experienced in using the service, specifically asking around key measures at entry to service and post-service session.

A total of 230 respondents completed the online survey; not all respondents, however, completed all questions in the survey. For the purposes of this study, the full 230 respondents were retained in the data analysis, noting that the non-responses to particular questions may not have altered the results significantly.

Past data collected on the Lifeline Online Crisis Support Chat Service during its initial trial evaluation was used to review the data collected in this study for consistency with past data and service evaluation. A consistency was observed in responses given by contacts at the time of the trial evaluation with those given in this SROI study.

Around half the respondents stated that they had used the Lifeline Online Crisis Support Chat Service before, and a statistical adjustment was made to determine persons rather than numbers of sessions per annum for the purposes of calculating service reach in the community[5].

Data collected through the online survey instrument was compiled in Excel spread sheet format and analysed with the assistance of MLC analytics personnel.

The survey results were then peer reviewed before being placed into the SROI model against values nominated to measure impact, dead weight and benefit allocation.

[5] See Appendix B for calculations

Contact Impact Measures

For each of the three direct outcomes intended for contacts to the Lifeline Online Crisis Support Chat Service, measures were adopted that could be incorporated into the survey research.

It was recognised that – in the context of the Lifeline Online Crisis Support Chat Service, and this SROI study - it would be difficult and potentially not reliable to administer a survey tool to test suicidality in the pre and post environment of service use. Two measures of service impact were therefore identified that would relate to suicidality, drawing on the theory models used in Lifeline's approach to suicide prevention: upsetness and aloneness.

Table 3: Service impact measures used in online survey

Outcome	Measure of service impact in Survey
Reduced suicidality / self-harming	**Upsetness** – respondents were asked to rate the intensity of their feelings of being upset for pre-contact and post-contact with the service. This measure, which is used in the USA crisis chat service also, serves as a proxy for collecting data on emotional distress. It is relevant to suicidality because extremely high emotional distress can indicate a crisis state during which suicidal intent may be elevated.
Enhanced belonging	**Aloneness** – respondents were asked to rate the intensity of their feelings of being alone for pre-contact and post-contact with the service. This measure serves as a proxy for collecting data on perceived aloneness, which relates to distorted suicidal thinking as identified in the Joiner Interpersonal Model of Suicide.
Improved resourcefulness	**Confidence** – respondents were asked to rate the extent to which they felt confident to cope with the current crisis issue pre-contact and post-contact with the service. This measure serves as a proxy for increased coping capabilities, and the extent to which processes of self-resourcefulness have been activated during the service.

Section 6 - Outcome Results Summary

This section presents a summary of social value created and the magnitude of outcomes achieved per stakeholder. The impact (in SROI terms) is also analysed and key findings are highlighted.

Valuing outcomes

The social value of the Lifeline Online Crisis Support Chat Service is calculated by combining the results of the outcome survey and assigning financial proxies to represent the social value created by each outcome. The self-reported responses to the outcome focused questions and indicators of deadweight and attribution (SROI impact parameters) dictate what proportions of each proxy are assigned to individual clients while valuing the change. Information on financial proxies (rationale, source, value) is included in Appendix E.

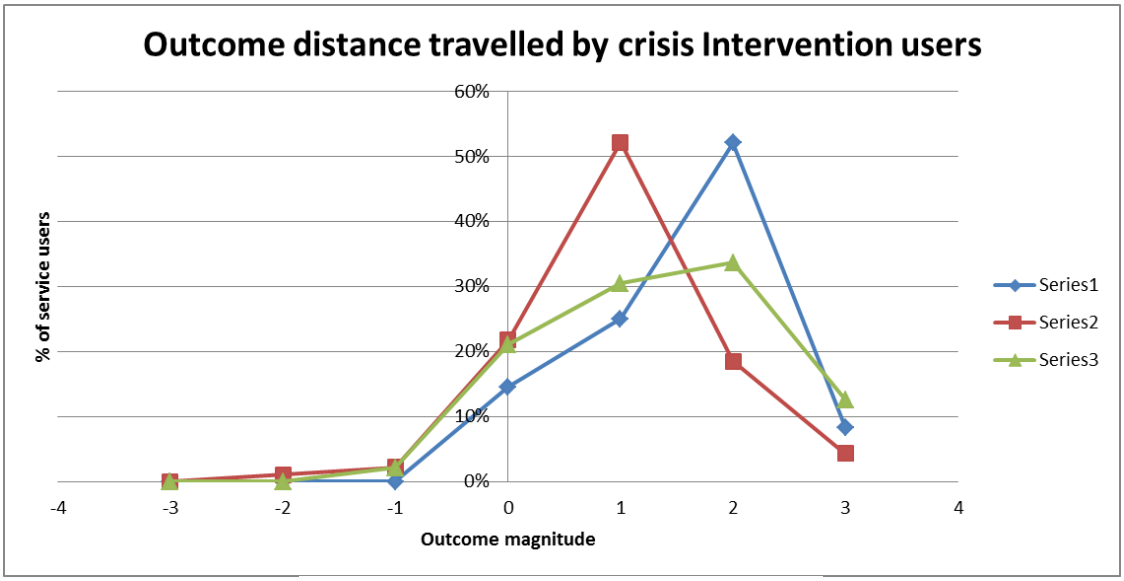
In Table 2, for each stakeholder group we have presented:

- the total number of positive and negative outcomes reported by users,
- the average deadweight and attribution assigned to each outcome as reported by clients, and
- the social value created per outcome.

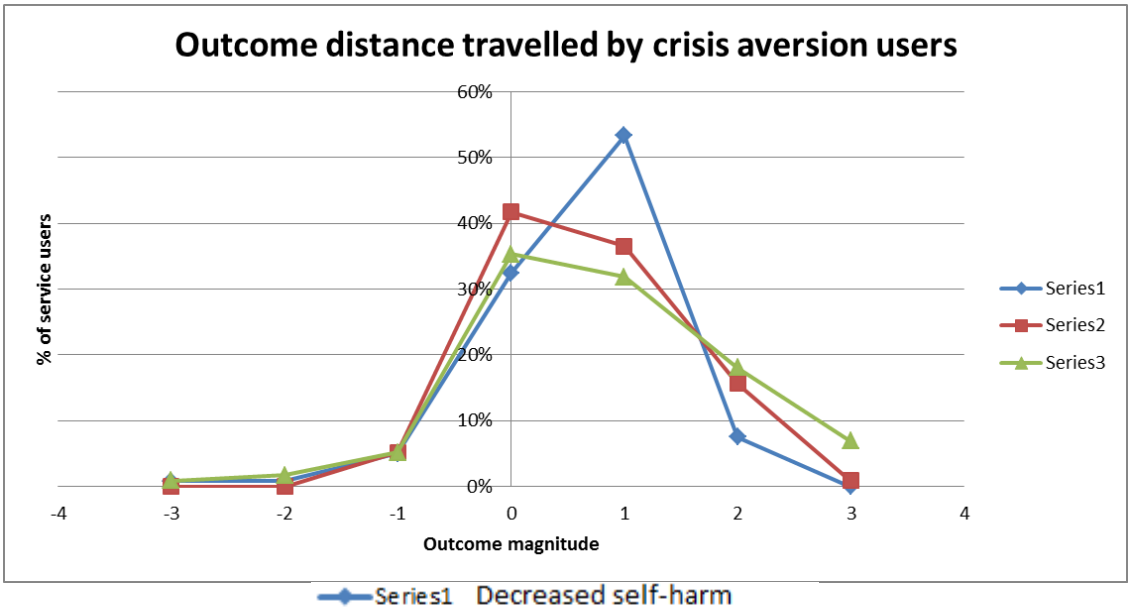
Figure and C depict the varying degree of outcome distance travelled by users of the service

Table 2: Summary of outcomes for all stakeholders

Outcome	Number of clients surveyed	Total number of unique clients in stakeholder group	Number of positive outcomes	Number of negative outcomes	Deadweight (How much of the change would have occurred anyway)	Attribution (how much of the change is attributed directly to Lifeline)	Social value created ($)
Crisis Intervention							
Reduced suicidality	96	6119	3665	0	34%	61%	$4,540,445
Improved resourcefulness	92		2710	116		54%	$112,360
Enhanced belonging	95		3237	32		58%	$531,559
Crisis Aversion							
Reduced self harming	120	7479	2183	296	33%	53%	$1,493,667
Improved resourcefulness	115		2276	179		48%	$81,526
Enhanced belonging	116		2660	306		52%	$1,412,146
Emergency Services							
Reduced use of services	Based on survey responses		3665	0	34%	61%	$1,266,533
Medical Services							
Reduced call outs	Based on survey responses		2183	296	33%	53%	$1,546,573



Series1 Decreased Suicidality
Series2 Improved Resourcefulness
Series3 Enhanced Belonging



Series1 Decreased self-harm
Series2 Improved Resourcefulness
Series3 Enhanced Belonging

Figure B and C: Outcome distance travelled by service users

What would have happened without the service? (Dead Weight)

- From the survey results, on average approximately 30% of the outcomes for both crisis intervention and aversion service users would have occurred regardless of the existence of Lifeline's service. From the survey responses, users that would have gone elsewhere for help stated that they would have accessed related services such as; Kids Help Line, e headspace, Beyond Blue, Suicide Call-back, Reach Out and/or 1800 Respect to help them deal with the issues that they were going through at their time of crisis.

How much of the change is because of the service (Attribution)

- In terms of the amount of credit that service users surveyed attributed directly to the service in being able to achieve their outcomes, crisis intervention users stated 58% and crisis aversion users stated 51%.

Magnitude of Outcomes

The survey questions relating to the three outcomes were answered on a 4 point achievement scale. This enabled us to model how strongly the Lifeline Online Crisis Support Chat Service was able to affect each individual user (also known as distance travelled in the SROI methodology).

- For both sets of users, the reduced suicidality and self-harm outcome resulted in the greatest amount of social value created. Figure B also shows that a larger proportion of crisis intervention users experienced greater outcome distance travelled along the 4 point scale than crisis aversion users (a 2 point movement as opposed to 1).
- A small percentage of users reported having felt worse off after their Lifeline online chat. However, this did not indicate increased suicidality for the highly upset crisis intervention users. Across the three outcomes, 10% of crisis aversion results were negative outcomes (only 2% of crisis intervention outcomes were negative). This potentially indicates that the online crisis chat model is much more effective in preventing high-risk situations.
- The enhanced belonging outcome was much more prominent (more than double the value) for crisis aversion users than crisis prevention.

Section 7–Summary of Findings

This section presents the overall findings of the SROI forecast for the Lifeline Online crisis support chat service. The value of social outcomes per stakeholder group and the spread of outcomes are discussed.

Investment in the Lifeline Online Crisis Support

A total investment of $860,541 is required to run the Lifeline Online Crisis Chat Service in a typical year. This includes all those contributions, both financial and non-financial. The total value of the investment is used in the SROI calculation. A breakdown of the investment is provided in Appendix H.

Social value created by Lifeline Online Crisis Support

Through stakeholder engagement, data collection and desktop research, the total social value created by Lifeline online crisis support chat was calculated. By monetising these outcomes, the social value to material stakeholders was valued at $7,210,273.

For every $1 that is invested in the Lifeline online crisis support chat service, it is calculated that $8.4 in social value is created.

In the previous section, it was noted that the greatest amount of value was derived from intervening and preventing the act of suicide. However, no studies have been identified in the Australian context that can help us ascertain the number of suicide ideations that will actually go on to be converted to acts of suicide. Accordingly, the ABS 2007 National Mental Health and Wellbeing Survey data has been applied, which found that 370,000 Australians each year think of suicide, while 65,300 Australians attempt suicide each year. The ratio between thinking of suicide and attempting suicide may be calculated at 17.5:1. This ratio has been adopted in calculating the value of the Lifeline Online Crisis Support Chat Service in terms of intervening and preventing the act of suicide.

After adjusting the probability of fatal circumstances occurring we can state that for every dollar invested in the Lifeline Online Crisis Support chat service a social return of between $7.40 and $9.40 can be expected.

Table 5: SROI value creation summary

	Total Social Value per stakeholder ($)	Present Value of Social Value to stakeholder
Crisis Intervention (High Risk)	$ 2,367,059	$ 2,233,075
Crisis Aversion (Medium - Low Risk)	$ 3,166,579	$ 2,987,339
Emergency Services	$ 469,884	$ 443,286
Medical services	$ 1,639,367	$ 1,546,573
Total	**$ 7,642,889**	**$ 7,210,273**
	Total Value of Inputs	**$ 860,517**
	SROI ratio ($1:$x)	$ 8.4

Sensitivity Analysis

The sensitivity analysis examines the impact of a variation in the value of key input parameters and assumptions on the outcomes. We first identified the parameters to be tested by analysing the valuation model and then decided on upper and lower limits for each of these parameters and assumptions. The upper and lower values were then fed into the model and the resulting overall social value created was collated for each new input. The results of the sensitivity analysis are presented in Table 3 below in relation to each parameter tested and the upper and lower assigned to the parameters.

Table 3: Results of the sensitivity analysis

Parameter / assumption	Value of the parameter		Resulting SROI (ratio)
Factor used to calculate number of stakeholders from contacts	Base case calculations	3 (median)	8.4
	Low estimate	8.78 (average instead of median)	6.6
	High estimate	5	7.4
Statistical Value of Life (SVoL) (Proxy for Reduced self harm)	Base case calculations	Adjusted to a month	8.4
	Low estimate	Adjusted to a week	5.6
	High estimate	Adjusted to 6 months	12
Visits to the GP (Proxy for Improved resourcefulness)	Base case calculations	2	8.4
	Low estimate	1	8.3
	High estimate	10	9.3
Value of time (Proxy for Enhanced belonging)	Base case calculations	Median salary	8.4
	Low estimate	Value of volunteer time ($7/hour)	7.1
	High estimate	One month (instead of a week for crisis intervention) of salary time	10.2
Assumption of Deadweight	Base case calculations	33% or 34% depending	8.4
	Low estimate	20%	10
	High estimate	50%	6.3
Assumption of Attribution	Base case calculations	Various factors	8.4
	Low estimate	15%	10.6
	High estimate	-15%	6.2
Assumption of outcome incidence	Base case calculations		8.4
	More conservative outcome matrices		5.1

The maximum value of the SROI ratio through sensitivity analysis is 12 which is attained under the assumption that the proxy for reduced self harm should be set at 6 months of Statistical Value of Life rather than one month. The minimum value for the SROI ratio through sensitivity analysis is 5.1 which is attained when changing the outcome matrices for more conservative scaling of outcomes based on the "outcome distance travelled" data obtained through contact's surveys.

This sensitivity analysis provide some sense on the boundaries for possible values of the SROI ratio and shows that the value created remains significant under a wide range of assumptions.

Discussion of results

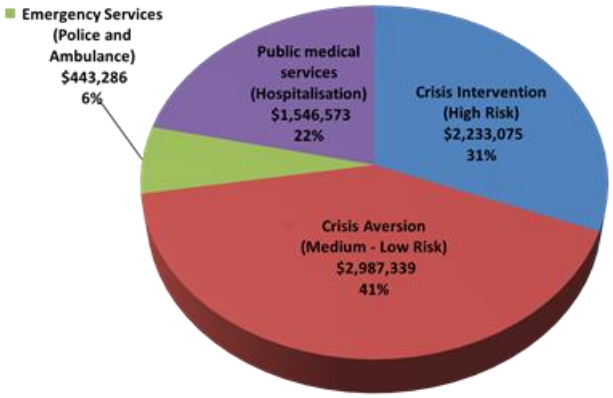


Figure D: Proportion of social value created per stakeholder

It can be seen that 72% of the social value created is for the users of the service with the Crisis aversion user receiving 10% more social value than crisis intervention users (41% of the total value). This can be explained by the fact that more users fell into this stakeholder category.

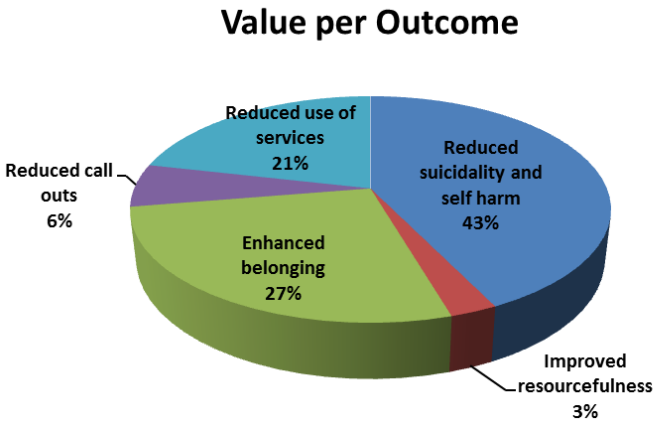


Figure E: Proportion of social value created per outcome type

Reduced suicidality and self-harm outcomes for both categories of service users is where the greatest social value is created reflecting the primary intention of the Lifeline Online Crisis Support Chat Service. It is interesting to note that the enhanced belonging outcome accounts for substantially more social value than improved resourcefulness (27% versus 3%). In determining the theory of change, a common theme emerged around the users' need to connect to other human beings and the importance they placed on being able talk through their issues in a comfortable setting. This could explain the greater social value created for this outcome. Additionally, being a crisis service, more importance is placed on dealing with immediate issues as opposed to

implementing long-term mental health strategies. This is potentially a reason for the improved resourcefulness outcomes having a lower social value than enhanced belonging or reduced suicidality and self-harm.

Social value created by stakeholder type

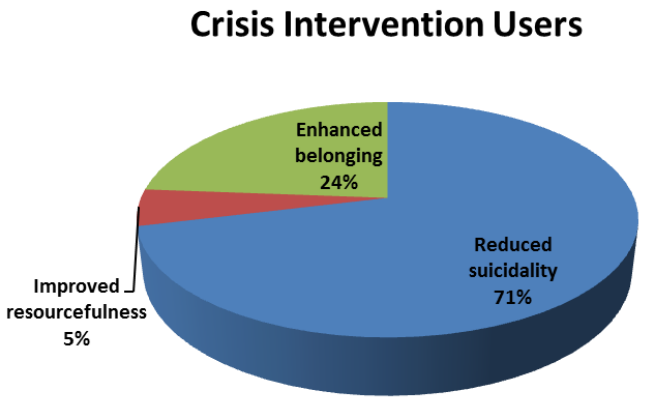


Figure F: Spread of social value created for Crisis intervention users

Reduced suicidality has the overwhelming majority of social value for crisis Intervention users of the service. This reflects the high risk profile of users in the category and thus a higher value placed on the achievement of this outcome.

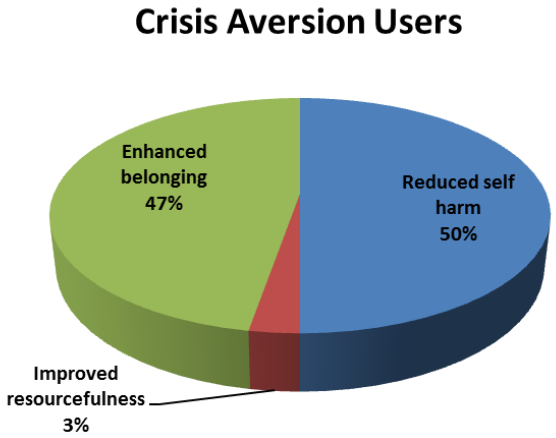


Figure G: Spread of social value created for crisis aversion users

The spread of social value created for crisis aversion is different to crisis intervention users. Enhanced belonging accounts for almost the same amount of social value as reduced self harm (47% and 50%). This can be explained by the lower risk profile of users in this category. They place more importance on human contact and this is reflected in the large amount of value created for enhanced belonging. As with crisis intervention users and the overall value created, improved

resourcefulness only accounts for a small amount of social value (3%).

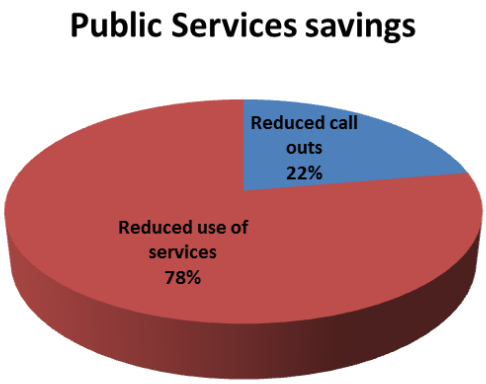


Figure H: Spread of social value created for public services

As stated previously, there is greater social value created due to reduced use of more expensive hospital and acute mental health services than reduced call outs. There are two explanations for this:

- There are a greater number of crisis aversion users throughout the year which directly affect the reduced use of services outcome
- The probability of fatalities due to suicide attempts is relatively low (17.5%) meaning there is a lower probability that emergency service call outs will be required.

Section 8 – Success Factors and Recommendations

In addition to identifying social value created for stakeholders, an SROI evaluation also reveals valuable findings relating to the sources of success and potential for program improvements. These are both presented in the section. The following success factors and recommendations are provided, based on the interviews conducted with stakeholders and the analysis of the service.

Success factors

- According to the survey results, more than one third of the contacts would not seek help from other services, and 53% were unaware of any other online or crisis services that they could use. This demonstrates that, without Lifeline Online Crisis Chat, many people would not seek the support they need – the service is filling a gap in the overall community response on suicide prevention.

- Survey responses from an open ended question relating to what users thought of the service were coded and categorised into various themes. Users identified the following as the most important aspects of the service:
    - Care provided
    - Providing them with perspective
    - Ability to use written communication
    - Empathy
    - Sense of companionship
    - Instilling a sense of calm
    - Providing a distraction
    - Guidance in time of need
    - Life saving (preventing the act of suicide), and
    - Anonymity

Quotes relating to each of the above themes and the number of times survey participants referenced each theme in their responses are provided in Appendix F.

Recommendations

The overwhelmingly positive survey results from users and promising social return on investment ratio make a substantial case for continuous investment in the Lifeline Online Crisis Support Chat Service.

Recommendation 1:

The service should be recognised as a vital national infrastructure service in suicide prevention and crisis support as it is:

- Directly able to interrupt further escalation of a crisis state within an individual and therefore contributes to the prevention of deaths by suicide, at the time of the contact to this service;
- Exploring the use of technology as a smart solution for crisis prevention, in recognition of the growing preference by consumers to use the internet for help;
- Showing how the offer of help to people in personal crisis can work – in attracting people at critical points in their life and then creating pathways for longer term contact to be made with professional services and longer term programs to address the underlying issues that contribute to a crisis state.

A negative theme that emerged from the survey responses was “dis-satisfaction” with the service. On a few occasions, users were unhappy with the time available on the chat-line and non-availability of Lifeline Crisis Supporters at certain times (See Appendix F).

Recommendation 2:

Given further resources the following actions could be taken to improve the service and create more social value for contacts:

- Extend the hours of availability of the service. At the moment it is available 7 days a week but only for 4 hours a night. Longer hours and accessibility during the day would possibly allow more users in crisis to seek appropriate help when in need.

Additionally, the above recommendation could potentially reduce the [relatively small] number of negative outcomes that were reported in the online survey results.

Recommendation 3:

Further research may also be undertaken to define and measure the aspects of ‘resourcefulness’ as it applies to contacts to the Lifeline Online Crisis Support Chat Service.

This may reveal a greater value to contacts from the service in this regard, than has been estimated in this SROI study.

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Limitations

Net Balance Management Group Pty Ltd (Net Balance) has prepared this report in accordance with the usual care and thoroughness of the consulting profession. This report has been prepared for use by MLC Community Foundation and Lifeline Australia, and only those third parties who have been authorised in writing by Net Balance.

The Report is based on generally accepted practices and standards at the time it was prepared. No other warranty, expressed or implied, is made as to the professional advice included in this report. It is prepared in accordance with the scope of work and for the purpose outlined in the project brief. The methodology adopted and sources of information used by Net Balance are outlined in this report.

Please note that all results have been reported as recorded. Any percentages that do not add up to exactly one hundred precent are the result of rounding errors.

This report was prepared in July 2013 and reviewed for final release in November 2013, and is based on the conditions encountered and information reviewed at the time of preparation. Net Balance disclaims responsibility for any changes that may have occurred after this time.

This report should be read in full. No responsibility is accepted for use of any part of this report in any other context or for any other purpose or by third parties. This report does not purport to give legal advice. Legal advice can only be given by qualified legal practitioner.

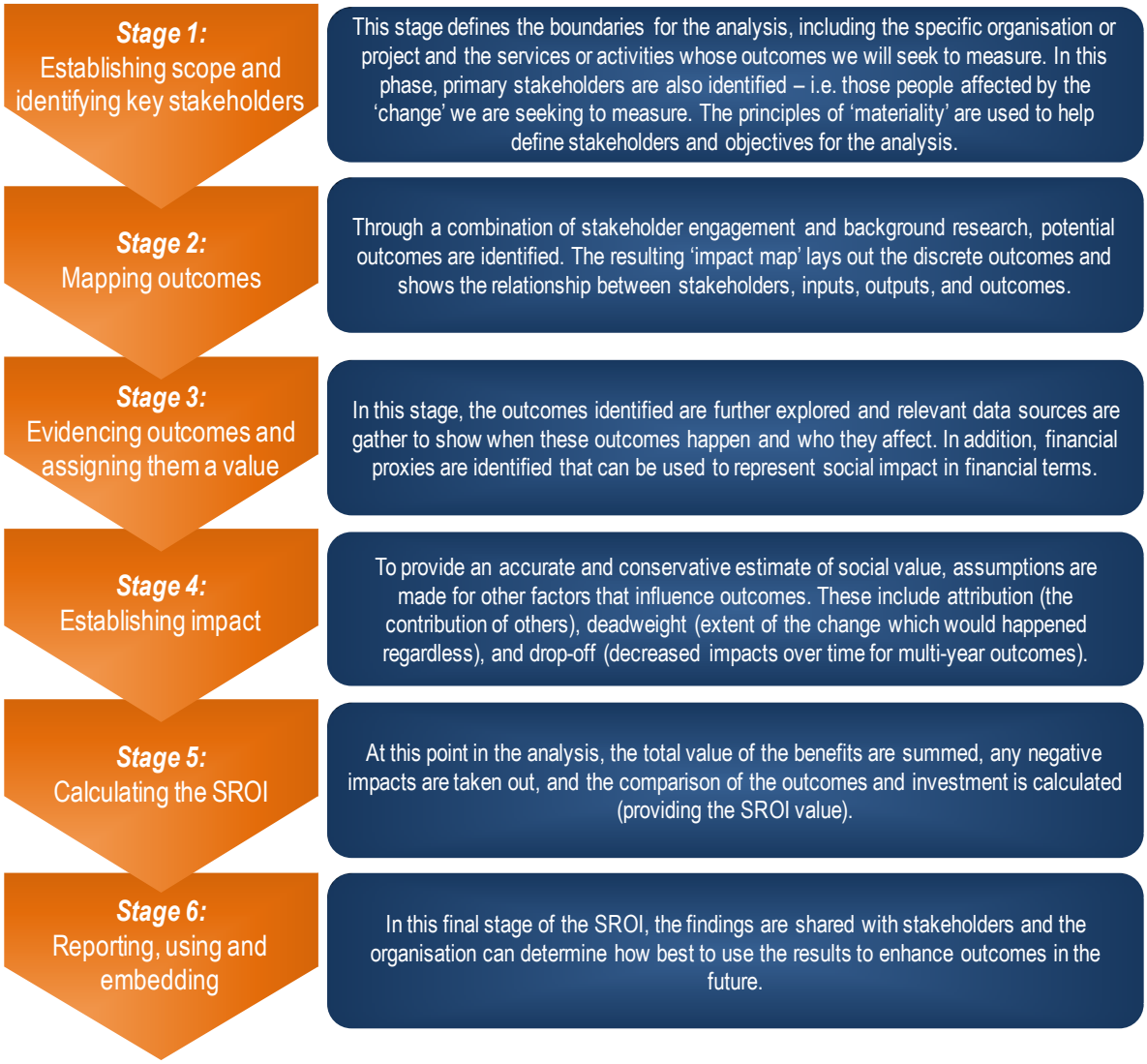
Appendix A – SROI explained

SROI methodology

SROI is a framework for measuring and accounting for the broader concept of social value. It tells the story of how change is being created for the people and organisations that experience or contribute to it, by identifying and measuring social outcomes; where appropriate, monetary values are then used to represent those outcomes.

The SROI methodology was developed from social accounting and cost-benefit analysis and it is important to note that the values calculated, although expressed in monetary terms, do not equate to a financial return. It should also be noted that the model is not designed to capture and quantify every outcome for every stakeholder that has benefited from a program or initiative.

SROI methodology consists of the following six stages:



SROI methodology makes an important distinction between *outcomes achieved* and *impact*. It defines impact as the difference between the outcome for participants and taking into account what would have happened anyway (deadweight), the contribution of others (attribution), whether a benefit has simply been moved from one place to another (displacement), and the length of time over which outcomes last (benefit period and drop-off). An appreciation of all of these elements is critical to conducting robust cost-benefit analyses.

Glossary of key terms

Theory of change

A theory of change links the activities of a program, intervention or organisation to the short-term, medium-term and long-term outcomes experienced by service users, and other stakeholders. Gaining an intimate understanding of how an intervention creates an impact on the lives of those affected through qualitative approaches leads to better quantitative analysis and modelling at later stages of an SROI analysis. The theory of change tells the story of how stakeholders are impacted by the program or intervention and their perception and belief of how their lives have changed as a result.

Materiality

Information is material if its omission has the potential to affect the readers' or stakeholders' decisions. Materiality requires a determination of what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.

Deadweight

Deadweight is an appreciation of what would have occurred anyway, in terms of achievement of outcomes, in the absence of the intervention/activity. In order to determine the deadweight, we must consider each outcome and ask the question; *"How much of this would have happened anyway?"*

Attribution

The concept of attribution in SROI is an 'assessment of how much of the outcome was caused by the contribution of other organisations or people'.[6] A highly subjective element of evaluation, credit is usually claimed in its entirety or completely omitted. In organisations engaged in direct delivery, understanding the amount of credit for outcomes can be relatively straightforward through engaging with beneficiaries and wider stakeholders. It becomes more complex when organisations work in partnership with others to create change to beneficiaries who may be far removed from the partner. In order to determine the attribution, we must consider each outcome and ask the question; *"How much of this happened because of your intervention?"*

In this SROI evaluation where we have had the opportunity to collect primary indicator data through the survey and stakeholder engagement, we have accounted for attribution in how the questions were phrased.

[6] Nicholls *et al* (2012)

Benefit period and drop-off

It is acknowledged that outcomes are not static, but instead dynamic and occur at different points in people's lives and have different durations. SROI takes into account that benefits may last beyond the period of the intervention and, as such, takes account for this in the modelling of outcomes over time. This is known as the *benefit period*. Furthermore, SROI acknowledges that outcomes may deteriorate over time and this is also taken into consideration and is known as *drop-off*.

Financial proxies

Non-traded outcomes were valued using standard techniques of economic valuation and triangulated with the descriptions of outcomes derived from existing research and stakeholder engagement. The proxies used in the SROI are a combination of the costs of publically available economic goods and services, secondary research utilizing already present studies that value the impact of appropriate intervention services and the 'willingness to pay' approach. The chosen proxies are shown in Appendix B – Contacts to users calculations

Step 1 - Data Completeness	Looked at discarding incomplete records - sample would reduce to 125 records only would increase from 80 20 to 90 10 - decided to include partial records in analysis
Step 2 - Unique Individuals	Accounting for multiple uses by same individual over time.

q5_Online_Chat_Used_Multi	CountOfRespondentID	% Where Stated
	6	
No	120	54%
Yes	104	46%
Total	224	

Where used Multiple Times - Average # of use sessions

AvgOfq5b_Times_Used
8.78

Implication - availability of service prom amongst some segments of target audie

Median
3

Adjusted User Sample Profile	
Single Users - Single Chat	120
Multi Users - Multi Chat	104
Median Chat - Multi User	3
Total Chats - Multi User	312
Total Chats - All Respondents	432
Original Sample	224
Scale Down Factor to Unique Lives	51.9%

Count of Presentations of Lifeline Online Chat - Month on Month		Total Presetnations	Crisis Interventio	Crisis Aversion
	Oct-12	2,296		
	Nov-12	2,219		
	Dec-12	2,059		
	Jan-13	2,023		
	Feb-13	1,979		
	Mar-13	2,158		
	Apr-13	2,239		
	May-13	2,344		
	Jun-13	2,240		
	Jul-13	2,297		
	Aug-13	2,185	forecast	
	Sep-13	2,185	forecast	
Total Chats over 12 Months		26,225	11,801.16	14,423.64
Scale down factor to Unique Lives		13,598.04	6,119.12	7,478.92

Appendix C – Input Costs

	Input Description	Value ($)
1	Employee Expenses	$ 3,867
2	Equipment and IT	$ 37,429
3	Administrative Costs	$ 17
4	Advertising, Promotion and Media	$ 3,526
5	Payments to Centres	$ 673,742
6	Management and Overhead Charges	$ 10,811
7	Travel	$ 11,125
8	Evaluation	$ 80,000
9	Research	$ 40,000
	ANNUAL COSTS	***$ 860,517***

Appendix D – Stakeholders and materiality decision

Stakeholder group	Description	Materiality Decision	Reason
Contacts	Individuals who contact the Lifeline Online Crisis Support Chat Service; these may be first time contacts, or persons who have used the service before. As the Service is a generally open service (ie: no intake restrictions) these individuals self-identify their need for service and come with a variety of presenting issues and situations.	Material	Service users in crisis are the primary cause for the crisis chat and are direct beneficiaries of having access to the service
Lifeline	Operator and provider of the online crisis support chat service	Material on Input side	Lifeline's aim is to aid those in crisis and personal distress. They are able to achieve this outcome by providing services such as the online crisis support chat and thus experience social outcomes through their service users. They are however material on the input side of the SROI model as without their contribution, the service would not exist.
Families	Families and or carers of the users of the service	Non-material for this analysis	Very little is known about the personal backgrounds of the service users and they are likely to come from a various range of backgrounds. It is therefore very difficult to make estimates as to the type of outcomes likely to accrue to their families. They are therefore not included in this SROI analysis. It is likely that this decision might lead to an undervaluing of the social value of the service
Broader community	Schools, Residential neighbourhoods etc.	Non-material for this analysis	Similar to families of users, very little is known about the community that each individual is from and generalisations are hard to make regarding the scope of the community that will be affected. This stakeholder is thus not considered material for this analysis.

Employers	Employers of users	Non-material for this analysis	Where service users are employed, very little is known about the nature of their work and contribution to their workplace. It is thus hard to make generalisations about lost productivity outcomes that are likely to be overestimated if included in the analysis. This stakeholder is thus not considered material for this analysis.
Public Medical Services	Individuals in crisis may be current users of health services, or may become users of health services are their needs escalate. In particular, where suicide attempts occur, there is likelihood that the individual will require emergency and hospital health services, and may go on to use treatments and health care programs in recovery.	Material	Averting self-harm directly contributes to reduced use of public emergency services thus allowing for better allocation / use of resources at public medical service institutions.
Emergency Services and Police	Emergency services are affected by suicidal behaviours and attempts, as front line workers in response to community safety issues.	Material	These workers are likely to be called to a situation where a person has suicidal intent; they are likely to be involved in an emergency response should a person attempt suicide, or die by suicide.

Appendix E – Financial Proxies.

Appendix B – Contacts to users calculations

Step 1 - Data Completeness

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Where used Multiple Times - Average # of use sessions

Implication - availability of service promotes high consumption amongst some segments of target audience

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			for this analysis.
Employers	Employers of users	Non-material for this analysis	Where service users are employed, very little is known about the nature of their work and contribution to their workplace. It is thus hard to make generalisations about lost productivity outcomes that are likely to be overestimated if included in the analysis. This stakeholder is thus not considered material for this analysis.
Public Medical Services	Individuals in crisis may be current users of health services, or may become users of health services are their needs escalate. In particular, where suicide attempts occur, there is likelihood that the individual will require emergency and hospital health services, and may go on to use treatments and health care programs in recovery.	Material	Averting self-harm directly contributes to reduced use of public emergency services thus allowing for better allocation / use of resources at public medical service institutions.
Emergency Services and Police	Emergency services are affected by suicidal behaviours and attempts, as front line workers in response to community safety issues.	Material	These workers are likely to be called to a situation where a person has suicidal intent; they are likely to be involved in an emergency response should a person attempt suicide, or die by suicide.

Appendix E – Financial Proxies

The following table provides the valuation technique used to identify financial proxies for outcomes, the rationale behind the choice and source of information.

Financial Proxies and rationale

Outcomes	Proxy Description	Rationale	Value	Source
Crisis Intervention Reduced suicidality / self harm	Valuation technique: Contingent Valuation The Statistical Value of a Life (SVoL)(per month) adjusted with the disability weight assigned to Suicidality and Self Harm cases	Users experiencing this outcome are stopped from committing the act of suicide due to their interaction with the Lifeline counsellors. Given the short term nature of the intervention, the disability weight associated with this act is applied to the SVoL of a month to determine the value of life saved based on societal valuations of this state of mind	$6,512	Office of Best Practice regulation, Australia Burden of Disease, Australian Institute of Health and Welfare
Crisis Aversion Reduced suicidality / self harm	Valuation technique: Contingent Valuation The Statistical Value of a Life (SVoL)(per month) adjusted with the disability weight assigned to Social Phobia cases	Users experiencing this outcome are stopped from committing self-harm or having extreme suicidal ideations due to their interaction with the Lifeline counsellors. Counsellors stated that crisis support empowers users to be in touch with other human beings rather than shutting down. Given the short term nature of the intervention, the disability weight associated with social phobia is applied to the SVoL of a month to determine the value of life saved based on societal valuations of this state of mind.	$2,355	Office of Best Practice regulation, Australia Burden of Disease, Australian Institute of Health and Welfare
Improved resourcefulness	Valuation technique: Observed spending on related goods Cost of 2 visits to a General Practitioner	Through advice administered by counsellors users of the service are able to improve their abilities to deal with feelings of suicide that may be triggered by various factors using a number of techniques. We use the value of GP visits as a proxy for this outcome as users might be able to set up a mental health plan for themselves through the help of a GP if they choose to do so.	$128.00	Australian Medical Society

Outcomes	Proxy Description	Rationale	Value	Source
Crisis Intervention Enhanced belonging	Valuation technique: Time use method The value of time spent on recreation and leisure based on Australian average and median wage	According to counsellors, crisis support empowers users to understand themselves, increase self-worth and remove the stigma attached to acting suicidal thus being able to re-engage with friends, family and society. We thus use the time spent on leisure and recreation as a proxy to represent the time spent by users interacting with other around them in a positive manner. For crisis prevention users, the value of this outcome has a much shorter timeframe and we thus use the time spent during one week,	$4,54.00	Australian Bureau of Statistics [7] [8]
Crisis Aversion Enhanced belonging	Valuation technique: Time use method The value of time spent on recreation and leisure based on Australian average and median wage	According to counsellors, crisis support empowers users to understand themselves, increase self-worth and remove the stigma attached to acting suicidal thus being able to re-engage with friends, family and society. We thus use the time spent on leisure and recreation as a proxy to represent the time spent by users interacting with other around them in a positive manner. For crisis aversion users, the value of this outcome has a slightly longer timeframe than for crisis intervention users and we thus use the time spent during a month,	$1,817.00	Australian Bureau of Statistics [9] [10]

[7] http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4153.0Main%20Features22006?opendocument&tabname=Summary&prodno=4153.0&issue=2006&num=&view=
[8] http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/0
[9] http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4153.0Main%20Features22006?opendocument&tabname=Summary&prodno=4153.0&issue=2006&num=&view=
[10] http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/0

Outcomes	Proxy Description	Rationale	Value	Source
Reduced Use of Emergency Services	Valuation technique: Unit Cost method Unit cost of ambulance use and police response to a suicide case	Where there could have been a case of suicide, public resources required such as police response time and ambulance use is averted. (For the cost of police use, Australian figures are not available, thus figures from New Zealand have been used from a comprehensive study attempting to calculate the cost of suicide.)	$1,817,00	The cost of suicide to society, Ministry of Health, New Zealand Road Crash Costs in Australia, Bureau of Transport Economics (Adjusted for Inflation)
Reduced use of hospital resources	Valuation technique: Unit Cost method Unit cost of Hospitalisation due to self-Harm	Where users of the service would have engaged in self-hard had they not contacted the Lifeline service, there are averted costs to the medical system in hospitalisation costs. These have been estimated in a study	$2,156	Calculated from Breaking the Silence report, Lifeline

Appendix F – “Other benefits” responses to online survey

Indexed categories of responses and quotes

Category	Select quotes
Anonymity	Being able to talk to someone whilst being anonymous made it easier to reach out for help. Being able to type instead of talk also made it easier for me. I wouldn't have called lifeline.
Calm	felt a lot calmer after the chat Not being judged, providing websites that helped to calm me down. General chatting.
care	I felt like they cared if I was safe. I contacted Lifeline with questions about how to help my friend. The supporter made me realise I need to look after myself and receive support just as much as my friend. Confirmation that humans can be giving and kind and not pass judgement. They don't freak out when you talk about suicide. It was just really nice to feel that someone genuinely cared about me. That was very vital and makes me want to give it another try. Also it meant a lot to hear some positive things about me, and how the behaviour of others was not my responsibility. Made me feel like someone cared and actually wanted to listen to me Just really friendly, very helpful, and kind. …. just knowing that someone is listening to you about what is causing you pain can be very calming - you don't feel so alone, especially when there aren't many people you can turn to about a problem. It helped to clarify that yes, I am feeling overwhelmed….

Category	Select quotes
	Just having someone there to listen and say they care was helpful kept me from killing myself by calling emergency services. But more then that showed me some people do care what happens. While my husband was ranting and abusing me from outside the room I knew someone was there... someone listens to you they give you ideas to work around problems. they care. longer hours better though from 6pm to 2pm better.
Companionship	Having someone to talk to. Having someone to reflect and talk things through, I feel that I did somewhat 'sort' things into categories a bit easier in my head. They helped me cope. There was someone just at the other end of my keyboard to talk to, and I didn't feel uneasy about having to go back to hospital. I spent 10 months in hospital and I really don't think it did anything to reduce my suicidality. Support whilst no one [else] was there.
dis-satisfied	The chat person ended the call before I was ready so the service is useless Sometimes you speak to a real person and not a person who gives robotic answers. Also, it would be nice if you just did not end / hand up on someone when they are the middle of a chat without telling them in advance. I don't know why I bothered coming on- Nah, I got bored of it. Was feeling lonely and depressed, and had no one online who I could talk to, so I went there, and I got no reply there either. Waste of time.
Distraction	…. it was a distraction for a while….. During a severe urge to self harm where I knew the damage would be quite significant I came online asking them to provide support & distraction until the urge had passed & my medication had kicked in…..

Category	Select quotes
Empathy	Immediate relief of someone understanding your situation. I now have the ability to see that i really do have people who care and there is still people to trust I got to have someone hear my emotional pain and not judge me but rather tell me that I deserve to be supported and get help. That helped to ease the pain and agitation inside and now I will hold on for another hour. Usually when I contact someone, I invariably end up with the police and ambulance at my door. I am grateful that the lifeline supporter didn't panic and believed me when we made our agreement for tonight. …. to connect to a human being who does not know me and whom I do not know …. Sometimes you just NEED to TALK to someone RIGHT AT THAT TIME, and you just do not have anyone else. You do not want to burden someone who knows you and knows your own situation personally. You just need an anonymous person to just LISTEN.
Guidance	[I was] given recommendations of online resources. My Crisis Supporter actively convinced me to remove myself from danger and agree not to engage in harmful activities for the course of the night
life saved	…. it saved my life ….. [My] wanting to self harm or commit suicide urges [were] reduced.
perspective	It helped me see what was upsetting me and I am going to think about those things and tell my counsellor. I received rational responses and identification of my troubles, which helped me put my experience in a logical view while also being respectful.

Category	Select quotes
	I realised that it's not just me being over reactive. The way that I feel is linked to several issues and problems, not just the one that pushed me over the edge. Even though I didn't think the person on the other end of the phone was understanding (sic) what I was saying, I plunged on with talking and saying what I wanted to way anyway. I found it useful to do that .....even though the person on the other end did not appear Clarity Being able to vent While it was hard to share my thoughts, the bits of feedback and understanding helped me feel more supported. Appreciated having an outlet .... my problem became a little clearer .... Lifeline helped me calm down and asses my situation which prevented me from causing further harm to myself Just time to process my thoughts .....
written communication	I am and I would say others are better at saying how they feel in words rather then voice. I'm not good at talking to people so having chat made it easier to contact Lifeline than calling on the phone. I find it difficult to speak to people.... being able to chat makes it possible for me to reach out for support. It's nice being able to ramble about your problems, whether or not the listener is able to understand and relate. [The service] helps me to open up more easily.

Category	Select quotes
	Being able to talk online is extremely helpful as I struggle to talk about my thoughts and feelings face to face. The anonymity is great. I don't like talking face to face or on the phone to people at the moment so being able to type to a person suited me much better. The lady I spoke to calmed me down amazingly, I had phoned a friend to come get my kids, I was ready to overdose. She said she couldn't tell me her name but gave me a name to call her. I felt I couldn't tell anyone what I was thinking ….. It's much easier to write what I'm feeling than to say it. Less intimidating than phone conversation or face to face and also easy to use.