

Appendix 3: Kids Helpline (KHL) case studies

Case managing complex mental health diagnoses: Jenny, 19 years old, Melbourne

Jenny has been diagnosed with autism, anxiety, PTSD, persistent depressive disorder, bingeing and purging and borderline personality disorder. She has reported chronic suicidal ideation, and planning and urges to overdose since she was a teenager. Jenny experienced sexual abuse over 3 years when aged between 7 to 10 years old.

Jenny has been contacting KHL for over a year now. Having been in the mental health system since she was a teenager, she has recently transferred to the adult mental health system. She first called KHL in crisis after finding out about her transfer to adult mental health services. She was scared of the transition and her friends and other people had told her some concerning stories about their own experiences in the adult mental health system. Jenny has been contacting Kids Helpline ever since this first call.

Jenny has reported she is dissatisfied with the Victorian mental health system and has noted inaccuracies in their record keeping, denial of her experiences of inpatient emotional abuse and neglect, use of restrictive practices and lack of communication between departments. She has also disclosed ongoing anxiety and concerns around being restrained by emergency or mental health services after being restrained in an inpatient facility in Victoria.

Jenny is being complex case managed by a regular KHL counsellor and wraparound care is in place with her mental health case manager and psychologist. She contacts Kids Helpline mainly; in crisis for support to manage her mental health symptoms, suicidal ideation and urges to overdose; to talk through experiences of dissatisfaction with her mental health services; to seek support to contact emergency services due to intentions to act on her suicidal urges, to talk through other stressors, including her anxiety about being restrained and other stressful events and situations as they have come up and; to prepare for appointments. Jenny has a detailed crisis management plan that she has created in collaboration with her regular counsellor at Kids Helpline. All staff are able to access her file and follow the crisis plan when she connects with the service.

Jenny has agreed to contact KHL on a weekly basis and now contacts the same counsellor around the same time each week for a counselling call. She recently noticed that she hasn't contacted Kids Helpline for crisis support since this weekly call. She also recently commented that she is always given the time and space to talk through what she needs to discuss when she connects within the Kids Helpline framework.

Preventing suicide: Lucy, 25 year old, Melbourne

Lucy first contacted Kids Helpline when she was 20 years old. At that time, she was experiencing suicidal thoughts and was seeking support to manage this and validation around her experience.

From then on, Lucy made contact with KHL when she was feeling especially vulnerable, including times where she had made plans to end her life and times where she was at immediate risk of acting on suicidal thoughts.

Through ongoing counselling contacts with the same KHL counsellor, Lucy was able to articulate her challenges, needs, and goals, whilst sharing information about her support network. In particular, Lucy discussed her goal of coping with anxiety so that she could progress with her social, academic and employment goals. Her anxiety had developed from negative experiences early in her life, which left her vulnerable to low self-esteem.

On one occasion when Lucy connected with her regular KHL counsellor, she was extremely distressed and said she was going to end her life and was at a location of significant risk to her life. Lucy sounded ambivalent about her decision to end her life.

Her counsellor engaged in a collaborative risk assessment and safety plan with her, whereby they gently explored the options that may be available to her to make her environment safe. At the same time, a shift supervisor was alerted and listened in to the call to provide support and guidance to the counsellor. Lucy and her counsellor worked together to the point where she was able to get to a safe place physically. They then established a stabilisation plan together to help Lucy cope with her psychological distress.

The outcome of this intervention was that through using a client-centred, collaborative and strengths-based approach with Lucy, she was able to remain safe from suicide. As a result, Lucy continued to engage in further counselling with her regular counsellor, with whom she had developed significant trust and rapport, with evidently reduced suicidal ideation in the following months.

Providing a safety net: Emily, 22 years old, regional Victoria

Emily is a young Aboriginal woman who has been in contact with KHL on and off since she was 16 years old. Her current mental health diagnoses are depression, anxiety, and PTSD. In addition to her mental health issues, she regularly experiences the emotional effects of ongoing intergenerational trauma in her community, as well as mental health, drug and alcohol and child protection issues in her immediate and extended family networks.

Emily seeks support from KHL for emotional exhaustion and what she describes as enduring suicidal thoughts that seem to have no trigger and come and go on their own, but are linked with the legacy of experiences of complex psychological abuse in her family and past sexual assault.

KHL counsellors have provided ongoing continuity and stability of support, with Emily working with three different regular counsellors for 1-2 years each. Emily has required crisis support, whereby her counsellor has collaborated with her to manage her safety, including working with emergency services after she has overdosed.

Sometimes, Emily connects with KHL a few times a week, sometimes weekly and sometimes every few months. She has consented to KHL coordinating regular wrap around care with her GP, psychologist and psychiatrist to ensure roles are clarified, especially to manage risk and to prevent stockpiling of medications.

Emily has reported that she benefits greatly from her sessions with her KHL counsellor and from building trust from talking with the same counsellor. Since first contacting KHL, she completed school, a university degree, has got engaged and has a full-time job that she loves. Emily has said KHL has been part of what has kept her alive.