How do frequent users of crisis helplines differ from other users regarding their reasons for calling?

<table>
<thead>
<tr>
<th>Journal:</th>
<th>Health &amp; Social Care in the Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manuscript ID</td>
<td>Draft</td>
</tr>
<tr>
<td>Manuscript Type:</td>
<td>Original Article</td>
</tr>
<tr>
<td>Keywords:</td>
<td>Crisis Resolution, Crisis helplines, Frequent users, Health Services Research, Survey Research</td>
</tr>
</tbody>
</table>
Abstract

Crisis helplines are designed to provide short-term support to people in an immediate crisis. However, there is a group of users who call crisis helplines frequently over an extended period of time. The reasons for their ongoing use remain unclear. The aim of this study was to investigate the differences in the reasons for calling between frequent and other users of crisis helplines. This was achieved by examining the findings from a brief survey completed by callers to Lifeline Australia at the end of their call between February and July 2015. In the survey callers reported on their socio-demographics, reasons for their current call and number of calls made in the past month. Survey respondents were categorised as frequent, episodic and one-off users and analyses were conducted using ordered logistic regression. Three hundred and fifteen callers completed the survey. Twenty-two percent reported calling 20 times or more in the past month (frequent users), 51% reported calling between two and 19 times (episodic users), and 25% reported calling once (one-off users). Two percent were unable to recall the number of calls they made in the past month. Frequent users reported similar reasons for calling as other users but they were more likely to call regularly to talk about their feelings [OR=6.0; 95% CI: 3.7-9.8]. This pattern of service use is at odds with the current model of care offered by crisis helplines which is designed to provide one-off support. There is a need to investigate further the factors that drive frequent users to call crisis helplines regularly.
Key words

1. Crisis Resolution
2. Crisis helplines
3. Frequent users
4. Health service research
5. Survey research

What is known about this topic?

- Frequent users account for a significant proportion of calls to crisis helplines.
- Service providers are unclear about how they should respond to frequent users of crisis helplines.
- Frequent users may be calling about social support and/or mental health issues but has not been specifically investigated.

What this paper adds?

- This is the first study to identify that frequent users are more likely than other users to call because they are seeking ongoing emotional support.
- Frequent users are calling crisis helplines for reasons that are at odds with the current one-off model of care.
- A better understanding of why frequent users seek ongoing emotional support from crisis helplines is needed.
Introduction

Crisis helplines lie at the forefront of community crisis support services (Gould et al. 2012, Knowles et al. 2014). They offer short-term 24-hour telephone support to individuals experiencing a personal crisis (Farrer et al. 2011, Coveney et al. 2012). This support is designed to assist callers to strengthen their personal coping strategies, alleviate immediate distress and provide pathways to access other relevant services (Barber et al. 2004, Kalafat et al. 2007). It is intended to complement traditional health care services (Gould et al. 2012) and to be a one-off or single session service (Coman et al. 2001, Kalafat et al. 2007). However, crisis helplines around the world have identified that some individuals use these services on a frequent basis (Middleton et al. 2014).

Frequent users of crisis helplines are of particular concern as they account for a significant proportion of calls (Gilat & Rosenau 2011, Spittal et al. 2015). The precise number of calls made by frequent users is unclear; however, one recent study found that 60% of calls to a national crisis helpline service were made by individuals who called 20 times or more in the preceding month (Spittal et al. 2015). Frequent users’ pattern of service use is considered by many service providers as inappropriate and is associated with feelings of frustration (Kinzel & Nanson 2000, Gilat & Rosenau 2011) and burnout (Cyr & Dowrick 1991) among crisis helpline counsellors. However, service providers struggle to know how to best respond to the needs of frequent users (Leuthe & O’connor 1980, Hall & Schlosar 1995, Middleton et al. 2014) as it is unclear what support they seeking (Kinzel & Nanson 2000, Gilat & Rosenau 2011). Improved understanding of the reasons why frequent users call crisis helplines and whether alternative service models might better meet their needs is required.
Previous research has presented conflicting explanations regarding the reasons for frequent users’ calls to crisis helplines. Some studies found that frequent users call seeking social support (Bartholomew & Olijnyk 1973, Watson et al. 2006, Burgess et al. 2008), whereas other studies reported that frequent users call about their mental health issues (Burgess et al. 2008, Ingram et al. 2008, Coveney et al. 2012, Bassilios et al. 2015, Spittal et al. 2015). Each of these reasons would require a different response from service providers. However, only one of these studies was specifically designed to investigate the reasons why frequent users call (Coveney et al. 2012). This study used an online survey methodology asking respondents to report on a previous call to a crisis helpline which introduces the possibility of recall bias (Coveney et al. 2012). There is a need for research that specifically investigates the reasons driving frequent users to call crisis helplines.

This study aimed to investigate the differences in the reasons for calling between frequent and other users of crisis helplines. These differences were investigated among a group of callers to Lifeline 13 11 14, the largest national crisis helpline service in Australia (Barber et al. 2004, Watson et al. 2006). Lifeline consists of 41 centres that operate within a national network (Coman et al. 2001, Lifeline Australia 2015) and is staffed by a combination of trained volunteers and paid employees who act as Telephone Crisis Supporters (TCSs) (Barber et al. 2004, Spittal et al. 2015).
Methods

Design

Individuals who called Lifeline between February and July 2015 were invited to complete a survey at the end of their call. The survey was administered during 54 randomly selected four-hour shifts at two Lifeline centres. These centres were selected based on their capacity to answer a large volume of calls. The Lifeline service operates within a national network that allocates calls to the next available answer point, ensuring callers were approached for the research study on a randomised basis. Six supervisors at the two centres acted as research interviewers for the duration of the study. Research interviewers were trained by AM and AW in research interviewing skills and administration of the survey. The research interviewers worked with a team of at least two TCSs during each shift to recruit callers.

At the end of each call, the TCS screened callers and invited eligible callers to complete a brief survey about their experiences with Lifeline. Callers were ineligible if the TCS deemed them to be in an immediate crisis, verbally abusive or in an unstable mental state. The exclusion criteria were developed to ensure the safety of vulnerable and distressed callers. Callers were also excluded if they were under 18 years of age or unable to converse in English. Callers who reported they had not previously completed the survey and were interested were then passed on to the research interviewer who obtained their verbal consent and administered the survey, which is outlined in the appendix.

This survey was conducted as part of a larger study investigating the outcomes for users of Lifeline and to explore the factors that influence these outcomes. Ethics
For Peer Review

approval was granted by The University of Melbourne’s Human Research Ethics Committee (ID: 1441987.2).

Classification of crisis helpline users

Respondents were asked how often they had contacted Lifeline in the past month with six response options available: once/just today; twice; 3-5 times; 6-10 times; 11-19 times; and 20 or more times. Based on their response to this question respondents were categorised into three groups: one-off users (once/just today); episodic users (2-19 times); and, frequent users (≥20 times). These categories were selected as they reflect Lifeline’s current classification of users; in particular, Lifeline defines a frequent user as someone who calls the service 20 times or more in a month (Spittal et al. 2015).

Socio-demographic characteristics

The survey collected data on the following socio-demographic characteristics: gender, age, language, Aboriginal or Torres Strait Islander origin, usual living arrangements, and employment status. Gender responses included male, female and intersex; however, intersex was dropped in the analysis as it was reported by only one respondent. Age was categorised into four groups: <25 years, 25-44 years, 45-65 years, and >65 years.

Primary language was measured by whether respondent’s reported English as their first language (yes/no). Aboriginal and/or Torres Strait Islander origin was summarised as a binary variable (yes/no). Usual living arrangements were classified in terms of whether respondents reported living alone or not. Employment status in a usual week was summarised as: employed/studying (full/part time employment, studying, self-employed), not in paid employment (home duties with no paid work, retired, unemployed/looking for work), or being unable to work due to sickness or disability.
Reasons for calling Lifeline

The survey asked respondents about the reasons that prompted their call to Lifeline on that occasion. They were provided with eight potential statements and were able to select all that applied. The eight statements were developed specifically for this study and were informed by the literature (Watson et al. 2006, Burgess et al. 2008, Coveney et al. 2012, Bassilios et al. 2015, Middleton et al. In press). We first developed a draft set of statements which were later refined based on feedback from several Lifeline personnel. The final statements included: 1) my usual health professional was not available; 2) a health professional suggested I call Lifeline; 3) a family member or friend suggested I call Lifeline; 4) I was in an immediate crisis; 5) I have been feeling very nervous, anxious or depressed; 6) I did not have a lot of hope about the future; 7) there was nobody else I could talk to; and 8) I regularly call Lifeline to talk about how I am feeling. An “other” response with a free text option was also provided, which was re-coded during data cleaning.

Statistical analysis

Ordered logistic regression was used to examine the association between frequency of use and reasons for calling in both univariate and multivariate models. Age, sex, employment status and living arrangements were adjusted for in the multivariate model. English as the first language and Aboriginal and/or Torres Strait Islander origin were not included in the adjusted model due to the limited variance in responses. Estimates for the associations are reported as cumulative odds ratios with 95% confidence intervals. The ordinal logistic regression model relies upon the proportional odds assumption, which assumes that the odds ratios are constant for each of the splits of the categories in the outcome (that is, comparing the odds of “Frequent users and Episodic
users” to “One-off users”, and “Frequent users” to “Episodic users and One-off users” for each sub-group of the explanatory variables to a reference group). This assumption was satisfied for all explanatory variables when tested using the Brant test. All statistical analyses were conducted using STATA version 13 (StataCorp 2013).
Results

A total of 2,977 calls were answered by the two centres during the 54 shifts (see Figure 1). Of these calls, the TCSs screened 990 callers, of whom 417 (42%) were deemed to be ineligible, 244 (25%) declined to participate, and 329 (33%) provided consent. Reasons for non-participation included: previously completing the survey (n=43; 4%); not interested (n=183; 18%); and, the need to wait due to lack of research interviewer immediate availability (n=18; 2%). Of the 329 callers who agreed to participate, 315 (96%) completed the survey and 14 (4%) withdrew before completion.

Classification of crisis helpline users

Of the 315 respondents who completed the survey, 69 (22%) were classified as frequent users, 162 (51%) as episodic users and 79 (25%) as one-off users. Five respondents were unable to recall the number of times they called in the past month. The distribution of callers by user group is presented in Figure 2.

Socio-demographic characteristics of crisis helpline users

Table 1 presents the socio-demographic characteristics of respondents. Forty-five percent of frequent users were male compared to 31% of episodic and 37% of one-off users. Nearly half of the respondents in each user group were aged between 45 and 65 years. Around 90% of respondents in each user group reported English as their first language. No frequent users and only 4% of episodic and one-off users reported Aboriginal and/or Torres Strait Islander origin. Sixty-one percent of frequent users reported living alone compared to 57% of episodic and 38% of one-off users. Over half
of the frequent users (55%) reported being unable to work due to sickness or disability,
compared to 35% of episodic and 19% of one-off users.

<Insert Table 1>

Reasons for calling Lifeline

Table 2 presents a summary of the number of reasons reported for calling Lifeline on
that occasion. Two percent of respondents reported that none of the reasons applied,
18% reported that only one reason applied, 60% reported that between two and four
reasons applied, and 19% reported that five or more reasons applied. There were 40
respondents who reported calling for a reason other than the eight statements of which
13 could not be re-coded.

<Insert Table 2>

The association between crisis helpline use and each of the reported reasons for
calling is presented in Table 3. The four most common reasons reported by all users
included: having nobody else to talk to (68%); feeling nervous, anxious or depressed
(66%); regularly calling to talk about their feelings (58%); and, being in an immediate
crisis (36%). Fifteen percent of respondents reported all four of these reasons, 80%
reported at least one (but not all four), and 5% did not report any. Of these reasons,
regularly calling to talk about their feelings was the sole reason endorsed by 26
respondents, nine of whom were frequent users.

The most common reason reported by frequent users was to talk regularly about
their feelings (86%). For episodic users, the most common reason was having nobody
else to talk to (75%) and for one-off users it was that they felt nervous, anxious or
depressed (67%). Calling Lifeline because a family member or friend had suggested it
was the least common reason for all users, reported by less than 10% of users. In the
univariate analysis, reporting frequent use was associated with regularly calling to talk
about their feelings [OR=6.0; 95% CI: 3.7-9.8] and remained significant in the
multivariate model [OR=6.8; 95% CI: 4.0-11.4].

<Insert Table 3>
Discussion

In this study, frequent users accounted for nearly one-quarter of all crisis helpline users. They were distinguished from other users by their need to regularly talk about their feelings. However, this was not the only reason they reported calling; they also called about mental health issues, having nobody else to talk to, and being in an immediate crisis. These reasons were reported at similar rates to other users.

The findings from this study build on previous research that has investigated frequent users of crisis helplines. It is evident from this study that the reasons driving frequent users to call crisis helplines may be associated with their need for regular emotional support as well as seeking help with their mental health issues. This differs to previous research that reported frequent users were only calling about social support (Bartholomew & Olijnyk 1973, Watson et al. 2006, Burgess et al. 2008) or mental health issues (Burgess et al. 2008, Ingram et al. 2008, Coveney et al. 2012, Bassilios et al. 2015, Spittal et al. 2015) but not a combination of both reasons. This difference may be a result of the variation in methods used, as this is the only study to specifically ask crisis helpline users why they called the service on that occasion. Furthermore, the socio-demographic characteristics of frequent users were similar across these studies (Burgess et al. 2008, Bassilios et al. 2015, Spittal et al. 2015).

Strengths and Limitations

This is the first study to ask frequent users of crisis helplines directly about the reason for their call immediately after the encounter. This approach removes the possibility of recall bias which has affected previous studies (Coveney et al. 2012). This methodology also removes the difficulties in following up users after the initial contact (Kalafat et al.)
2007, Coveney et al. 2012) and ensuring the analysis was exclusive to Lifeline callers. Some previous studies have been unable to confirm respondents were actual users of a specific helpline (Coveney et al. 2012, Bassilios et al. 2015, Middleton et al. In press). Furthermore, the study was conducted over a six-month period which ensured the participation rates were maximised among respondents. A robust statistical method was also used to compare the differences between user groups.

There are some limitations to this study that need to be considered. Firstly, the survey was not offered to all callers, even though all callers were considered for the study during the randomised shifts. This is because the TCS screened each caller for their eligibility and may not have offered the survey to some callers out of concern of their safety. This may have reduced the representativeness of the sample. However, the fact that nearly 60% of screened callers were considered eligible for the study suggests a wide spectrum of the caller population was approached. Secondly, the self-report nature of the survey required users to accurately report whether they had previously completed the survey and the number of times they called in the past month. Previous studies have suggested that some users may underreport the number of times they call so some users may have been misclassified (Burgess et al. 2008). Thirdly, even though we investigated the reasons for calling, this was the first occasion on which the eight statements were used and hence could not be compared to the results of other studies. However, these statements most likely represent a comprehensive list as very few respondents selected the “other” option and could not be re-coded. Nevertheless, there is a possibility that providing pre-specified reasons for calling may lead to respondents to only select those reasons. Future studies may benefit from examining the reasons frequent users report calling using in-depth qualitative methods.
Implications for Policy and Practice

Frequent users are driven to call crisis helplines for many reasons, including their mental health issues and their need for crisis support. However, they have an additional need for ongoing emotional support. This pattern of service use differs to the current model of care offered by crisis helplines which is designed to provide one-off support. Instead, frequent users may be better suited to a model of care that is designed to provide ongoing support. If such a model were offered, a “whole system approach” would be suitable as previous research has shown that frequent users already receive mental health care from a general practitioner (Bassilios et al. 2015, Middleton et al. In press) and mental health professionals (Burgess et al. 2008, Middleton et al. In press). Such an approach would involve integrating clinical and professional services with an ongoing non-clinical service that specifically addresses the need for emotional support and occasional crisis support. This would first require a better understanding of the needs of frequent users and why they are seeking ongoing emotional support from crisis helplines (Finch et al. 2008). This is worth exploring in more in-depth research and is part of additional work that has been undertaken with a subsample of respondents. Once this is understood, service providers would need to consider ways to complement rather than duplicate the work of healthcare professionals in ways that ensure these users receive optimal care while reducing their continuing use of crisis helplines (Segar et al. 2013).

Conclusion

Frequent users of crisis helplines present a unique dilemma to service providers. They call crisis helplines seeking support for a variety of reasons, including their mental health issues, crisis support and ongoing emotional support. However, the current model
of care prevents service providers from being able to offer any form of ongoing support across calls. There is a need to investigate further why frequent users are seeking ongoing support from crisis helplines.
References


StataCorp (2013) Stata Statistical Software: Release 13. 13 ed. StateCorp LP, College Station, TX.

Table 1: Socio-demographic characteristics by crisis helpline user classification

<table>
<thead>
<tr>
<th></th>
<th>Total (n=315)²</th>
<th>Frequent (n=69)²</th>
<th>Episodic (n=162)²</th>
<th>One-off (n=79)²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>112 (36)</td>
<td>31 (45)</td>
<td>51 (31)</td>
<td>29 (37)</td>
</tr>
<tr>
<td>Female</td>
<td>199 (63)</td>
<td>38 (55)</td>
<td>108 (67)</td>
<td>49 (62)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 25 years</td>
<td>16 (5)</td>
<td>1 (1)</td>
<td>7 (4)</td>
<td>8 (10)</td>
</tr>
<tr>
<td>25-44 years</td>
<td>83 (26)</td>
<td>15 (22)</td>
<td>44 (27)</td>
<td>23 (29)</td>
</tr>
<tr>
<td>45-65 years</td>
<td>164 (52)</td>
<td>42 (61)</td>
<td>83 (51)</td>
<td>37 (47)</td>
</tr>
<tr>
<td>&gt; 65 years</td>
<td>48 (15)</td>
<td>9 (13)</td>
<td>27 (17)</td>
<td>10 (13)</td>
</tr>
<tr>
<td><strong>English as their first language</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>32 (10)</td>
<td>7 (10)</td>
<td>15 (9)</td>
<td>10 (13)</td>
</tr>
<tr>
<td>Yes</td>
<td>281 (89)</td>
<td>60 (87)</td>
<td>147 (91)</td>
<td>69 (87)</td>
</tr>
<tr>
<td><strong>Aboriginal or Torres Strait Islander origin</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>301 (96)</td>
<td>68 (99)</td>
<td>152 (94)</td>
<td>76 (96)</td>
</tr>
<tr>
<td>Yes</td>
<td>10 (3)</td>
<td>0</td>
<td>7 (4)</td>
<td>3 (4)</td>
</tr>
<tr>
<td><strong>Live Alone</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>149 (47)</td>
<td>27 (39)</td>
<td>70 (43)</td>
<td>49 (62)</td>
</tr>
<tr>
<td>Yes</td>
<td>166 (53)</td>
<td>42 (61)</td>
<td>92 (57)</td>
<td>30 (38)</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed/studying</td>
<td>91 (29)</td>
<td>14 (20)</td>
<td>41 (25)</td>
<td>36 (46)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>105 (33)</td>
<td>16 (23)</td>
<td>58 (35)</td>
<td>28 (35)</td>
</tr>
<tr>
<td>Unable to work due to sickness or disability</td>
<td>112 (36)</td>
<td>38 (55)</td>
<td>57 (35)</td>
<td>15 (19)</td>
</tr>
</tbody>
</table>

²Denominators vary due to missing data.
Table 2: Total number of reasons reported for calling Lifeline on that occasion, by crisis helpline user classification

<table>
<thead>
<tr>
<th>Reasons for calling Lifeline</th>
<th>Total number of respondents (n=315)</th>
<th>Frequent (n=69)</th>
<th>Episodic (n=162)</th>
<th>One-off (n=79)</th>
<th>Unadjusted a</th>
<th>Adjusted a, b</th>
</tr>
</thead>
<tbody>
<tr>
<td>No reason</td>
<td>6 (2)</td>
<td>0</td>
<td>3 (2)</td>
<td>3 (4)</td>
<td>0.3 (0.1 – 1.4)</td>
<td>0.3 (0.1 – 1.7)</td>
</tr>
<tr>
<td>1 reason</td>
<td>58 (18)</td>
<td>15 (22)</td>
<td>24 (15)</td>
<td>16 (20)</td>
<td>0.9 (0.5 – 1.5)</td>
<td>0.8 (0.4 – 1.4)</td>
</tr>
<tr>
<td>2 reasons</td>
<td>74 (23)</td>
<td>9 (13)</td>
<td>37 (23)</td>
<td>27 (34)</td>
<td>0.5 (0.3 – 0.8)</td>
<td>0.4 (0.2 – 0.7)</td>
</tr>
<tr>
<td>3 reasons</td>
<td>70 (22)</td>
<td>16 (23)</td>
<td>40 (25)</td>
<td>13 (16)</td>
<td>1.3 (0.8 – 2.1)</td>
<td>1.6 (0.9 – 2.6)</td>
</tr>
<tr>
<td>4 reasons</td>
<td>46 (15)</td>
<td>12 (17)</td>
<td>26 (16)</td>
<td>8 (10)</td>
<td>1.5 (0.9 – 2.8)</td>
<td>1.6 (0.9 – 2.8)</td>
</tr>
<tr>
<td>5 + reasons</td>
<td>61 (19)</td>
<td>17 (25)</td>
<td>32 (20)</td>
<td>12 (15)</td>
<td>1.6 (0.9 – 2.7)</td>
<td>1.6 (0.9 – 2.8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>Mean (SD)</th>
<th>Mean (SD)</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No reason</td>
<td>2.9 (1.4)</td>
<td>3.1 (1.5)</td>
<td>3.0 (1.4)</td>
<td>2.5 (1.4)</td>
</tr>
<tr>
<td>1 reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 + reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Median (IQR)</th>
<th>Median (IQR)</th>
<th>Median (IQR)</th>
<th>Median (IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No reason</td>
<td>3 (2 – 4)</td>
<td>3 (2 – 4)</td>
<td>3 (2 – 4)</td>
<td>2 (2 – 4)</td>
</tr>
<tr>
<td>1 reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 + reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a Cumulative ORs and their 95% confidence intervals (95% CI) calculated using ordinal logistic regression modelling probability of frequent user. The value of 1.0 indicates reference category.
b Adjusted for age, sex, live alone and employment status.
Table 3: Association between crisis helpline use (modelling probability of frequent user) and reasons for calling based on ordinal logistic regression reporting unadjusted and adjusted odds ratio (OR) and their 95% confidence interval (95% CI)

<table>
<thead>
<tr>
<th>Reason for calling Lifeline</th>
<th>Total number of respondents (n=315)</th>
<th>Frequent (n=69)</th>
<th>Episodic (n=162)</th>
<th>One-off (n=79)</th>
<th>Unadjusted b</th>
<th>Adjusted c</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nobody else to talk to</td>
<td>215 (68)</td>
<td>41 (59)</td>
<td>122 (75)</td>
<td>49 (62)</td>
<td>1.0 (0.6 – 1.6)</td>
<td>1.0 (0.6 – 1.6)</td>
</tr>
<tr>
<td>Feeling nervous, anxious or depressed</td>
<td>207 (66)</td>
<td>48 (70)</td>
<td>105 (65)</td>
<td>53 (67)</td>
<td>1.2 (0.8 – 1.9)</td>
<td>1.2 (0.7 – 1.9)</td>
</tr>
<tr>
<td>Regularly call to talk about how they are feeling</td>
<td>183 (58)</td>
<td>59 (86)</td>
<td>102 (63)</td>
<td>19 (24)</td>
<td>6.0 (3.7 – 9.8)</td>
<td>6.8 (4.0 – 11.4)</td>
</tr>
<tr>
<td>In an immediate crisis</td>
<td>113 (36)</td>
<td>27 (39)</td>
<td>59 (36)</td>
<td>27 (34)</td>
<td>1.2 (0.8 – 1.9)</td>
<td>1.3 (0.8 – 2.0)</td>
</tr>
<tr>
<td>No hope for the future</td>
<td>88 (28)</td>
<td>21 (30)</td>
<td>43 (27)</td>
<td>24 (30)</td>
<td>1.1 (0.7 – 1.7)</td>
<td>1.1 (0.7 – 1.8)</td>
</tr>
<tr>
<td>Suggested by health professional</td>
<td>53 (17)</td>
<td>13 (19)</td>
<td>31 (19)</td>
<td>9 (11)</td>
<td>1.5 (0.9 – 2.6)</td>
<td>1.6 (0.9 – 2.9)</td>
</tr>
<tr>
<td>Usual health professional not available</td>
<td>52 (17)</td>
<td>9 (13)</td>
<td>32 (20)</td>
<td>11 (14)</td>
<td>0.9 (0.5 – 1.3)</td>
<td>0.9 (0.6 – 1.4)</td>
</tr>
<tr>
<td>Suggested by family member/friend</td>
<td>23 (7)</td>
<td>5 (7)</td>
<td>9 (6)</td>
<td>8 (10)</td>
<td>0.6 (0.3 – 1.5)</td>
<td>1.0 (0.4 – 2.5)</td>
</tr>
</tbody>
</table>

a Individual reasons are not mutually exclusive
b Cumulative ORs and their 95% confidence intervals (95% CI) calculated using ordinal logistic regression modelling probability of frequent user. The value of 1.0 indicates reference category.

Adjusted for age, sex, live alone and employment status.
Figure 1: Flowchart of recruitment of Lifeline callers

Calls (n=2,977)

Screened (n=990)

Eligible (n=573)

Agreed to complete survey (n=329)

Completed survey (n=315)

Not screened (n=1,987)

Not eligible (n=417)

Did not agree to complete survey (n=244)

Withdrawn before completing (n=14)

Already completed (n=43)

Not interested (n=183)

RI not available (n=18)

Note: RI = Research interviewer
Figure 2: Classification of crisis helpline users based on reported use in the past month (n=315)
Appendix: Survey

1. In the past month, how often have you contacted Lifeline 13 11 14?
   - Once/just today
   - Twice
   - 3-5 times
   - 6-10 times
   - 11-19 times
   - 20 or more times
   - I don’t know

2. Thinking about what prompted you to call Lifeline 13 11 14 today, do any
   of the following statements apply? (can select more than one option)
   - My usual health professional was not available
   - A health professional suggested that I call Lifeline 13 11 14
   - A family member or friend suggested that I call Lifeline 13 11 14
   - I was in an immediate crisis
   - I have been feeling very nervous, anxious or depressed
   - I did not have a lot of hope about the future
   - There was nobody else that I could talk to
   - I regularly call Lifeline 13 11 14 to talk about how I am feeling
   - Other (please specify)

3. What gender do you identify with?
   - Male
   - Female
   - Intersex
   - Prefer not to answer

4. How old are you?
   - Under 25 years
   - 25-44 years
   - 45-65 years
   - Over 65 years
   - Prefer not to answer

5. In a usual week, which of the following best describes you?
   - In full/part time employment
   - Studying
   - Home duties (with no paid work)
   - Self-employed
   - Unemployed/looking for work
   - Retired
   - Unable to work due to sickness or disability
   - Prefer not to answer

6. Who do you usually live with? (can select more than one)
   - Spouse/partner
   - Children
   - Parents
   - Unrelated flatmate/co-tenant
   - Alone
   - Other
   - Prefer not to answer
7. Is English your first language?
   - Yes
   - No
   - Prefer not to answer

8. Are you of Aboriginal and/or Torres Strait Islander origin?
   - Aboriginal but not Torres Strait Islander origin
   - Torres Strait Islander but not Aboriginal origin
   - Both Aboriginal and Torres Strait Islander origin
   - Neither Aboriginal or Torres Strait Islander origin
   - Prefer not to answer
Author/s:
Middleton, A; Pirkis, J; Chondros, P; Bassilios, B; Gunn, J

Title:
The Health Service Use of Frequent Users of Telephone Helplines in a Cohort of General Practice Attendees with Depressive Symptoms

Date:
2016-09-01

Citation:
Middleton, A; Pirkis, J; Chondros, P; Bassilios, B; Gunn, J, The Health Service Use of Frequent Users of Telephone Helplines in a Cohort of General Practice Attendees with Depressive Symptoms, ADMINISTRATION AND POLICY IN MENTAL HEALTH AND MENTAL HEALTH SERVICES RESEARCH, 2016, 43 (5), pp. 663 - 674

Persistent Link:
http://hdl.handle.net/11343/127212

File Description:
Accepted version