



The suicide prevention helpline in The Netherlands (113 Suicide Prevention) reached out to helplines **around the world** to ask them about their services, methods and insights¹. **Thirty-one** helplines responded. This factsheet combines their insight with scientific helpline literature to identify **best practices** for helplines across the globe, particularly with regard to suicide prevention.

Helplines across the globe

Out of the thirty-one participating helplines, the majority (55%) of helplines were European. Worldwide, **100** countries have helplines representing them², with regions that **lack helplines** the most being Central Africa, Central Asia and the Middle East. Helplines aid their communities in multiple ways³:

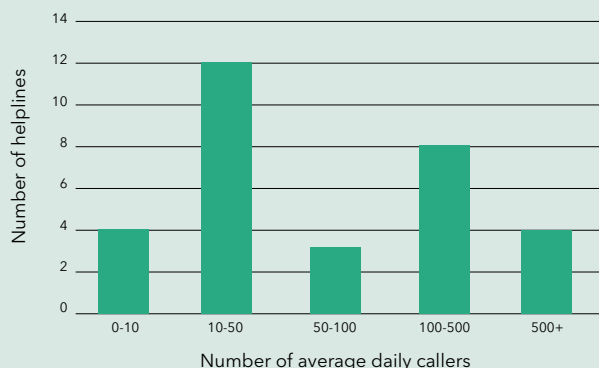
Helplines are able to **respond immediately** to callers experiencing a suicidal crisis, providing a **crucial intervention** and de-escalating the crisis.

Helplines can provide a **safe, non-judgmental environment**, allowing callers to freely explore their mental health issues, express their feelings, and explore solutions to their distress.

Helplines can provide **social support** to callers, communicating with them in ways that callers may not be able to with other people in their lives.

Helplines may help **remove barriers for seeking help** for the caller's mental health issues, and they can serve as a **pathway** to the resources that are locally available.

Number of daily callers of participating helplines

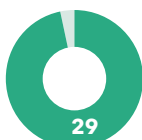


The caller volume of participating helplines **varied greatly**. The busiest helplines answered **over three thousand** people each day, while smaller helplines only received a handful of calls. Most helplines received **less than fifty** calls each day.

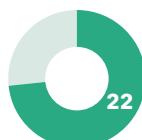
Services offered

Participating helplines provided a variety of services to aid help seekers with diverse mental health problems. This is how many of the **thirty-one** helplines provided the following services:

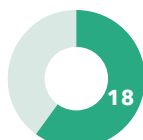
Crisis phone



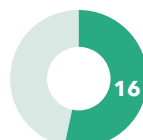
Available 24/7



E-mail support



Crisis chat



Consultation



Peer support



Half of helplines did **not** offer crisis chat. This service is **increasingly important** with each passing day, as online chat becomes a more accessible and preferred method of communication for help seekers³. Over half of helplines were available 24/7. All-day availability may be particularly important, since it is a **defining characteristic** of helplines relative to other mental health resources³. Helplines with more daily callers were more likely to be available 24/7, and to offer crisis chat.

Help seekers

The vast majority of participating helplines indicated that their help seekers are predominantly women. This reflects the known **gender imbalance** within help seekers across the world³. Further, **adolescents** and **middle-aged** people were the most common age groups among the help seekers of participating helplines.

Based on the thirty-one helplines as well as helpline literature³, **common issues** presented by help seekers include mental health issues, family and relationship problems, and loneliness.

Evaluation

The vast majority of participating helplines evaluated their effectivity in one or more ways. Most commonly, helplines evaluated their services through help seeker **feedback** (40%), internal team **reflection** (30%), and outreach **statistics** (25%).

In helpline literature, studies followed up on help seekers³, or used pre-chat and post-chat comparisons to **assess the efficacy** of helpline services⁴. Among other things, studies have measured the effect of the helpline service on distress, anxiety, suicidal ideation, and use of other mental health care resources.

Conversation methods

Among the participating helplines, many **did not** concretely report using a specific conversation method, instead naming certain guidelines or frameworks. **Active listening** was mentioned most often, with one-third of helplines applying this method.

Helpline literature suggests that it is important to **not only** use active listening methods; studies have shown that **problem-solving techniques** are important as well as empathetic and supportive interactions³. Only a few participating helplines used methods with a problem-solving element, such as solution-focused techniques or motivational interviewing⁵.



Frequent help seekers

Almost every participating helpline reported dealing with frequent help seekers. Even if they are a **tiny portion** of the userbase, frequent callers may make up the **majority of calls** that a helpline receives. Further, frequent callers may be difficult for helpline workers to deal with⁶. Most helplines had **special policy** in place for frequent callers:



A third of helplines offered **special attention** to frequent help seekers, such as therapy or coaching.



A third of helplines **limited call duration** or frequency.



A few helplines applied **bans**.

Though reducing call frequency for frequent callers is a **common priority** of helplines for saving capacity, literature does suggest that frequent callers are just as, if not more, suicidal and mentally unhealthy than infrequent callers³.

Helpline staff

The teams of participating helplines almost always included volunteers, though paid staff and interns were also common. Paid staff was more common in bigger helplines. Most helplines offered **supervision** to staff, but only a handful of helplines offered their workers 24/7 support, extra learning opportunities, and peer sessions.

Both the build-up of helpline teams and the support available to workers can have a significant impact by improving the **continuity** of helpline services; continuity is improved by having paid staff³ and by extensively supporting helpline workers.



Best practices for helplines

Best practices have been defined as “*exemplary public health practices that have achieved results and which need to be scaled up in order to benefit more people*”. We can outline these best practices for helplines throughout the world:

- Apply a specific conversation method to the helpline service. Ensure empathetic and supportive interactions, and include **problem-solving** elements into the conversation method.
- Focus not on reducing the number of calls made by frequent callers, but on **long-term solutions** for this group. Assign frequent callers to paid staff rather than volunteers, and set up **action plans** together with frequent callers. Remain empathetic when interacting with frequent callers. Use call limitations and bans only as a last resort.
- **Accessibility** is a key feature of helplines. Try to keep queue times to a minimum, be available after hours, and offer an online chat service as well as a telephone service.
- Maintaining the necessary **digital infrastructure** was a challenge for multiple helplines. If possible, invest resources into the technology that is increasingly important for the data safety, reliability, and accessibility of helplines.
- Explore different ways to **evaluate** the efficacy of the helpline. Include help-seeking behavior post-call as an outcome.
- Look for opportunities to **integrate** your services with other helplines, for example to redirect callers, and to increase the access that help seekers have to helpline services in your area.
- Minimize helpline **staff turnover** to improve the continuity of the helpline service. Invest in the development and well-being of helpline staff.
- **Share knowledge** with helplines across the globe, for example through symposia, workshops, and forums. Many helplines are already connected through the Helplines Special Interest Group⁸.

References:

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