How to Help Frequent Callers to Suicide Prevention Helplines

988 Crisis Jam

May 15, 2024

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Background

- «frequent callers,» «frequent users,» «repeat callers,» « known callers »,«chronic callers,» «loyal callers,» or?
- e.g. Australie Lifeline 3% of caller call >20 times per month, but = 60% of all calls
- NSPL October 2020: 185 callers called 30 or more times = 11,255 calls 0.2% of Lifeline callers account for 7% of calls

Concerns

- Capacity issues take time from acute suicidal callers
- « Emotional drain » (frustration)

Staff concerns: same content, manipulating, bored, needy of human contact, not is suicidal crisis?

- Are crisis/suicide prevention helplines helpful to them?

Our review of the scientific literature (Mishara, Côté, & Dargis, 2022)

- Everyone says « more research is needed »
- Most research mixes frequent callers with low frequency repeat callers
- Research to date has found few differences in mental health problems (usually have chronic problems)
- May use more mental health services, more isolated and socially disadvantaged, more often anxious, and may have experienced more traumatic events
- As often at risk of suicide as other callers
- Call to talk about their mental health problems, feeling lonely, seeking advice or talk about difficulties
- No outcome research on benefits to the callers

Studies of Calls from Frequent Callers to the U.S. NSPL Lifeline (now 988) / Vibrant Emotional Health

- **OVERALL**: Understand the nature of calls from frequent callers (more than 30 calls/month), how counselors respond to them, what is helpful.

NSPL (988) Study 1: First and last calls during the month of all frequent callers N=210 calls from 105 unique callers

- Wide range of presenting problems
- No changes from beginning to end of calls
  - Only significant change was fewer callers apprehensive at end
- First and last calls of the month were not significantly different in reasons, emotions, reactions, amount talked listenned, etc.

Study 1: Assessment of the first and last calls during the month of all frequent callers

- Counsellor behaviors
  - Generally focused on the situation (not feelings) Problem/situation explored (85%)
  - 47% did not express empathy during the call
  - 20% expressed empathy or acknowledged feelings once; 13% twice, 10% three times; 10% >3 times (Scale 1-5 1=no empathy; 54% were rated 2; 8% rated 5)
  - 79% high respect for callers
  - Directivity varied (6.7% completely leading; 11.9% completely following)
  - No difference between first and last calls

Study 1: Assessment of the first and last calls during the month of all frequent callers

- Helper behaviors associated with positive changes between beginning and end of calls (1st and last 2 minutes)
  - >resourcefulness when counselors validated emotions, asked about callers' resources, and told callers what to do
  - >decisiveness(<confusion) associated with asking questions on resources and coping strategies and suggesting solutions
  - Callers more likely to thank counselor at the end when counselor provided moral support and asked to call back if needed.

Study 2: Analysis of factors associated with appreciation of the help received during calls from post-call survey

- 113 responses, but 36 were from 17 frequent callers
- 36% disagreed, 39% somewhat agreed, and 25% completely agreed that " As a result of the call, I feel better, more calm or relaxed"
- 47% disagreed, 31% somewhat agreed and 22% completely agreed that "As a result of the call, I feel I have more control over my suicidal thoughts"
- 42% did not feel more able to cope
- 36% did not feel heard, understood and respected
- Counselor providing moral support and talking about his/her own experiences was associated with the caller feeling better at the end of the call.

Study 3: Qualitative assessments of all calls from a random sample of frequent callers

- Random selection of 24 callers, 318 calls
- Assessed all calls from the caller >3 minutes during the month if 20 or fewer calls, or sample of 20 if >
- Data saturation attained
- Narrative summaries, qualitative analyses

Study 3: Qualitative assessments of all calls from a random sample of frequent callers

- The sample had multiple problems, including social problems & mental health issues (79%)
- Conversations were often difficult: tangential, incoherence, continuous talking, aggression, irritation, half of callers rejected all suggestions.
- 79% of callers had calls they appreciated
  - 45.8% of these were when the helper seemed sincerely interested in the caller's problems and was enthusiastic in talking about what the caller wanted to discuss.
- 63% of had no noticeable changes
- 3/24 had marked improvements

Summary of key findings

- There are fewer frequent callers than NSPL identified because some services (e.g. Skype) route all calls through a single number
- 45% of last month's frequent callers called fewer than 30 times the next month, sometimes because they were limited
- Frequent callers have serious chronic problems and also acute crises, and often live in precarious situations.
- Counselors focus on the immediate situation and are rarely empathetic or emotion-focused
- Empathetic calls seem more helpful, but they were too rare to confirm this statistically

Summary of key findings

- Focus was on what to do today immediately after the call – little focus on the big picture
- The focus was on problems, almost never on the person
- Calling the Lifeline is a key way of coping for callers
- Counselors use a "crisis" model, but focus on today's problems (often minor) as if it were a crisis (e.g. focus on the immediate situation today and what the caller plans to do right after the call)

Recommendations

1. Recruit or identify helpers who are warm & empathetic
2. Develop care plans for each frequent caller based upon individual needs and resources (not a management plan)
3. Don't push solutions if callers push back
4. Mandate at least a minimal suicide risk assessment on **all** calls
5. Develop a protocol and training for interacting with somewhat incoherent callers
6. and a protocol and training on how to talk with someone who is experiencing psychotic symptoms
7. Teach how to interact with people who are suffering from chronic physical pain and handicaps (without finding solutions to cure the pain or alleviate the handicaps)

Recommendations

8. Let callers maintain relationships with their favorite helpers, if feasible
9. Give feedback to counselors who sometimes seem bored, uninterested or upset with callers
10. Teach counselors to realize that after developing their problems for many years, quick solutions are not expected
11. Prioritise the person, their strengths and capacities, rather than their problems and difficulties.

For discussion

- Frequent callers are suicidal, often have attempted and are still at risk.
- They often seem to need longer-term support from the helpline, so that *some* will improve (not most nor all) over time.
- Is your helpline willing to engage in helping them using a non-crisis model?
- (They are frequently rejected when referred elsewhere and often feel they benefit most from your service, and it may be true)

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