

iCALL



# Annual Report

April 2015 - August 2016

## **CONTENTS**

### **AIM, OBJECTIVES AND MISSION OF iCALL PSYCHOSOCIAL**

**HELPLINE .....7**

**OVERVIEW ..... 8**

**Collaborations..... 16**

**Academic Partnerships..... 16**

**Partnerships with Government Stakeholders.....20**

**Non-Governmental Partnerships ..... 21**

### **TRAINING, CONTINUOUS SKILL UPGRADATION AND CONFERENCES**

**ATTENDED BY THE iCALL TEAM..... 23**

**External training and conferences attended by iCALL..... 25**

**OUTREACH AND PUBLICITY ..... 27**

**CLIENT FEEDBACK .....30**

**QUANTITATIVE OVERVIEW OF CALLS AND EMAILS ATTENDED TO  
BY THE HELPLINE (APR 2015-AUG 2016) ..... 33**

**THEMATIC OVERVIEW OF CALLS AND EMAILS ATTENDED TO BY  
THE HELPLINE (APR 2015-AUG 2016)..... 53**

**THE WAY FORWARD ..... 81**

## LIST OF TABLES

Table 1: Category-Wise Break-Up of Genuine Calls (N=12265).....	35
Table 2 – Gender Break-Up of Calls (N=12265).....	36
Table 3 – Linguistic Split of Calls (N=12265) .....	37
Table 4 – Break-up of Callers by Age-Groups (N=12265).....	38
Table 5: Break-up of Callers by Relationship Status (N=12265) .....	39
Table 6 – Relationship between Clients who Avail Joint Sessions (N=24) .....	40
Table 7– Source of Referrals for Calls (N=12265) .....	41
Table 8 – Location-Wise Breakup of Calls .....	43
Table 9– Break-Up of Overseas Calls by Country (N=120) .....	45
Table 10 – Gender-Wise Distribution of Clients over Emails (N=2122).....	47
Table 11 - Age-Distribution of Clients Over Emails (N=2122).....	48
Table 12 –Breakup of Available Location Data for Emails (N=632).....	51
Table 13–Breakup of Available Location Data for Emails (N=63) .....	52
Table 14 – Thematic Break-Up of Calls (N=12064). .....	54
Table 15–Five Most Frequently Cited Primary Issues Over Calls by Clients Identifying as Gender Female (N=4685) .....	56
Table 16 –Five Most Frequently Cited Primary Issues Over Calls by Clients Identifying as Gender Male (N=3955).....	57
Table 17 – Thematic Break-Up of Emails (N=2122).....	59
Table 18 –Five Most Frequently Cited Primary Issues Over Emails by Clients Identifying as Gender Female (N=1012).....	62
Table 19 –Five Most Frequently Cited Primary Issues Over Emails by Clients Identifying as Gender Male (N=566).....	63

## LIST OF FIGURES

Figure 1 Monthly Distribution of Total Calls (N=15998) and (N=2141) Apr 2015 - Aug 2016 .....	33
Figure 2 – Break-up of Genuine vs Irrelevant Calls (N=15998) .....	34
Figure 3 Overview of Locations from Which Calls Emanated (N=12265) .....	42
Figure 4 Distribution of Emails from April 2015 to August 2016 (N=2122) .....	46
Figure 5 – Linguistic Distribution of Emails (N = 2122) .....	49



## Foreword

The Tata Institute of Social Sciences (TISS) was established in 1936 as the Sir Dorabji Tata Graduate School of Social Work. In 1944, it was renamed as the Tata Institute of Social Sciences. Since its inception, the vision of TISS has been to be an institute that continually responds to changing social realities through the development and application of knowledge towards creating a people - centred ecologically sustainable and just society that promotes and protects dignity, equality social justice and human rights for all. The Institute has played a pioneering role in areas of social justice and social change. Projects have been initiated to denote the social responsibility towards the emerging needs and problems of society; these projects, known as Field Action Projects (FAPs) have been designed to demonstrate innovative models in relatively lesser explored areas. The FAPs over the years have demonstrated interventions with a wide variety of marginalized groups and issues, with a great degree of success. iCALL Psychosocial Helpline, an initiative of the School of Human Ecology, continues this rich tradition of FAPs by TISS

### **THE SCHOOL OF HUMAN ECOLOGY (SHE)**

The School of Human Ecology is an Independent school in the TISS, Mumbai Campus. The School anchors the MA Applied Psychology teaching programs offered by the Institute.

The School of Human Ecology (SHE) uses the term human ecology to encompass all aspects of human experience and everything in the environment that defines quality of life. The SHE explores the rich diversity of relationships between the individual, society and the environment. The emphasis is on developing skills for interventions for the well-being of the individuals and the family. It looks forward to a thorough training in counselling, psychotherapy and preparing professionals at various levels of human development.

The school has been actively engaged with the process of training counselling and clinical psychology professionals (through class room teaching and field exposure) to address the unmet needs of the mental health sector. This ongoing engagement with students, mental health professionals, NGOs and the field has helped the school be in touch with the emerging mental health needs and required mental

health interventions. iCALL, an initiative of SHE was developed as an attempt to enable delivery of quality counselling services, on a wide range of psychosocial issues to the general population, in line with the ethos for service delivery and commitment for excellence that TISS is known for.

### **iCALL PSYCHOSOCIAL HELPLINE**

iCALL is a telephonic counselling service for addressing psychosocial needs of people in distress in a gender sensitive manner. It caters to individuals across all age groups (with a special emphasis on vulnerable groups such as children, adolescents, women and elderly). The helpline provides information, emotional support and referral linkages. It is managed by trained counsellors who have minimum a post-graduate qualification in counselling or clinical psychology. These counsellors actively and supportively listen to the individual's disclosures of emotional distress. They attempt to provide a safe, holding environment, along with other assistance needed by the callers. Additionally, iCALL offers email counselling services to those who wish to communicate this way.

Inaugurated on 4<sup>th</sup> September 2012, iCALL presently has a team strength of sixteen including twelve counselling psychologists, a programme associate, one research associate, one admin and a programme coordinator. Faculty from SHE play an advisory role in the helpline, providing inputs for fund raising, staff recruitment and training, along with determining organizational philosophy and partnership opportunities. Currently the helpline functions for 14 hours a day, between 08 a.m. - 10p.m., Monday to Saturday. The helpline provides counselling services in ten languages, namely, English, Hindi, Marathi, Gujarati, Punjabi, Malayalam, Tamil, Bengali, Telugu and Konkani.

The counselling service addresses different issues ranging from crisis oriented needs to more long term emotional needs. The response from callers as well as emailers has been growing with each advancing month. Since its inception in September 2012, the helpline's counsellors have answered over 40,000 calls and emails on different issues such as emotional distress, mental health, relationship issues, sexuality, gender based violence, study related issues etc.

## **AIM, OBJECTIVES AND MISSION OF iCALL PSYCHOSOCIAL HELPLINE**

### **AIM:**

To provide an anonymous and safe platform for people to share, express and deal with distress

### **MISSION STATEMENT:**

To develop a service which provides psychological assistance and information which is accurate, unbiased/non-discriminating and accessible, to all individuals, from all parts of the country, with specific emphasis on those hitherto excluded, marginalized and discriminated against.

### **OBJECTIVES:**

- To provide information, emotional support and counselling interventions to individuals in psychological distress
- To connect individuals in psychological distress to knowledge and service resources.
- To provide structured training opportunities for creating human resources in mental health service provision.
- To carry out research in the field of mental distress and counselling
- To develop a model of effective mental health intervention/counselling using a helpline



## OVERVIEW

iCALL began in 2012 as a modest, yet ambitious Field-Action-Project of the School of Human Ecology, at the Tata Institute of Social Sciences, Mumbai in September 2012, the institute's Director – Prof S Parasuraman, seeing the potential of a service such as iCALL lent his full support to the fledgling initiative, providing the office space, basic infrastructure and the seed money to initiate this project. With the support of the institute, iCALL commenced operations and was met with a tremendous response, reaching out to more than 4000 clients in its first year itself. iCALL could forge partnerships with organizations such as Axis Bank, IIT Bombay, Madat Trust and towards the end of the year, with Larsen and Toubro Ltd, which contributed immensely to its growth in the initial stages of its existence. That all of these partnerships continued beyond the first year is testimony to the fact that iCALL was seen as a valued partner as well by each of these entities.

The second year of iCALL witnessed exponential growth in the usage of the service with over 13,000 calls and nearly 900 emails being attended by the helpline in this period. This period also witnessed the initiation of partnerships with the State Governments of Gujarat, and Maharashtra towards the establishment of state-level helplines addressing issues such as Violence Against Women and Mental Health, and with corporate partners such as Sun Pharma (erstwhile Ranbaxy Labs) to provide services to patients suffering from a skin ailment called Psoriasis. The helpline's team strength too, in this period, went from 8 members to 10 members. By the time iCALL launched its second report in April 2015, the helpline's total tally of calls attended since inception had reached 20,000 calls and nearly 1000 emails.

Going into its third year, iCALL's focus was to engage with the community in a larger way by expanding its reach beyond Maharashtra, as well work at the preventive, as well as the interventive level, as opposed to only the latter. iCALL found the support it needed to achieve this vision in Mr Harsh Mariwala from Marico Ltd. who shared a similar vision for mental health in India. Mr Mariwala set up the Mariwala Health Initiative in this period which was aimed at creating a holistic and universally accessible mental-health ecosystem, enabling the delivery of a variety of services

and innovations to people in need across the nation and offering a progressive, affirmative and inclusive space for conversations on mental health in India.

iCALL's vision of working towards mental health and wellbeing of the community, creating awareness, reducing stigma and providing easily accessible, quality professional services in a resource poor country like ours resonated with MHI's vision and as a result iCALL and MHI, came together to jointly achieve this vision which led to the formation of a three-year partnership titled the TISS-Mariwala Health Initiative.

This initiative aimed to build on iCALL's existing infrastructure and capacities to further create greater awareness around mental health, offering effective service delivery in a holistic, timely manner along with the development of robust referral linkages to aid those in need of such services. This journey was initiated with a National Level consultative Meet of Helpline Services from across India on 17<sup>th</sup> of April 2015.

### **National Consultative Meet of Psychosocial Telecounselling Helplines**

This was the second occasion where iCALL convened a consultative meet at the national level bringing together helplines delivering psychosocial services (with different focus areas) onto a common platform, thereby enabling sharing of knowledge and best practices amongst the participants.

The objectives of this consultation were as follows:

- Sharing of best practices related to helpline counselling
- Discussing challenges to be anticipated by iCALL, as it expands (Including Human Resource Management related policies, staff patterns and staff welfare)
- Exploring protocols and best practices followed by various helplines while handling crisis situations
- Listing effective publicity strategies adopted by the various helplines
- Exploring Possibility of establishing a National level network of helplines

The participants that were a part of this meeting included representatives from organizations such as Vandrewala Foundation Helpline Mumbai, Institute for Psychological Health, Thane, LBT collective- LABIA, Mumbai , Marzi Helpline by Samayak, Pune, Directorate of Health Services – Maharashtra state, Parivarthan, Counselling, Training and Research Centre - Bangalore, Sahai Helpline - Bangalore, Sneha Helpline- Chennai, Samaritans India Helpline, Mumbai, Connecting NGO, Pune, Men Against Violence and abuse (MAVA), Mumbai and State Adolescent Reproductive and Sexual Health Helpline, Pune

The consultation brought diverse strategies adopted by helpline services to address challenges pertaining to ethical practice, logistics, sustainability etc. A report was generated from the data generated through the consultative meet and shared with the participating organizations. Further, academic publications based on this consultation are currently being developed.

### **Expansion of iCALL with the help of the Mariwala Health Initiative**

As a part of iCALL's and TISS- Mariwala Health Initiative's vision to expand iCALL, the existing team of eight counsellors was expanded to twelve. The newly recruited counsellors were trained extensively on various issues such as Violence Against Women, Sexual and Reproductive Health, Gay Affirmative Counselling Practices, Adolescent and Youth Related Issues, Substance Abuse, Family and Couple Therapy, Cognitive Behaviour Therapy etc. Additional space was acquired within TISS, Mumbai, as a part of this expansion along with infrastructure and technological expansions as well.

A cloud-based data management software was developed specifically for iCALL which enabled documentation and storage of call data in a digitally encrypted format thereby further securing the confidential data shared over calls and emails from misuse and loss due to hardware failure.

iCALL obtained a Digital PRI Line from MTNL which enabled the expansion of the helpline's telecom infrastructure from 4 lines to 12 lines with a scope of expanding to 50 lines. The PRI line came with an easy-to-remember telephone number '022-

25521111' which replaced the existing number '022-25563291'. Calls from the previous number were directed to this new number in a staggering manner. At present, one line connected to the old number is attached with the EPBAX which directs calls from the old number to the PRI line to ensure that no calls are missed in this process of transition from the old to the new number.

iCALL often works with calls and emails that are of crisis nature. The iCALL telephone infrastructure, prior to the TISS-MHI partnership only allowed outgoing calls within Maharashtra, and all STD/International calls were to be made with special permission with the Institute's reception. However, in such cases, one may need to call back the client immediately, which may not be possible with the existing system of seeking prior approval from the operator. In many cases, clients may not be open to a call-back but may be comfortable with the counsellor sending them a text message to check on them. This again, was not possible with a landline telephone. Keeping this in mind a smart mobile phone was added to the iCALL infrastructure which served as crisis phone, allowing clients out of station and abroad to be contacted via SMS or call, in order to ensure client safety.

A new EPBAX system was installed that allowed iCALL to keep a track of incoming, outgoing and missed calls round-the-clock. This upgradation proved highly effective and assisted greatly in data management. The data from the EPBAX indicated that there were a significant number of calls coming in during the non-working hours of the helpline, especially early in the morning. This data was tracked for a quarter and as a response to this need the helpline hours were expanded to fourteen hours from the existing twelve hours. Thus, making the helpline hours to 08:00 AM to 10:00 PM.

To ensure greater safety of the counsellors, given the odd nature of the helpline's working hours (the Institute functions 9 AM to 6 PM most days), biometric security locks were installed on the office doors, to prevent any unauthorized access to the iCALL office. Also, in view of the increased workload, it was realized that counsellors may become vulnerable to burnout due to fatigue. Therefore, the concept of a therapy allowance whereby each employee of the helpline could avail

reimbursement against a certain number of therapy sessions within a contractual year was introduced at the same time.

As the work expanded the need to involve a dedicated professional who would focus on research became crucial to enable publications of manuals, reports and papers. Therefore, in October 2015 a full-time research associate was hired to meet this need. Additionally, an Administrative Assistant was hired in November 2015 to handle accounting, logistics and other administrative needs as part of iCALL's growing work.

In April 2016, due to continuing growth in the usage of the helpline a need for further expansion of the team was felt. This need was met through campus placements at the School of Human Ecology, TISS and Department of Applied Psychology, University of Mumbai. In all, eight counsellors joined the iCALL team. Thus, making the team strength of 15 counsellors, 1 research associate, 1 administrative assistant and 1 programme coordinator.

## Publicity in Regional Media

In order to expand its footprint beyond Urban, English-speaking centres of India, and to better reach out to the lower middle-class and underprivileged populations within urban areas, iCALL decided to approach vernacular media outlets. In May 2015, iCALL reached out to *Lokmat*, a Marathi newspaper with district-level readership across Maharashtra, which resulted in a feature on the helpline in the newspaper. The result was an immediate upsurge in calls and emails, especially from the interiors of Maharashtra. Thus, the user base had now moved to different districts of Maharashtra, instead of primarily Mumbai.



Maharashtra Times - 7th May 2015

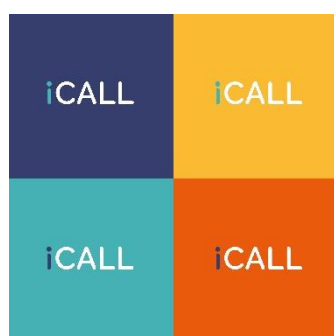
Lokmat - 12th May 2015

The success of this approach inspired iCALL to reach out of Hindi news publications as well, in order to better reach the Hindi-speaking Northern and Central belt of India. In August 2015, *Dainik Bhaskar*, a Hindi newspaper, wrote about iCALL's services across

its editions in the states of Rajasthan, Haryana, Madhya Pradesh, Chhattisgarh , Bihar, Jharkhand, Gujarat and Maharashtra. This led to hundreds of calls from each of these states to the helpline – a hitherto unseen phenomenon at iCALL. Subsequently, iCALL was featured in other publications such as *Rajasthan Patrika*, *Amar Ujala*, *NavBharat Times*, *Maharashtra Times*, *Pudhaari*, *Saamna* etc to name a few, which led to further regional language usage of the helpline. For the first time in the history of the helpline, a majority of calls emanated from locations outside of Maharashtra, and the share of calls from locations outside of Mumbai within Maharashtra too increased. This trend has continued ever since, thereby helping iCALL achieve its objective of becoming a pan-India service rather than a Mumbai-centric one.

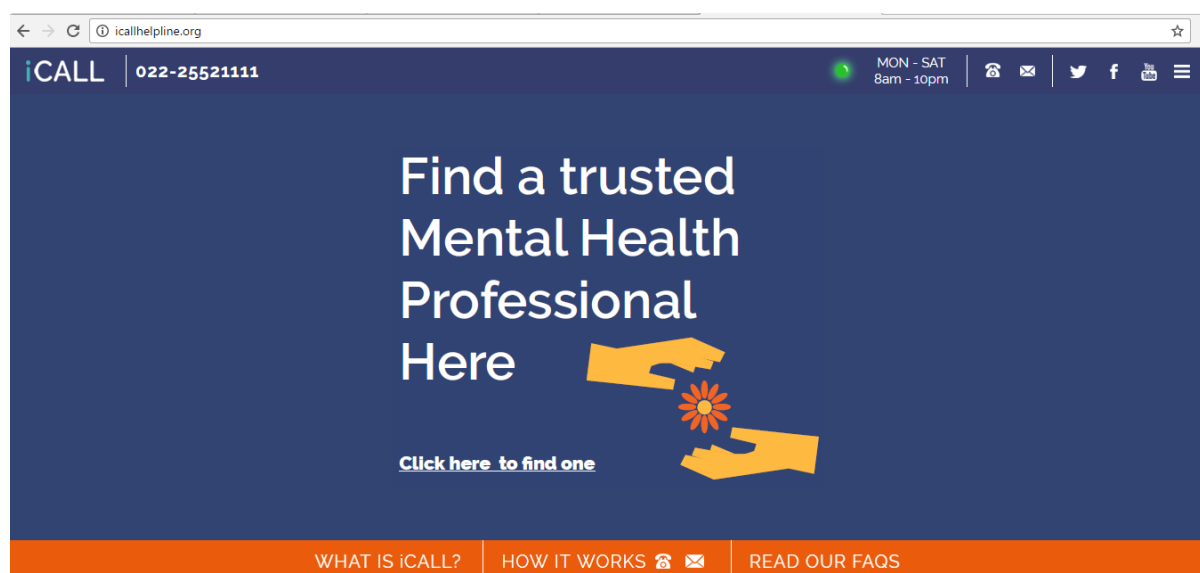
### **Brand Overhaul and Launch of iCALL's Website – icallhelpline.org**

With iCALL's work growing beyond just the telephone and email-based counselling services, it was felt that the branding of the helpline too should be expanded to reflect the other verticals of iCALL's work such as research, training, consulting, sensitization and outreach. Also, given that iCALL had entered into different geographies beyond Mumbai and Maharashtra, a need was felt to develop a visual communication for iCALL that was contextually relevant and more Indian in its appearance. It was also felt that the change not only needed to be a logo-redesign but an entire visual language that cuts across all the verticals of iCALL's work. Thus, *Studio Kohl*, which gave iCALL its first logo was engaged once again by iCALL to create a brand-guideline for iCALL that would include everything from a logo-redesign, the creation of an image-bank that is mental health and culturally sensitive, a colour palette that is associated with iCALL and font-families in which iCALL shall publish all its materials.



A bank of social-media posts and informational posters, along with brochures and cards, were also created as a part of this brand overhaul.

A part of iCALL's rebranding was the development of iCALL's website. The development of the website from the design point of view was handled by *Studio Kohl*, while a Content-Developer was engaged on a three-month term in order to develop a bank of content that would go up on the website. Websites of international helplines such as *Men's Line Australia*, *Lifeline – Ireland*, *Childline – UK*, and *Off The Record – Bristol, UK* were referenced in order to understand how to build a website that is both technologically savvy, yet sensitive to the issue of mental health. The work on the website began in August 2015, and after over a year in development, the website along with the new brand identity of the helpline was launched in October 2016.



iCALL's website offers not only information about iCALL's services and addresses questions pertaining to the same, but also offers a wide array of self-help resources to help clients de-stress. The website is and always will be a work in progress.

### Academic Publications

In April 2016, iCALL's work was documented in a chapter titled *Telephone Counselling in India: Lessons from iCALL* in a book titled *Counselling in India – Reflections on the Process* published by Springer and edited by Dr. Sujata Sriram who is one of the founding faculty members behind iCALL. The chapter was authored by Dr. Sujata Sriram (Dean – School of Human Ecology), Aparna Joshi

(Centre Chairperson and Assistant Professor – School of Human Ecology) and Paras Sharma (Programme Coordinator)

Several academic publications are presently in pipeline. Some themes that are being written on are as follows:

- Demographic profiles of individuals who have accessed the helpline
- Ethical frameworks followed by and ethical dilemmas faced by helplines
- Working structure of and challenges faced by helplines across India
- Unique stressors faced by the LBT community and challenges in establishing a LGBT-affirmative practice
- Providing psychosocial interventions through email based counselling.



## Collaborations

Entering into mutually beneficial multi-sectoral partnerships has been iCALL's expansion strategy since inception. In this period too, iCALL entered into several partnerships and collaborations. While some of these were partnerships where iCALL provided services to various organizations who in turn partly funded the running of the programme, others were strategic partnerships, and knowledge-sharing partnerships as well. The nature of work across these partnerships was diverse as well, ranging from crisis intervention services, executing CSR initiatives, providing employee assistance services, developing and delivering training workshops, capacity building and protocol development, monitoring and evaluation etc., depending on the need of the clients. The partner organizations include academic institutions, corporates, government organizations and stakeholders and non-government organisations. Some of the key partnerships that commenced during this period were as follows;

### Academic Partnerships

Being based with an academic institution itself, iCALL has always had a keen understanding of the issues faced by students (especially those living away from home and pursuing rigorous and competitive professional programmes). This has been an important factor in allowing iCALL to forge relationships with academic institutions across the country. Some academic partnerships have continued over the years and some new partnerships have been built during the period under reporting. These collaborations were in various capacities such as, skill building, mental health awareness & sensitization and providing mental health services.

- **IIT Bombay:** The relationship with IIT-B is oldest relationship iCALL has had with an academic institution, going back all the way to 2013. Over the past four years, iCALL has developed and conducted preventive mental health programmes with the students of IIT Bombay. This involves developing and delivering peer mentor trainings with student mentors, as well as delivering short workshops on themes such as Academic Stress, Relationship Management, Dealing with Burnout etc. Apart from these, the helpline was also actively used by students in need.

- **VNIT-Nagpur:** iCALL's work with IIT-B was recognized by the Visvesvaraya National Institute of Technology (VNIT), Nagpur who wanted replicate the same mentor training programme on their campus. iCALL therefore partnered with VNIT-Nagpur in 2015 in the capacity of mentor trainers. This partnership continued in the year 2016 as well. During both years, iCALL has conducted two-day peer support mentor training for approximately 120 student mentors, across all academic disciplines at VNIT. iCALL also helped the Mentor Committee to develop a code of conduct for mentors and a zero-tolerance policy against discrimination and sexual harassment. Followed by the success of these training programmes, iCALL was approached by VNIT to conduct similar workshops with the students enrolled in M.Tech with the institute. The work for same is to be taken up in the academic year 2017-18
- **MANIT-Bhopal:** Following the success of Peer support mentor training programmes with VNIT-Nagpur, iCALL was invited to Maulana Azad National Institute of Technology, (MANIT), Bhopal to launch a mentor training programme on their campus. iCALL helped provide guidelines for mentor training, then collaborated with MANIT to conduct this training. This training was received with great enthusiasm by the students.
- **K J Somaiya College of Engineering:** The partnership with this academic institute aimed at awareness and sensitization towards issues pertaining to student life. iCALL collaborated with K J Somaiya College in the year 2015-16. Over the course of this partnership iCALL has conducted various workshops with the students as well as faculty. The topics range from stress management, exam related anxiety and relationship issues. The students of the institute showed great initiative in spreading awareness on mental health and distress. A street play was developed and performed by the theatre group of the college – *Rhapsody* at the KJSCE campus as well as at Bandra promenade during World Mental Health Week 2015
- **Ramanath Payyade Hospitality Management College:** In February 2016 iCALL was invited by Bunts Sangha's Ramanath Payyade College of Hospitality Management Studies (RPH) to conduct a one day workshop on Interview Preparedness for the final year hospitality management students. The workshop was highly appreciated by the students as well as the institute faculty.

As a result, in June 2016, iCALL was requested to develop a semester-long module on interview preparedness and soft-skills aimed at the final year students which was taught during the first semester of the fourth year of the hospitality management programme at RPH, over the months July to September 2016. The sessions this time around focused on developing resume, preparing oneself emotionally for the process of an interview and communication skills relevant to this process. Followed by the successful implementation of the course, RPH College furthered the scope of the collaboration by extending skill building courses across all three years of their bachelor's degree in hospitality management, which is currently being developed jointly by RPH and iCALL for the academic year 2017-18.

### **Corporate Partnerships**

While many existing partnerships continued during this period, many new partners were added during this period, as well. The scope of these partnerships included Employee Assistance Programmes (EAPs), crisis intervention helplines, emotional support helplines, CSR campaigns etc

**Axis Bank:** iCALL continued its partnership with Axis Bank anchoring the *Be Safe Campaign*, a safety initiative for the female staff of the bank all over India. iCALL responded to calls that were of a crisis nature, provided clients with a safe environment to be able to open up to the counsellors and then guided them about future course of action, through referrals, as needed. The programme was incorporated within the Prevention of Sexual Harassment Committee (POSH) at Axis in January 2016, and is now run independently by Axis.

- **Sun Pharma:** The partnership with Ranbaxy Labs was continued, after Ranbaxy's merger with Sun Pharma. The CSR initiative titled *SPARSH* that addressed psychosocial concerns of individuals suffering from the chronic auto-immune skin-disease – Psoriasis received calls from patients all over India. iCALL witnessed that patients suffering from Psoriasis had an increased risk of depression, body image issues and even suicidal ideations due to the disfiguring nature of the disease. Funding from Sun Pharma towards this campaign ceased in March 2016, however iCALL continues to receive calls

from patients all over India who had learned about its services during the course of the campaign, whom it continues to provide free counselling services to.

- **Larsen and Toubro Ltd:** Larsen and Toubro, Limited (L&T) continued to partner with iCALL for the year 2015-16 as well as 2016-17. This partnership was aimed at meeting the emotional and mental health needs of the employees and family members of L&T, across India. These services have been extended to over 30,000 employees and their family members across the nine verticals at L&T. The mandate of the partnership also includes workshops and sessions on various issues such as work-life balance, stress management, maintaining a positive outlook in times of distress, parenting concerns etc. which were conducted across India at various L&T sites and locations. Additionally, iCALL conducted sessions during the orientation training for Graduate Engineering Trainees (GETs) at L&T to sensitise them and encourage them to seek help in times of distress as they transition from academic to professional life.
- **Hindustan Unilever Ltd:** iCALL entered into an MoU with Hindustan Unilever (HUL)- a major global FMCG company in September 2015, to extend mental health services to the blue-collar workers as well as its traveling sales force across 11 factory sites and four sales circles in India. In the initial phase of the partnership, all eleven factory sites were visited in the first six months, wherein workshops on the importance of mental health were delivered to all the blue collar and white collar employees at all eleven factories, as well as four sales circles across India. The iCALL team delivered these workshops in different, local languages such as Marathi, Gujarati, Punjabi, Tamil and Malayalam for the ease of understanding of the blue-collar workers. Which were met with an enthusiastic response. The pilot was extended until December 2016
- **Dainik Bhaskar:** As part of iCALL's mandate of providing psychosocial services to vulnerable and resource-poor areas, the helpline entered into a partnership with the CSR division of mediahouse *Dainik Bhaskar* as part of a comprehensive project to address the problem of student suicides in the coaching hub of Kota in Rajasthan, which came into national attention after registering the highest increase in rate of suicides in India in the year 2014-15. iCALL's partnership with DB includes a comprehensive ground-level study of

the situation in Kota including a survey involving students, district administration, medical professionals, hostel owners, coaching classes, parents, citizens and the media to understand the situation in Kota, and then developing interventions and campaigns to address the issue through a multi-pronged approach. In the first year of this partnership, iCALL conducted a situational analysis, to be followed by a comprehensive data collection, helped develop a special edition of *Dainik Bhaskar* aimed at promoting positivity and resilience amongst students in Kota, delivered workshops on well-being and suicide prevention to parents, teachers and students in Kota, and attended to nearly 500 students over calls and emails, preventing 11 student suicides in the process.

### Partnerships with Government Stakeholders

Since inception, iCALL has collaborated with different government stakeholders in various capacities to help develop and strengthen various government programmes. The work done in earlier years with various State Governments continued during this period and newer partnerships were initiated as well. These were as follows;

- **Government of Maharashtra:** iCALL continued its partnership with the Directorate of Health Services, Government of Maharashtra for the establishment and smooth running of the 104 Mental Health Helpline, for which it submitted a detailed Orientation Training Manual in April 2015. iCALL, along with the Resource Centre for Interventions on Violence Against Women, (RCI-VAW) at TISS, trained the newly recruited counsellors for Maharashtra's 181 Helpline for Women in Distress. The training was hosted in TISS for the period of thirty days. The focus areas primarily handled by iCALL during this training included introduction to telephone counselling, handling crisis and non-crisis cases, suicide prevention and intervention, sexual counselling skills, documentation and debrief along with mock calls that allowed for hands on experience.
- **Government of Madhya Pradesh:** In July 2015, iCALL conducted a three-day training for counsellors from 30 districts of Madhya Pradesh Under the *Rashtriya Kishor Swathya Karyakram* (RKSK) as well as the State Adolescent

and Reproductive and Sexual Health Helpline called *Jeevan Aadhar Helpline* focusing on brief counselling interventions, best practices to be followed in cases of suicidality and self-harm, as well as Violence Against Women, as well as sensitizing the counsellors in the area of sexual and reproductive health. iCALL also developed a training aid that covered culturally relevant case scenarios and intervention strategies for the same. Given the success of this collaboration, iCALL is in talks with the NRHM and UNFPA about prospective programmes in the area of adolescent health and mental health.

- **Government of Uttar Pradesh- 181 Asha Jyoti Women Helpline:** Upon invitation from UNICEF and Mahila Kalyan Vibhag, Government of Uttar Pradesh, iCALL Psychosocial Helpline partnered to train counsellors and other allied personnel of **181 Asha Jyoti Women Helpline**. This week-long training was attended by all the telecounsellors and district-level outreach workers of the helpline in April 2016. The focus of the training ranged from issues such as handling crisis and non-crisis situations, understanding violence against women and laws pertaining to the same and short term as well as long term intervention skills required to address violence. Followed by the training, a report was submitted to the Government of Uttar Pradesh that documented the training, had case studies for future reference and relevant handouts.
- **Gujarat Government 181 - ABHAYAM Helpline for Women in Distress:** iCALL remains to be a training, monitoring and evaluation partner of the programme. The helpline is available to women across all districts in the state of Gujarat. iCALL, along with RCI-VAW, TISS continues to support the helpline, as needed.

### **Non-Governmental Partnerships**

It has always been iCALL's mandate to serve those who are in need with a special emphasis on making mental health services available to those living on the margins of society. At the same time, it is understood that to bring about such a change, capacities of the existing services must be developed as well. Most of the partnerships with the Non-Government Organizations are strategic in nature. The partnership may not have a funding element to it. iCALL continued some of the

collaborations from the past and has partnered with newer organizations as well.

- **Cope with Cancer:** iCALL continues to be the helpline partner for Madat Trust's web portal, [www.copewithcancer.org](http://www.copewithcancer.org). This is the fourth year of its partnership. Through this collaboration counselling services are extended to cancer survivors as well as their family members. The helpline's details are mentioned on the webpage as a service that provides counselling assistance.
- **The Live Love Laugh Foundation:** The Live Love Laugh Foundation was founded by Bollywood Actress Deepika Padukone in October 2015. With its focus on mental health, TLLLF launched its web-portal in its first phase of operations. Since the inception of TLLLF, iCALL has been its helpline partner iCALL offered counselling services over telephone and emails to thousands of clients from all over India and the world who reached out to TLLLFs website. In 2016, through Live Love Laugh Foundation iCALL became the helpline partner for the Facebook-India's 'Help a Friend in Need' campaign, aimed at suicide prevention. This initiative directs Facebook users or the friends of users to seek help from iCALL amongst other things whenever content indicating suicidal ideation is shared on the portal.
- **Vishakha:** Vishakha is an NGO based in Rajasthan with its roots in the women's movement. iCALL partnered with Vishakha in 2015 as a knowledge partner to build capacities of counsellors working across various projects at Vishakha in the area of Violence Against Women, Crisis Intervention, Community Mobilization and Youth and Adolescent issues. In June 2016, iCALL hosted and conducted a week-long training for Vishakha's counsellors which focused on various issues pertaining to youth and adolescents, namely, academic and career related concerns, relationship issues, substance use related issues, sexuality related concerns and violence. Further ahead, iCALL conducted a four-day review of the functioning of the *Youth Friendly Counselling and Well-Being Support* Programme in August 2016. A draft report for the same has been shared with Vishakha which shall document its counselling programme framework to allow replication and upscaling of the same



## **TRAINING, CONTINUOUS SKILL UPGRADATION AND CONFERENCES ATTENDED BY THE ICALL TEAM**

Rigorous and continuous training opportunities are a key component of one's professional journey at iCALL. During this period, the orientation training for counsellors was made even more robust and structured, while the frequency of refresher training was increased. The structure ensured that the newly joined counsellors were eased into work, and continued receiving inputs at key points in their journeys thereafter. Counsellors were encouraged to identify areas where need for training was felt and training sessions focusing on those areas were organized soon after. In addition to daily debriefs and regular case-discussions, newer provisions such as one-to-one weekly supervision with a senior mentor were introduced.

All new recruits at iCALL undergo a three-month on-the-job training. In the first month, counsellors attend classroom sessions on various topics such as Telephonic Counselling, Email based Counselling, Crisis Intervention, Suicide Prevention and Intervention, Substance Use, LGBT affirmative counselling practices, Relationship Issues, Sexual and Reproductive Health, Sexual Harassment at Workplace, Working with Children and Adolescents, and Violence Against Women and laws pertaining to all the aforementioned areas. These sessions are delivered by iCALL staff, iCALL faculty advisors as well as other TISS and external faculty members.

To develop capacities of new recruits, they are asked in the second month of training to shadow senior team-members for a month before starting to handle calls under the supervision of senior peers. Newer recruits also accompany the Programme Coordinator, and senior team members as observers, or co-facilitators during external training and workshops conducted by iCALL at various sites.

In the Final Phase of the training, counsellors gradually start answering calls/emails. To aid the learning process debriefs and supervision (peer supervision & one-to-one supervision) is made available at all times.



In addition to this, iCALL organizes trainings on a regular basis. The areas on which trainings were conducted are as follows;

- **National Level Consultation of LBT Practitioners and Collectives:** It has always been iCALL's mandate to work with individuals living on the margins of society, and to develop an indigenous model of counselling which is consonant with the experiences of these communities. In line with this, iCALL hosted a day long national level consultative meet of practitioners and collectives working with the Lesbian, Bisexual and Transgender Community in India on 17<sup>th</sup> of December 2016. The consultation was attended by eleven organizations. Namely, Zehen, Qashti LBTQ, Labia, Parivarthan, Nazariya, Sappho for Equality, Umang, Gaysi Family, LesBit and Alternate Law Forum, and individual practitioners and academicians from Mumbai, Delhi, Bangalore and Chennai.

The objective of the consultation was connecting iCALL to LBT collectives as well as practitioners and consult them on what are the concerns unique to the LBT community, especially those that remain unaddressed by the mainstream psychology. An attempt was made to facilitate a nation-wide referral network of LBT friendly services and practitioners. Lastly, the participants shared their inputs on how iCALL can become a more affirmative and inclusive space especially for individuals who identify as LBT and might approach the helpline. The consultation also helped iCALL become more visible in various LBT friendly platforms. All the participants were given interview guides developed by iCALL. Based on the data derived from the same a report was generated for the consultation. A publication on the same is in pipeline.

- **Basics and Beyond Online Course on Sexuality and Sexual Reproductive Health and Rights:** Like every year, the iCALL team members underwent the e-learning course by TARSHI (Talking about Reproductive and Sexual Health Issues) in June 2015. The online course covers information on issues related to sexuality, sexual and reproductive health rights and other allied themes over six detailed online modules. Counsellors who were hired in 2016, will be enrolled into the upcoming batch of this course.

- **Wired for Resilience:** In September 2015, the entire iCALL team attended a session titled, *Wired for Resilience: Promoting Attachment, Regulation and Healing in Crisis* organized by the School of Human Ecology, TISS. This session was conducted by Professional Anne Stewart from James Maddison University, Virginia, USA.
- **Sexual Harassment of Women at Workplace:** In May 2016, a session was conducted by Dr. Anagha Sarpotdar, who has studied issues related sexual harassment of women at workplace as part of her doctoral thesis. The session oriented iCALL counsellors to the new law pertaining to prevention of sexual harassment of women at the workplace and its implications to iCALL's work. The session was attended by all the iCALL counsellors.
- **Laws pertaining to VAW:** Advocate Veena Gowda, who is a well-known women's rights lawyer based in Mumbai, conducted a daylong session on personal laws such as the Hindu Marriage Act, Muslim Marriage Act, Special Marriage Act, PWDVA, POCSO, CLA 2013. The facilitator and her team also covered basics such as police structure, hierarchy, and judiciary system, kinds of offenses and cases: bailable, non-bailable; cognizable, non-cognizable.

### **External training and conferences attended by iCALL**

A big part of learning and knowledge development includes being in touch with the field and making the most of learning opportunities provided by other organizations from the field. iCALL team members, attended various conferences and events on a regular basis. This not only allows them to expand their knowledge base but creates space for networking with fellow practitioners.

- **Sisters Living Works Panel Discussion on Suicide Prevention:** iCALL team members attended Sisters Living Works' annual panel discussion on suicide prevention on the occasion of World Suicide Prevention Day in 2015, as well as 2016. The panel included psychiatry, academia and mental health professionals who spoke about creating mechanisms that will aid suicide prevention.
- **Global Mental Health Summit- *Nothing About Us, Without Us- Voices from the Global South*** : On 28<sup>th</sup> & 29<sup>th</sup> November 2015, The Movement for

Global Mental Health (MGMH), in partnership with The Banyan Academy of Leadership in Mental Health (BALM), The Public Health Foundation of India (PHFI) and Tata Institute of Social Sciences held '*The Global Mental Health Summit*' at TISS, Mumbai. iCALL team members attended various events, presentations and discussions at the summit on both days

- **National Disability Helplines' Network meeting:** On January 22<sup>nd</sup> 2016, Ms. Aparna Joshi, attended the National Disability Helplines' Network meeting. This event involved various presentations and discussions that focused on creating accessible and inclusive spaces for persons with disabilities.
- As a part of the larger re-accreditation review of TISS in January and February 2016, iCALL presented its work to the **National Assessment and Accreditation Council (NAAC)**.

## OUTREACH AND PUBLICITY

Outreach and publicity has always been central to iCALL's work. Over the years print media has been a primary medium for publicity. iCALL always tries to explore newer platforms that enable it to spread awareness about mental health and iCALL's services. Since May 2015, iCALL has a considerable amount of coverage through print and internet media on various occasions. Like every year, different newspapers covered the helpline's services in the March-April board exam season, and the May-July exam results and admissions period in 2015 as well as in 2016.

**Paras Sharma**  
mirrorfeedback@timesgroup.com  
TWEETS @MumbaiMirror

If you are in Grade 12, you probably woke up this morning thinking that the next few days will play a key role in shaping up the rest of your life. The board examinations are on and while any exam can cause huge amounts of stress and tension to students and their parents, board examinations almost double such levels. But it needn't always be this way. Last-minute anxiety and pressure moments are common, yet solvable and even avoidable. Our expert offers students, parents and schools a few stress-busting tips and tactics.

**PROBLEM 1** **PROCRASTINATING OR AVOIDING STUDIES DUE TO A FEAR OF EXAMS**  
Students feeling this way is normal and they must be told that there are many other students feel the same way. It is important for them to not label themselves as 'lazy' and to instead, try and verbalise the fear of exams that they suffer from. Explain the link between the fear of failing badly in exams, and actually doing badly in them to students, so that s/he understands that such fear results in procrastination, and that it has nothing to do with whether s/he is a lazy or unintelligent person. Teach them quick relaxation exercises which they can follow before studying, and venting exercises which help reduce digestion or negative thoughts. In addition to this, help them come up positive affirmations which they can repeat to themselves.

**PROBLEM 2** **FEELING OVERWHELMED BY THE AMOUNT OF PENDING STUDY MATERIAL**  
Taking stock of the pending study material as a whole can leave any student overwhelmed, forcing him/her to question whether they will be able to finish studying on time. In such instances, help the student map out their day to make optimal use of their

# A CHEAT SHEET FOR THE BOARDS

**The yearly drill has begun but managing exam stress is easy, if you take tips from an expert**

time and help them break down study material into smaller, manageable chunks. Encourage them to also plan smaller rewards for themselves for every chunk that gets completed, so that their self-confidence also increases.

**PROBLEM 3** **PANIC THAT S/HE WILL DO BADLY/ FAIL THE EXAM**  
Quite often, students fear the worst before exams, especially if they are unable to prepare well. In such instances, besides teaching them quick relaxation exercises, equip them with 'grounding techniques', which help a student focus on the issue at hand, especially if the mind begins to wander and conjure up worst case scenarios. Follow a strength-based model whereby a student is reminded of his/her past successes during equally challenging times and his/her inherent abilities to cope with exam stress.

**PROBLEM 4** **WHEN THE STUDENT EXPERIENCES HEADACHES/ LOSS OF APPETITE/ SLEEPLESSNESS/ MOOD SWINGS/ CRYING SPELLS DUE TO EXAM ANXIETY**  
These are some of the first symptoms of severe exam stress that parents usually notice in their children. In such cases, parents should take these signs seriously as they indicate that the student is under significant distress. Parents, in any scenario, should not increase the child's pressure, even if they are unable to reduce it. This means no scolding or shouting at the child for crying, no setting study targets or percentage targets for the exam, giving the child space and time to come and speak out about their worries, and allowing them to eat smaller meals or their favourite foods, and so on. Efforts should be made by the parents to talk to their children about the worrying distress signals they have noticed in them and to assure

them that they are a source of support in case the child wishes to confide in them. It will help to chart out a time-table where the child gets 7-8 hours of sleep, eats nutritious meals regularly and makes times for recreational activities as well, to help recharge his/her batteries.

**PROBLEM 5** **AN INABILITY TO RETAIN INFORMATION POST STUDYING**  
Students often experience 'blank outs' after studying for hours on end. Reasons for this differ from person to person – some blank out because of an overload of negative thoughts, while others go blank in a quiet environment where they are left alone with their thoughts. For those who have to deal with an overload of thoughts, a look at the student's study schedules reveals that often students engage in marathon study sessions to be able to cover maximum ground in one sitting. However, this can leave a student muddled as s/he can end up forgetting or mixing up what they have studied with other study material. Instead shorter, regular sittings interspersed with other subjects are advised. For instance, a social science subject can be followed by a core-science subject so that overlaps and confusion are reduced. Shorter sittings, with a break every hour, allow the mind time to absorb the subject matter, before moving on to the next chapter. The thought patterns of the students should be examined and strategies should be prescribed to help them deal with the same.

To those who go blank, it is suggested that they organise their study material well for better recall value. Also last minute cramming is ill-advised. The students should consolidate the chapters they feel confident about.

*Paras Sharma is programme coordinator at iCALL, a helpline run by Tata Institute of Social Sciences for people in any kind of emotional or psychological distress in Mumbai. Helpline number: 022-25521111 or, email icall@tiss.edu*



iCALL was featured in the media on occasions such as World Suicide Prevention Day in September and World Mental Health Week in October in both years. This coverage was across newspapers in English, Marathi and Hindi. Apart from print, iCALL effectively and extensively used social media platforms to promote its services and disseminate information related mental health.

With the launch of iCALL's website due in October 2016, yet another web-platform will become

available for the same. The website aims at providing information about iCALL's services, addressing various mental health concerns and providing useful self-help resources.

Apart from providing services iCALL counsellors are actively involved in

conducting offline outreach programs of different kinds. Some of these activities are self-initiated while others might be a part of ongoing partnerships. The nature of outreach activities involves distribution of IEC material, spreading awareness amongst various population groups, and delivering short workshops and talks. The iCALL team also develops two newsletters every month. On important days, such as World Suicide Prevention Day, International Day for Elimination of Gender Based Violence, World Mental Health Week, a special features talking about these occasions are released over and above the regular newsletters. Mentioned below are some of the outreach activities conducted by the iCALL team;

- **Panel Discussion by Committee Against Sexual Harassment (CASH), TISS:** In September 2015, iCALL team members delivered a small presentation about iCALL's services following a panel discussion on sexual harassment in public places/work spaces: issues and challenges at TISS. The session looked at the changing social relations of gender, caste, class in public/work spaces to understand violence, power and sexual harassment at workplace with a special focus on the law.
- **Participation at Mental Health Awareness Weekend 2015 organized by The Thought Company:** Like earlier years, iCALL participated in the Mental Health Awareness Weekend, a two-day event open for the public, at Bandra, Mumbai, which aimed at increasing awareness regarding mental health among the masses. iCALL put up a stall at this event and delivered a small talk about the importance of seeking help and iCALL's services.
- **Marico Evenings:** The iCALL team, along with the street-theatre team from K J Somaiya College of Engineering, Mumbai delivered a street-play and a short talk on stress and suicidality among students, and how iCALL can help not just students, but adults as well, as part of Mental Health Week at Bandra promenade, Mumbai.
- **Workshops at K V Pendharkar College:** iCALL conducted a workshop for all the faculty of K.V. Pendharkar College, Mumbai, on stress management. This session was attended by all the faculties and non-teaching staff of the institute. The workshop was received well by the participants.
- **Orientation Session for first-year students of the batch of 2015-17 and 2016-18 at Tata Institute of Social Sciences:** As earlier, iCALL addressed the

incoming students at the TISS Mumbai Campus as a part of their orientation to TISS. The facilitators spoke about 'Life at TISS' and challenges that one could foresee when making a transition from college life to their courses at TISS. The talk each year, results in calls and emails from hundreds of TISS students to the helpline.

- **Poster and Card Distribution Campaigns at various platforms:** iCALL counsellors actively engaged in these self-initiated campaigns to spread a word about the helpline at academic institutions, coaching classes, local groups, medical stores, hospitals and clinics. This involved giving information related to mental health. In addition, iCALL counsellors distributed the helpline's IEC materials at prominent *Ganpati pandals* in Mumbai, each year. The counsellors collectively conducted outreach at the following locations:
  - TISS Campus, Mumbai
  - Aarya's Tutorials, Borivali
  - V. G. Vaze College, Mulund
  - Holy Spirit Hospital, Bandra
  - Sunita Hospital, Andheri
  - Mahila Sangh, Andheri
  - Gandhi Nagar Ganesh Utsav Mitra Mandal, Bandra
  - Shastri nagar Ganesh Utsav Mandal, Bandra
  - Hindu Utsav Ganesh Mandal, Bandra
  - Ekta Mitra Mandal Ganeshotsav, Mankhurd
  - Dyaneshwar Nagar Mitra Mandal, Mankhurd
  - Mahalaxmi Medical store, Bandra
  - Shriram Medical Store, Bandra
  - Bhagwati medical store, Mankhurd
  - Bandra Urban Medical Store, Vikroli
  - Mahavir Medical, Kala Nagar
  - Dr. Acharekar's Clinic, Mankhurd
  - Dr. Thorat's Pediatric Clinic, Bandra
  - Dr. Samant's Homeopathic Clinic, Bandra
  - Bharat Nagar Polyclinic, Bandra Kurla Complex



## CLIENT FEEDBACK

Two-way anonymity is one of the basic ethical principles of tele-counselling. Anonymity is crucial to the safety and well-being of helpline counsellors, who often work at odd hours and have no control over the cases they address. However, this also means that a helpline counsellor can never publicly be credited for all the good work he/she has done. In such cases, words of encouragement from clients are great boosters to the morale of counsellors who anonymously answer thousands of calls each year, while remaining behind the scenes the entire time. The following are some verbatim quotes from positive client testimonials:

- "I really appreciate the passion with which you people try to solve others' problems. If more people are approaching you, it shows how much hope & faith people have in your ability to solve their problems – without even meeting us in person. Great work."
- "I just had to vent those thoughts out and I am glad someone heard them & understood them."
- "Wow, I can't still believe that still there is meaning for humanity on this earth. I am congratulating all of you from my heart."
- "You being a counsellor, you will understand my situation better so I gave a call. Now I am feeling better after talking to you."
- "Whatever I have achieved, I completely owe it to TISS iCALL. You people are awesome! I also support your cause and please let me know if there is any way I can pay this back."
- "It's women's' day and you people are doing a great job and it is very nice that you all are women working out there and thank you very much."
- "I am very grateful to iCALL team. I have improvement in my situation."
- "I had called many times in the past. Today i wanted to go out and smoke but I stopped myself and thought of calling the helpline as I feel better talking to you. iCALL always helps me."
- "I had called in the past, I was asked to communicate with my parents, that went very well. Honestly, thank you very much."

- "I went to my hometown and spoke to my siblings, they were supportive. I am relaxed now. I am really grateful to you. I am feeling very peaceful after talking to you."
- "I just wanted to vent out. I was so confused but now I am not. Thank you so much for your time."
- "I had discussed some issue and I was told by the counsellor for the paced breathing. It really helped me a lot, Thanks for the service."
- "Thanks a lot for your help. I will surely reflect on the points and insights you have provided. I will get back to you in case I need any help."
- "Once again thanks for the support. I believe your guidance will bring me a big change in my life."
- "Thank you for the response. I feel much more relaxed after sharing my problems with iCALL."
- "I am truly obliged and thank you for understanding my feelings."
- "Thanks for your mail I indeed felt relaxed after reading your mail."
- "Thank you so much...some hope was all I needed."
- "Counselling for my nephew has helped him a lot and that now he is able to concentrate on his studies. Things are getting better. Thanks for your guidance."
- "I am very delighted to share that my rate of feeling depressed which was nine earlier has shown improved and I can proudly say that It has come to 3. Thank you for the support."
- "It was a really good experience of writing this down and telling you everything."
- "I am very thankful to the counsellors and it is a very nice service. Will recommend it to friends also. Thank you very much."
- "My sister freaked out yesterday since she was not feeling anything and speaking to the counsellor was helpful then."
- "I just wanted to thank you as I am feeling better and the helpline is doing a good work and how people like me would get the benefit."



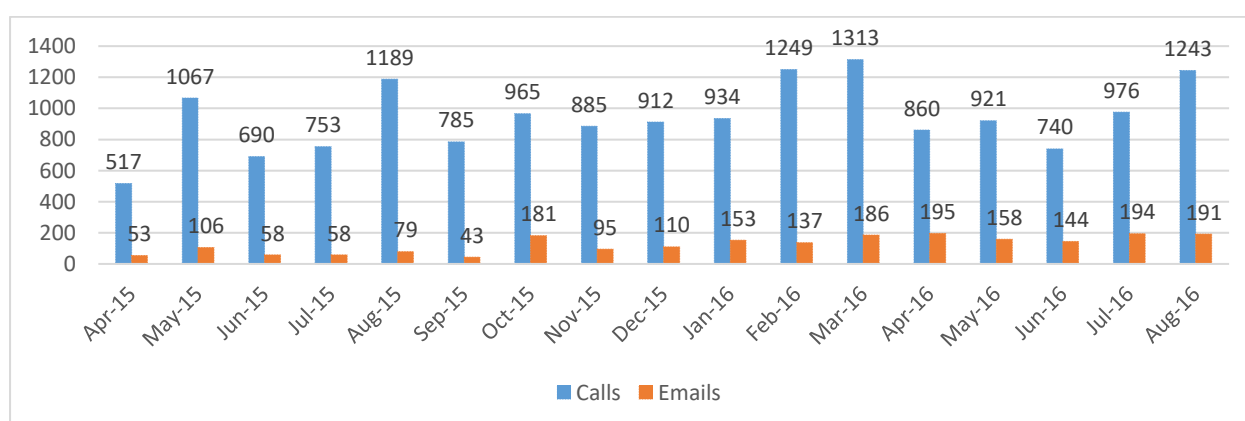
- "I thought I should call you and inform you guys that I am feeling very good. And health wise also I am feeling better. Thank you for being of support to me."
- "I had spoken to you regarding my sister. My sister had calm down now, techniques were helpful. All of you have been patient. Thank you."
- "I used techniques given by counsellor and they are working out for me. Thank you for the help."

## QUANTITATIVE OVERVIEW OF CALLS AND EMAILS ATTENDED TO BY THE HELPLINE (APR 2015-AUG 2016)

### Overview of Calls

The total number of calls received in the period April 2015 to August 2016 was **15,998** which meant that the helpline, on an average, received 941 calls per month. Out of this, **12,265** calls or 76 per cent of the total calls were genuine calls<sup>1</sup> (Figure 1). What is noteworthy is that the number of genuine calls that the helpline received during this period was higher than the number of genuine calls received in the eighteen-month period from September 2013 to March 2015 (**7829**). This means that a majority of the helpline's calls over the past seventeen months have been genuine calls. The number of total calls answered by the helpline since inception has now reached **37,419** calls in all in four years. The total number of genuine calls handled by iCALL since inception totals to **22,828** calls.

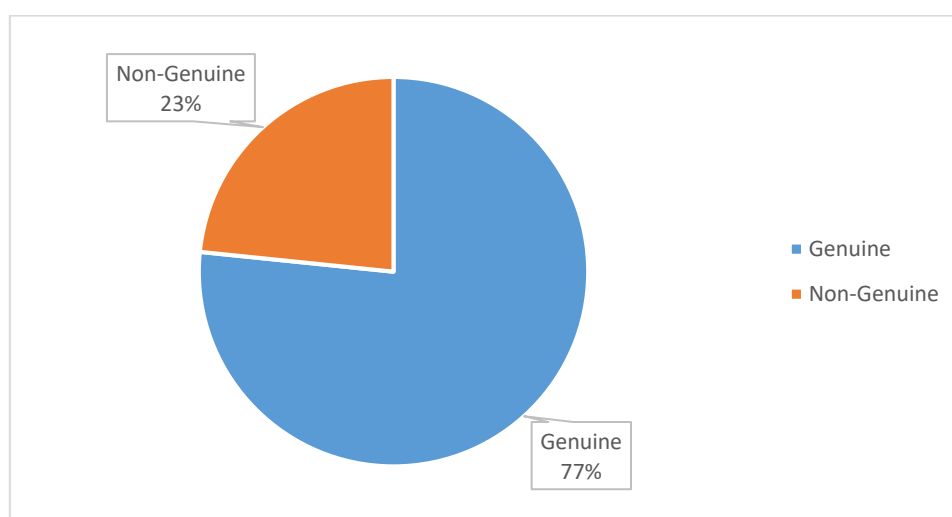
Similarly the helpline received **2122** genuine emails in this period, which meant that the helpline on an average received 125 emails per month across seventeen months. This more than double the number of emails received in the period from September 2013 to March 2015 (950). This shows that there has been an exponential growth in the number of email based counselling cases handled by the helpline in the past seventeen months.



**Figure 1 Monthly Distribution of Total Calls (N=15998) and (N=2141) Apr 2015 - Aug 2016**

<sup>1</sup> Genuine calls/emails have been defined as calls pertaining to issues that required counseling and/or emotional support.

The helpline received more than a thousand calls five times in this period, viz. May 2015, August 2015, February 2016, March 2016, and August 2016 with the highest number of calls being recorded in the month of March 2016 (1313). While the helpline regularly received 1000 calls or more a month from October 2013 to June 2014, a large majority of calls in that period were irrelevant calls. Thus, while the average number of total calls per month has slightly dipped from the last report period (961 calls per month from September 2013 to March 2015), to the current period under analysis (941 calls per month from April 2015 to August 2016), the average number of genuine calls grew significantly over 60 per cent in the period under analysis (435 genuine calls per month from September 2013 to March 2015, to 721 genuine calls per month from April 2015 to August 2016) (Figure 2).



**Figure 2 – Break-up of Genuine vs Irrelevant Calls (N=15998)**

Starting with around 500 calls a month in April 2015, the average number of calls per month soon shot up 750-1000 calls per month after the initiation of the TISS-Mariwala Health Initiative. This was further bolstered when the helpline was endorsed by The Live Love Laugh Foundation in October 2015, after which the lowest number of calls recorded by the helpline in a single month was 740 and the highest, 1313. That the helpline did not receive lesser than 740 calls for the last six months of the period under analysis (Mar 16 to Aug 16), shows that the rise was not tied to a particular media feature or annual event such as World Mental Health Week. Rather, it can be said that this became the new norm for the helpline.

## Break-Up of Total Calls

The data in Figure II shows that of the 15,998 calls, a little over 23 per cent of the calls can be classified as irrelevant calls<sup>2</sup>. This is a steep decline in the number of irrelevant calls in comparison to the previous report wherein 54 per cent of the calls were identified as being irrelevant. With over 76 per cent of the calls being identified as 'Genuine', the current period most often witnessed calls with a counselling intent. The helpline's experience with other similar helplines in the country shows that iCALL is the exception in terms of this statistic, as most helplines iCALL interacted with during its National Consultative Meeting of Telephone-Based Psychosocial Counselling Services reported high numbers of irrelevant and nuisance calls. This statistic is also a vindication of the helpline's decision to refrain from using a toll-free number.

Out of the 12,265 genuine calls received in this period, the helpline received more than half this number from self-identified follow-up callers (52.45 per cent), while first-time callers comprised of slightly more than 41 per cent of the total genuine calls. This shows that every second call to the helpline is from a self-identified follow-up caller, which means that it is likely that most users of the helpline call the helpline more than once.

**Table 1: Category-Wise Break-Up of Genuine Calls (N=12265)**

Call Type	Frequency	Percentage
Follow-Up	6433	52.45
New	5097	41.56
Incomplete	344	2.80
Regular	320	2.61
Outbound	71	0.58
Total	12265	100

## Gender-Wise Distribution of Clients over Calls

The gender-wise usage of the helpline has been spread equitably between Male and Female clients with slightly more than 50 per cent of the total usage of the helpline over calls coming from clients identifying as gender female, while the

<sup>2</sup> Irrelevant calls have been defined by iCALL as calls which do not have a counseling intent.

corresponding figure for clients identifying as gender male was slightly more than 49 per cent. This is a far cry from the first annual report of the helpline (Sept 2012 to Sept 2013) wherein the helpline witnessed more than two-thirds of the total usage from clients identifying as gender male. Under the helpline's Data MIS<sup>3</sup> 'Gender' is a self-reported field at iCALL. In other words, a Person Assigned Gender Female at Birth (PAGFB) who identifies as 'Male' is coded as 'Male' and not as 'Transgender' or 'Other'. Therefore, not all persons under the category 'Male' or 'Female' are cisgendered<sup>4</sup> people. In sixteen cases, clients preferred to identify themselves as transgender. This points to the fact that iCALL is considered a helpline that is affirmative to people of all gender-identities.

Lastly, the helpline witnessed twenty-four joint sessions i.e. two clients calling the helpline simultaneously to discuss an issue that affects both clients. In fifteen out of the nineteen cases the two clients were male-female pairings (often heterosexual partners) availing couple therapy, while in nine cases the clients were female-female pairings (often siblings or mother-daughter) (Table 2).

**Table 2 – Gender Break-Up of Calls (N=12265)**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Female	6200	50.55
Male	6015	49.04
Transgender	16	0.13
Joint Session MF	15	0.12
Unknown	10	0.08
Joint Session FF	9	0.07
<b>Grand Total</b>	<b>12265</b>	<b>100.00</b>

### **Linguistic Distribution of Calls**

On the linguistic front, the helpline has witnessed a significant growth in calls in regional languages, with nearly 46 per cent of the overall usage of the helpline being in regional languages. This is a 14 per cent increase from the previous

<sup>3</sup> MIS stands for Management Information Systems. iCALL has developed a software tailor-made to its data entry needs which is used for maintaining and storing data.

<sup>4</sup> Cisgender refers to a person who self-identifies with the gender that is usually associated by society with their biological sex

reporting period (September 2013 to March 2015) wherein the helpline witnessed only 32 per cent of the total usage in Hindi and other regional languages. This time around, the share of English callers declined to around 54 per cent. This could be an indicator of the fact that the helpline is moving beyond urban areas where clients predominantly prefer using English to communicate, to non-urban parts/ lower middle-class and working class persons in urban areas where regional language preference is higher. While most regional language calls were handled in Hindi, over six hundred calls were handled in Marathi, and nearly a hundred calls were answered in Tamil. Additionally, nearly fifty calls were answered in Malayalam. What is also encouraging is that over five-hundred calls were handled completely in Marathi, seventy-six in Tamil and forty-six in Malayalam. The remaining thirty-odd calls were answered in regional languages such as Gujarati, Kannada<sup>5</sup>, Punjabi, Bengali and Telugu. In total, calls were handled in over ten different languages. All in all, the helpline seems to have moved closer to its mandate of delivering services to clients in their native languages (Table 3).

**Table 3 – Linguistic Split of Calls (N=12265)**

Language	Frequency	Percentage
English	6690	54.55
Hindi	4773	38.92
Marathi	637	5.19
Tamil	87	0.71
Malayalam	46	0.38
Gujarati	11	0.09
Not Recorded <sup>6</sup>	8	0.07
Kannada	5	0.04
Bengali	3	0.02
Punjabi	3	0.02
Telugu	2	0.02
<b>Total</b>	<b>12265</b>	<b>100.00</b>

<sup>5</sup> While the client spoke in Kannada and requested for a counsellor who spoke the language, the helpline was not able to provide the same as it did not have a counsellor who spoke the language

<sup>6</sup> In such cases, the language spoken by the caller was not recorded in the MIS. However, a summary of the call in English was present meaning that it was a genuine call. But it could not be established with certainty whether English was the language in which the call was handled

### Age-Wise Distribution of Calls

In terms of the ages of those who reached out to the helpline, the youngest client to reach out to the helpline during the past twelve months was aged 12 years, while the oldest client was aged 89 years. However, despite the vast age-range of clients who called the helpline, more than half the usage of the helpline was from clients who identified their ages as being between 21-30 years (33 per cent) or 31-40 years (20 per cent). Clients on either side of these two age-groups, i.e. 11-20 years, and 41-50 years, together contributed approximately 25 per cent of the total calls to the helpline, with around 13 per cent of the total calls from clients aged 11 to 20 years and 11 per cent of calls from clients aged 41 to 50 years. This means that over 75 per cent of the total cases where ages were available fall within the ages 11 years to 50 years, peaking at ages 21 years to 30 years. This shows that iCALL is predominantly catering to adolescents, young and middle-aged people. However, the helpline also handled over 200 calls from persons who can be defined as 'Senior Citizens' (ages 60 years and above). Here, most calls were made by senior citizens between the ages 61 to 70 years. While this is a small number in the overall total, it means that approximately 10-15 senior citizens reached out to the helpline each month to avail counselling and emotional support. This shows that the helpline is accessed by persons across the life-span. (Table 4).

**Table 4 – Break-up of Callers by Age-Groups (N=12265)**

Age-Groups	Frequency	Percentage
11-20	1670	13.62
21-30	4123	33.62
31-40	2487	20.28
41-50	1264	10.31
51-60	388	3.16
61-70	151	1.23
71-80	53	0.43
81 and Above	6	0.05
Joint Session	24	0.20
Unknown	2099	17.11
<b>Total</b>	<b>12265</b>	<b>100.00</b>

Out of the twenty-four cases which were joint sessions, most of the calls were made by middle-aged clients between ages 31-40 years and 41-50 years. The median age for male clients who were part of joint sessions (fifteen clients) was 40.5 years, whereas the corresponding figure for female clients who were part of joint sessions (thirty-three clients) was 42 years. This indicates that joint sessions took place between older clients more often than younger clients.

### Relationship Status of Callers

Information pertaining to the relationship status of callers was available for approximately 80 per cent of the calls. In over 19 per cent, callers did not share their relationship status with the helpline. Out of the remaining 80 per cent cases where data was available, 44.35 per cent of callers identified as being single, whereas slightly over 28 per cent mentioned being married and nearly four per cent mentioned that they were currently in an intimate relationship. The data shows that single people, especially who may have just experienced relationship loss are much more likely to reach out to the helpline than those who are partnered. Nearly three per cent of the callers mentioned that they were either divorced or separated, and the counselling concern that they most often reached out to pertained to relationship concern as well (Table 5).

**Table 5: Break-up of Callers by Relationship Status (N=12265)**

Category	Frequency	Percentage
Single	5439	44.35
Married	3452	28.15
Unknown	2337	19.05
In a Relationship	469	3.82
Divorced	193	1.57
Separated	140	1.14
Widowed/Widowed	118	0.97
Engaged	117	0.95
<b>Grand Total</b>	<b>12265</b>	<b>100.00</b>

With regard to the relationship between the callers who called for joint sessions,



fourteen out of the twenty-four sessions occurred between marital partners. This means that all but one joint session with a Male-Female client pairing was between marital partners, while the one remaining session was a son-in-law calling on behalf of his aggrieved mother-in-law which later turned into a joint session. The remaining sessions were between same-sex siblings, or between mother and daughter pairings.

**Table 6 – Relationship between Clients who Availed Joint Sessions (N=24)**

Category	Frequency	Percentage
Marital Partners	14	58.33
Siblings	7	29.16
Parent-Child	2	8.32
In-laws	1	4.16
<b>Grand Total</b>	<b>24</b>	<b>100.00</b>

### Source of Referral for Callers

Coming to where clients heard about the helpline, iCALL's web-presence on Facebook and Twitter, along with the boost it received from The Live Love Laugh Foundation and the website of the popular TV show *Satyamev Jayate*<sup>7</sup> made the Internet/Social Media, the single-largest contributors of calls to the helpline with over 25 per cent of the total calls coming as a result through this source. The helpline also received widespread media coverage in both English and regional language newspapers which meant that nearly 21 per cent of the total calls emanated from print media articles on the helpline. Print media features, especially the regional language ones were found to be particularly efficacious, not only in increasing the inflow of calls to the helpline, but also in spreading the reach of the helpline to locations which the helpline was not hitherto accessed from. Word of mouth publicity contributed approximately 10 per cent of the total calls. Calls from organizations that are partnered with iCALL resulted in roughly 9 per cent of the

<sup>7</sup> Satyamev Jayate (abbreviated as SMJ) is a talk show hosted by Bollywood Actor Aamir Khan that addresses social issues. iCALL was featured as a recommended helpline on the SMJ website after its episodes on 'Sexual Violence Against Women' in its second season in 2013 and on 'Mental Health' in its third season in 2014. iCALL was also featured in 'Silent Voices' an e-book that talks of user-survivor narratives of living with mental illness, as a recommended counselling service, in October 2015

total calls as well, while The Live Love Laugh Foundation's website alone was directly identified as being responsible for over a thousand of the total calls (nearly 10 per cent). In nearly three hundred cases, clients were recommended iCALL's services by other mental health professionals, while in another two- hundred-plus cases, they were referred to iCALL by other helplines or NGOs. The helpline also received over a hundred and fifty calls from clients who identified themselves as students of TISS. Lastly, over seventy-five calls were a result of iCALL being featured on Television News shows.

All in all, the data points to the fact that while the internet and print media continue to remain major sources of referral for the helpline, it also enjoys a significant amount of goodwill amongst its former users, and peers in the mental health and social sector, who have been seen to frequently recommend clients to the helpline. The helpline also continues to be an important avenue of support for students on the TISS campus who continue to use the service in a big way, despite the presence of a face-to-face counselling service on campus which is available free-of-cost (Table 7).

**Table 7– Source of Referrals for Calls (N=12265)**

Category	Frequency	Percentage
Internet/Social Media	3124	25.47
Print Media	2574	20.99
Unknown	2061	16.80
Word of Mouth	1236	10.08
LLL Foundation <sup>8</sup>	1207	9.84
Partner Agencies	1047	8.54
Mental Health Professionals	296	2.41
TISS Campus	168	1.37
Outreach	140	1.14
Other Helplines	140	1.14
TV and Radio	78	0.64

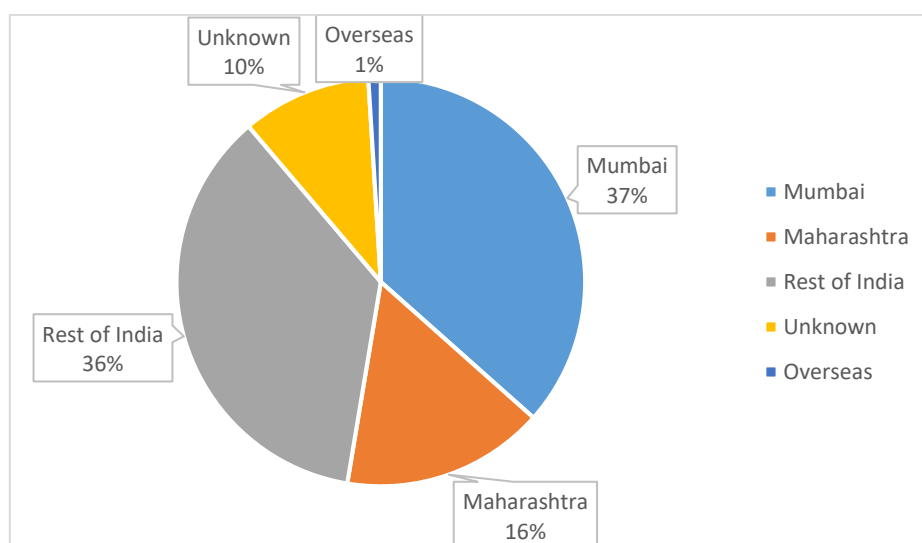
<sup>8</sup> The Live Love Laugh Foundation is a not-for-profit foundation against depression started in 2015 by Bollywood actress Deepika Padukone, herself a user/survivor of depression

Mailers from Employers	75	0.61
Other NGOs	68	0.55
Hospitals/ Clinics	35	0.29
Classifieds	16	0.13
<b>Grand Total</b>	<b>12265</b>	<b>100.00</b>

### Location-wise Breakup of Calls

Data points to the reach of the helpline moving not only beyond the city of Mumbai, but also the state of Maharashtra with nearly **53 per cent** of the calls in this period coming from locations outside of Maharashtra. The contribution of Mumbai to the total number of calls to the helpline has in fact declined from 81 per cent of the total calls in 2012-13, to 50 per cent from 2013-2015, to 37 per cent in the current period. However, in absolute terms usage of the helpline from clients based in the Mumbai Metropolitan Region has in fact grown, over the last seventeen months.

This points to the fact that the usage of the helpline from locations other than Mumbai has grown at a faster and higher rate than the growth of the usage from Mumbai. In other words, the footprint of the helpline is expanding in a manner that iCALL can be considered to now have a pan-India reach. Further, while iCALL has never made an effort to publicize the helpline to audiences outside of India, the helpline still received more than a hundred calls from Indian clients based in countries other than India (Figure 3).



**Figure 3 Overview of Locations from Which Calls Emanated (N=12265)**

**Table 8 – Location-Wise Breakup of Calls**

S. No	Location	Frequency	Percentage
1	Maharashtra	6455	52.63
2	Unknown	1255	10.23
3	NCT of Delhi	587	4.79
4	Rajasthan	472	3.85
5	Karnataka	423	3.45
6	Gujarat	365	2.98
7	Madhya Pradesh	316	2.58
8	Uttar Pradesh	282	2.30
9	Tamil Nadu	228	1.86
10	Haryana	211	1.72
11	Telangana	178	1.45
12	Jharkhand	174	1.42
13	Jammu & Kashmir	151	1.23
14	Chhattisgarh	146	1.19
15	West Bengal	125	1.02
16	Kerala	123	1.00
17	Overseas	120	0.98
18	Bihar	108	0.88
19	Punjab	107	0.87
20	Odisha	93	0.76
21	Andhra Pradesh	87	0.71
22	Chandigarh	71	0.58
23	Meghalaya	38	0.31
24	Himachal Pradesh	36	0.29
25	Uttarakhand	33	0.27
26	Pondicherry	26	0.21
27	Assam	22	0.18
28	Dadra & Nagar Haveli	15	0.12
29	Tripura	8	0.07
30	Goa	6	0.05
31	Andaman & Nicobar Islands	2	0.02
32	Arunachal Pradesh	2	0.02
	<b>Grand Total</b>	<b>12265</b>	<b>100.00</b>

A detailed look at the locations from which calls were received shows that though over 50 per cent of the total genuine calls came from Maharashtra, sixteen other states reported more than a hundred calls in this period (Table VIII). Apart from Maharashtra, Delhi, Rajasthan, Karnataka, Gujarat, and Madhya Pradesh were the five states that contributed the highest number of calls with 300-500 calls each. Six states; Uttar Pradesh, Tamil Nadu, Haryana, Telangana, Jharkhand, and Jammu

& Kashmir recorded between 150-300 calls, while five other states; Chhattisgarh, West Bengal, Kerala, Bihar and Punjab had over a 100 calls each. This widespread of calls has been possible due to regional media publicity in the Hindi newspaper Dainik Bhaskar, that led to a spike in the calls from the Northern and Central Hindi-Speaking belt (Rajasthan, Madhya Pradesh, Jharkhand, Chhattisgarh, Uttar Pradesh and Haryana, amongst others), as well as online publicity by the Live Love Laugh Foundation that led to a high number of calls from Karnataka where the foundation is based, and also from urban centres such as Mumbai and Delhi. In all, the helpline received calls from **25 out of 29 Indian states** and **5 out of 7 Union Territories**. The only locations in India not to register a single call were the North-Eastern states of Manipur, Mizoram, Nagaland and Sikkim, and the Union Territories of Daman & Diu, and Lakshadweep Islands.

Coming to the 120 calls that were received from clients based out of India, it can be seen that these calls emanated from 14 different countries, across four different continents viz. Asia, Australia, Europe, and North America. A majority of these calls emanated from the United Kingdom, Australia, the United States of America, the United Arab Emirates, and Qatar (Table 9). It must be noted that in each of these cases, the client was either a Non-Resident Indian or a person of Indian origin. Interestingly, the language spoken on these calls was English in over 90 per cent of the cases, while the remaining were in Hindi. This shows that some English speaking Indians living in foreign countries prefer speaking to an Indian person in English rather than a non-Indian native of the country they are based in. This does point to a certain level of comfort experienced by clients while talking to a counsellor closer to their cultural reality as opposed to someone who is not, and that it is not only a question of the language in which counselling is provided.

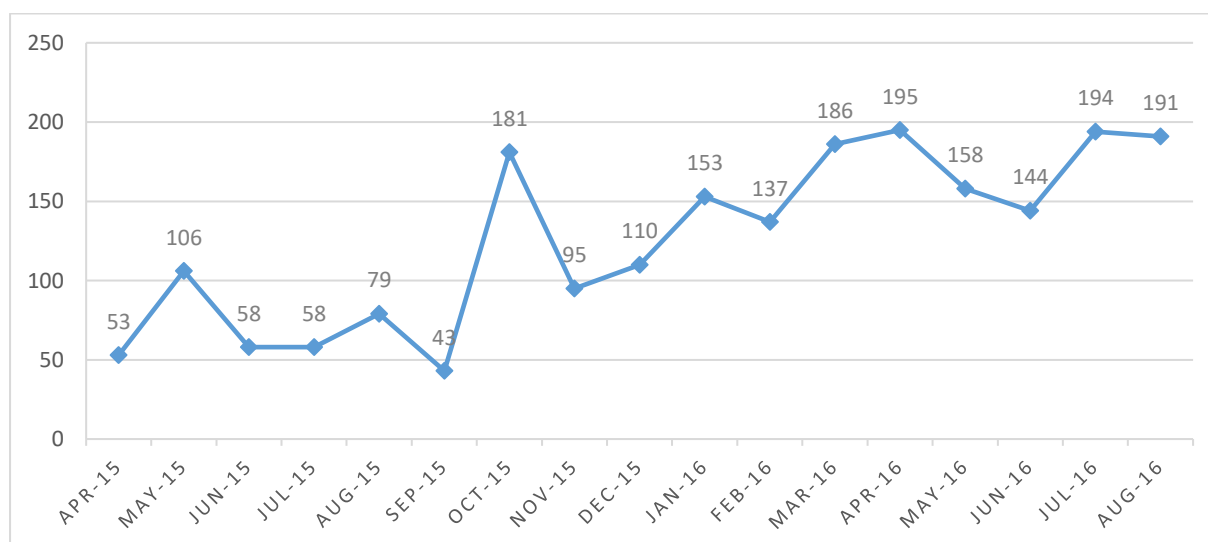
**Table 9– Break-Up of Overseas Calls by Country (N=120)**

S. No	Country	Frequency	Percentage
1	UK	39	32.50
2	Australia	18	15.00
3	USA	18	15.00
4	UAE	17	14.17
5	Qatar	10	8.33
6	China	4	3.33
7	Bangladesh	3	2.50
8	Belgium	2	1.67
9	Canada	2	1.67
10	Nepal	2	1.67
11	Saudi Arabia	2	1.67
12	Germany	1	0.83
13	Indonesia	1	0.83
14	Switzerland	1	0.83
	Grand Total	120	100.00

## Overview of Emails

The usage of the helpline over the email medium has grown tremendously since the second year of the helpline's existence. In the first year of the helpline's operations, the number of emails received per month was so negligible, and the content of the responses sent to clients by the iCALL counsellors, so basic that emails were not even considered for analysis under the helpline's first annual report in the year 2013. However, there was a sharp increase in the helpline's email-based counselling service's usage from the time it conducted its first publicity campaign on social media and offline, following the release of its first annual report.

In the eighteen months that followed the release of the report and the first publicity campaign (September 2013 to March 2015), the helpline received **950 genuine emails** at an average of around **50 emails per month**. In the last seventeen months, on the other hand, the helpline received **more than double** the number of emails received in the previous period under analysis. The total number of emails received between April 2015 and August 2016 was **2,122** which was a **125 per cent growth** in the volumes of emails being answered by the helpline, and an average of around **120 emails per month** (Figure 4)



**Figure 4 Distribution of Emails from April 2015 to August 2016 (N-2122)**

This increase was partly due to iCALL's increased activity on internet and social media, and partly due to partnerships with Mariwala Health Initiative, The Live Love Laugh Foundation. Being featured on the website of the TV show *Satyamev Jayate*, as well as being featured in the national edition of *Dainik Bhaskar* too contributed to the increase in the number of emails received by the helpline.

### Gender-Wise Distribution of Clients over Emails

As can be seen from Table 10, there were a total of 2129 emails received in the period under analysis. Out of these, a majority of emails were written by clients identifying as gender female, (over 60 per cent of mails). The corresponding figure over calls was closer to 50-50 with female clients contributing slightly more calls than male callers. However, over emails, female clients have contributed a significantly higher number of emails than male clients. In fifty-six cases, the gender of the client was not mentioned in their narrative and the clients used a gender-neutral name, as a result of which gender was indeterminate, whereas in fourteen cases, clients identified as transgender. As was the case over calls, gender is a self-identified category and clients have been coded under the gender identity they identify with.

**Table 10 – Gender-Wise Distribution of Clients over Emails (N=2122)**

Gender	Frequency	Percentage
Female	1285	60.55
Male	767	36.15
Unknown	56	2.63
Transgender	14	0.66
<b>Grand Total</b>	<b>2122</b>	<b>100.00</b>

### Age-Wise Distribution of Clients over Emails

With regard to the ages of the clients who reached out to the helpline over email, it must be pointed out that such data was only available for approximately one third of the total cases, as unlike calls, age and other demographic data is not mandatorily sought over emails. Out of the 33 per cent of the emails which did



report age data, the trends are similar to those witnessed on calls with a majority of the users belonging to the age group of 21-30 years. Unlike the trends seen over calls, clients between the ages 11-20 years reported a greater number of calls as compared to clients between the ages 31-40 years, which means that the clientele reaching out to iCALL over emails is younger compared to the clientele reaching out to the helpline over telephone. While age-data is not available for a majority of the cases, it does nonetheless, show that nearly sixty individuals over the age of 40 reached out to the helpline for counselling over email, with the oldest client being 61 years of age. On the other extreme, the youngest client over email was 12 years old, which does indicate once again that the services of the helpline were accessed by clients across diverse age groups.

**Table 11 - Age-Distribution of Clients Over Emails (N=2122)**

Age-Groups	Frequency	Percentage
11-20	183	8.62
21-30	314	14.80
31-40	117	5.51
41-50	52	2.45
51-60	4	0.19
61-70	1	0.05
Unknown	1451	68.38
Total	2122	100.00

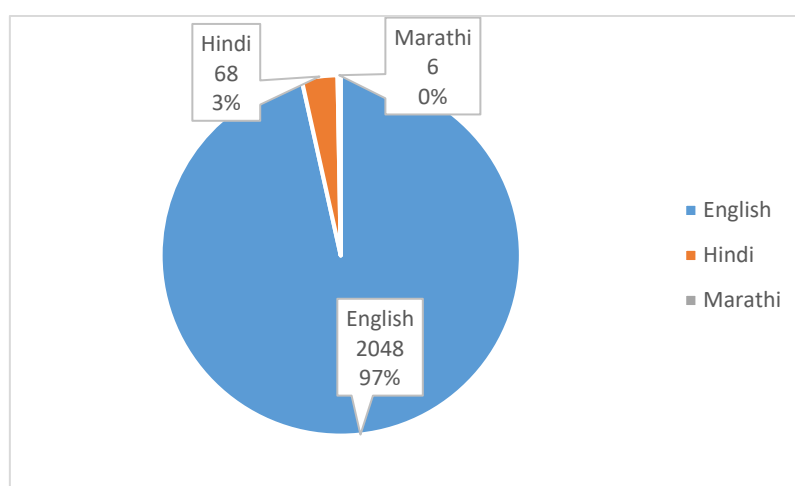
### **Linguistic Distribution of Emails**

As can be seen from Figure 5, the predominant language in which clients reached out to the helpline over email was English, with nearly 97 per cent of the total emails received being in English. This is in stark contrast to the trends seen over phone calls which witnessed over 45 per cent regional language usage.

However, there is definitely a self-selection bias operating in the current situation, wherein most users who have access to internet, and ability to fluently use computers, are usually conversant in English. On most, if not all computers, the

input method is a keyboard with the English alphabet, and Indian language scripts on smartphones have just begun making inroads in the Indian market. Nonetheless, in response to stories about the helpline in regional publications, clients who were not conversant in English wrote to the helpline in Hindi using the English script (e.g. '*Mujhe bohot dino se depressed feel ho raha hai*').

In some cases, users were able to write using devnagri script too. There were sixty-eight cases in all where users either wrote in Hindi using English script or in Devnagri script. Similarly six users wrote to the helpline in Marathi using English or Devnagri script. The fact that nearly seventy-five emails in regional language were recorded by the helpline with the helpline's online presence being almost exclusively in English, and most content on the internet too being Anglo-centric in itself shows that this is an untapped segment of the populace for the helpline.



**Figure 5 – Linguistic Distribution of Emails (N = 2122)**

### Location-Wise Distribution of Emails

As was the case with other demographic data over email, data regarding the locations from which emails emanated was sparse. Location data was available for only 632 out of 2122 cases, or approximately 30 per cent of the total emails received by the helpline. However, these emails emanated from twenty-one different Indian states and two Indian Union Territories, once again showing that whether one considers usage over emails or calls, the helpline witnessed usage from all over India, and in many cases, outside of India. In the case of emails, especially, emails from clients located outside of India together accounted for more emails than any

Indian state except Maharashtra which accounted for over 240 mails, a majority of which came from Mumbai. The helpline received ten or more emails from fourteen different Indian states/UTs , with considerable usage from states such as Tamil Nadu, Karnataka, Gujarat, Uttar Pradesh and West Bengal to name a few (Table 12). The sixty-three emails that emanated from locations outside of India were received from twenty-two different countries across the world, across five continents. This was a larger spread in comparison to overseas usage of iCALL's telephonic services wherein clients from fourteen different countries reached out to the helpline. Unlike the case of telephone calls where all the calls were made by persons of Indian origin or Indian nationals living abroad, emails were often made by citizens of different countries such as Pakistan, Nepal, and Tajikistan etc. This was partly due to the publicity done by the Live Love Laugh Foundation, and partly due to the fact that similar counselling services over the email medium may not be available in these countries, whereas the clients were willing to access them. The helpline received nine emails each from clients located in France, Pakistan and UAE, while Canada and USA contributed over five emails each as well. What was also interesting to note was that Indians located in small African countries, and in the Middle-East reached out to the helpline over email, whereas the same was not the case over calls. This further shows that the helpline has a foot-print, albeit a tiny one beyond India as well, and that it could project itself as an international service in future, potentially (Table 13).

**Table 12 –Breakup of Available Location Data for Emails (N=632)**

<b>S. No</b>	<b>Location</b>	<b>Frequency</b>	<b>Percentage</b>
1	Maharashtra	241	38.13
2	Overseas	63	9.97
3	Tamil Nadu	53	8.39
4	NCT of Delhi	38	6.01
5	Karnataka	30	4.75
6	Gujarat	28	4.43
7	Telangana	25	3.96
8	Uttar Pradesh	23	3.64
9	West Bengal	18	2.85
10	Madhya Pradesh	16	2.53
11	Assam	15	2.37
12	Haryana	13	2.06
13	Andhra Pradesh	12	1.90
14	Odisha	12	1.90
15	Rajasthan	11	1.74
16	Bihar	7	1.11
17	Chhattisgarh	6	0.95
18	Kerala	6	0.95
19	Jammu and Kashmir	4	0.63
20	Jharkhand	4	0.63
21	Punjab	3	0.47
22	Arunachal Pradesh	2	0.32
23	Chandigarh	1	0.16
24	Nagaland	1	0.16
	<b>Grand Total</b>	<b>632</b>	<b>100.00</b>

**Table 13–Breakup of Available Location Data for Emails (N=63)**

<b>S. No</b>	<b>Location</b>	<b>Frequency</b>	<b>Percentage</b>
1	France	9	14.29
2	Pakistan	9	14.29
3	United Arab Emirates	9	14.29
4	Canada	8	12.70
5	United States of America	5	7.94
6	Qatar	4	6.35
7	Australia	2	3.17
8	Saudi Arabia	2	3.17
9	Switzerland	2	3.17
10	Botswana	1	1.59
11	Germany	1	1.59
12	Guyana	1	1.59
13	Mozambique	1	1.59
14	Nepal	1	1.59
15	New Zealand	1	1.59
16	Oman	1	1.59
17	Singapore	1	1.59
18	Spain	1	1.59
19	Sri Lanka	1	1.59
20	Tajikistan	1	1.59
21	Thailand	1	1.59
22	United Kingdom	1	1.59
	<b>Grand Total</b>	<b>63</b>	<b>100.00</b>

## **THEMATIC OVERVIEW OF CALLS AND EMAILS ATTENDED TO BY THE HELPLINE (APR 2015-AUG 2016)**

iCALL, being a psychosocial counselling service does not limit itself to addressing any particular issue, both over calls as well as over emails. The helpline is therefore approached for help by individuals not only across age, language, or geographical boundaries, but also across over twenty (20) different issues which included both crises as well as non-crises situation. To aid in the categorization of each counselling session conducted over the phone or over email, the helpline had evolved a code-book in its first year of service which operationally defined and labelled an issue or a group of issues as different thematic codes. These codes were collaboratively evolved out of the counselling data from the first few months of running the helpline, through conversation between the helpline's Faculty Advisors, Programme Coordinator and Counsellors. The code-book is not a stagnant document as codes are frequently redefined, renamed, added or removed through periodic consultation with the helpline's data as well as team members.

The code-book as it stood at the time of writing this report contained twenty-one (21) different thematic codes, which are used to categorize each call or email received by the helpline. Every call/email may have three thematic codes attached to it which are classified as Primary, Secondary and Tertiary issues based upon the centrality of the issue to the client's narrative. The categorization was done bearing in mind the fact that calls/emails start with a particular issue, and during the process of exploration other themes begin to emerge as well. The primary, secondary and tertiary categories relate to the issue that was jointly determined as the highest priority by the caller and the counsellor, and not necessarily the topic first raised in the call. For example, a call primarily pertaining to any kind of over use of a substance was classified under 'Substance Abuse'. Further if the habit had led to discord in the marital relationship, the secondary code was 'Relationship Issues'. Lastly, if the addiction had hampered work performance leading to the possibility of job-loss, 'Work-Life Concerns' was considered as the tertiary code.

**Table 14 – Thematic Break-Up of Calls (N=12064)**

<b>Thematic Code</b>	<b>Primary Issue</b>	<b>Secondary Issue</b>	<b>Tertiary Issue</b>
Emotional Distress	2840	2420	618
Relationship Issues	1859	797	176
Mental Health	1749	362	82
Information Requests	1195	617	407
Physical Health	822	106	26
Academic Concerns	798	118	44
Violence Against Women	451	122	28
Referral Requests	424	276	75
Sexual and Reproductive Health Concerns	379	96	8
Work-Life Concerns	379	158	37
Incomplete	285	0	0
Suicidal Ideation	240	108	31
Career Related Concerns	232	101	36
Feedback and Appreciation	120	37	29
Economic Crisis	88	57	16
Self-Image Concerns	71	58	24
Substance Abuse/ Addiction	49	36	3
Legal Concerns	29	20	3
Non-Suicidal Self-Injury	25	2	3
Disability - Physical/Intellectual	17	4	3
Violence	12	7	2
<b>Grand-Total</b>	<b>12064<sup>9</sup></b>	<b>5502</b>	<b>1651</b>

<sup>9</sup> Out of 12265 genuine calls, thematic data for 201 cases was entered incorrectly/ missing and therefore could not be considered for analysis

The data shown in Table 14 reveals that Emotional Distress, Relationship Concerns, Mental Health, Information Requests and Physical Health were the five most frequently cited Primary concerns with which callers approached the helpline. In addition to these issues, the helpline received more than a hundred calls on nine (9) other thematic categories which include issues such as Academic Concerns, Violence Against Women, Sexual and Reproductive Health and Suicidal Ideation. This shows that the helpline received a considerable number of phone calls on over fifteen issues each month. This speaks about the breadth of issues being addressed by the helpline every month, thereby showing that the helpline is not limited to mental health, or suicide prevention or emotional first-aid alone, like other similar initiatives, and that it instead it truly addresses issues across the spectrum.

In nearly 45 per cent of the calls made to the helpline, the client approached with more than one distinct issue. In nearly 50 per cent of such cases the concomitant issue was 'Emotional Distress' due to the fact that often clients were not ready to work on the actual issue leading to the emotional distress yet as identified by them, and needed help to contain difficult, overwhelming emotions.

In over a third of the cases where emotional distress was cited as the secondary concern (860 out of 2420), the primary concern was a conflict in a significant relationship, (quite often the loss of an intimate relationship). This is a significant finding when one considers the fact that persons seeking professional counselling are often dissuaded from doing so by society and are instead told to speak to a loved one. Similarly, in nearly 25 per cent of the cases (604 out of 2420), the primary issue was a mental health concern. This shows us that when it comes to mental health, it is not enough to address symptomatic concerns alone as the emotional impact of mental illness needs to be addressed as well.

Lastly, out of 2219 cases that started off as Information Requests, clients went on to share a counselling concern in nearly half the cases (1024 out of 2219), with at least one counselling concern in over 28 per cent of calls that started off as



Information Requests (617 out of 2219) and two concerns in nearly 19 per cent of cases (407 out of 2219). This shows that even in cases where clients approached the helpline just to ask about the helpline's services, the counsellors at the helpline were able to make one out of two clients feel secure and comfortable to share their concerns on the same call.

**Table 15–Five Most Frequently Cited Primary Issues Over Calls by Clients Identifying as Gender Female (N=4685)**

Row Labels	Frequency	Percentage of Total
Emotional Distress	1597	25.74
Relationship Issues	1115	17.97
Mental Health	981	15.81
Information Requests	591	9.53
Violence Against Women	401	6.46
Total	4685	75.52

When one analyzes the primary issues reported by clients identifying as gender female, one sees that over 75 per cent of the calls made by such clients are accounted for by five categories, viz. Emotional Distress, Relationship Issues, Mental Health (Table 15), Information Requests and Violence Against Women. It is worth noting that Violence Against Women (which is considered distinct from relationship strain or conflict under iCALL's codebook) emerged as one of the five most frequently cited primary issues faced by clients identifying as women. This shows that violence is a significant factor impinging upon the psychosocial well-being of women. It is also worth mentioning that 401 out of 451 calls primarily coded under Violence Against Women were made by clients identifying as gender female. This shows that in nearly 9 out of 10 cases pertaining to Violence Against Women, the woman facing violence herself, or another woman acquainted with the survivor reached out to the helpline. Men only reached out to the helpline with concerns pertaining to Violence Against Women in 50 out of 451 cases.

**Table 16 –Five Most Frequently Cited Primary Issues Over Calls by Clients Identifying as Gender Male (N=3955)**

Primary Issue	Frequency	Percentage of Total
Emotional Distress	1235	20.69
Mental Health	757	12.68
Relationship Issues	737	12.35
Physical Health	621	10.40
Information Requests	605	10.13
Total	3955	66.25

Correspondingly, the five most frequently cited primary issues cited over calls for clients identifying as gender male were Emotional Distress, Mental Health, Relationship issues, Physical Health and Information Requests. It is worth noting here that four of the five issues are the same as those reported by callers identifying as gender female, except Violence Against Women gets replaced by Physical Health in case of callers identifying as gender male.

The picture that emerges therefore is that when it comes to clients identifying as gender male, they are more likely to approach the helpline with a health-related presentation, either by presentation mental health symptoms or by presenting physical health symptoms. In fact, when one considers the category of Sexual and Reproductive Health, one finds that 315 out of the 379 calls coded under this category or over 83 per cent of these calls, were made by callers identifying as gender male. This shows that male clients are more likely to approach the helpline with health related presentations, be they mental, physical or sexual and reproductive health related, whereas female clients are more likely to approach the helpline with relationship strain or conflicts, Violence and the emotional fallout of the same.

It is interesting to see that even on an anonymous and confidential helpline service the problem presentations put forth by male and female clients are certainly influenced by gendered ideas of help-seeking (Men sought help in more factual symptomatic terms, using lesser emotional language, whereas women spoke

about the emotional fallout of problems faced in important relationships).

If one similarly looks at the differences in issues discussed over the twenty-four joint-sessions (Fifteen between Male-Female pairings and nine between Female-Female pairings), another interesting insight emerges. Seven out of the nine joint sessions which had a female-female pairing pertained to concerns related to Mental Health, wherein one of the clients was a caregiver and the other a user-survivor. Correspondingly, seven out of the fifteen joint sessions which had a Male-Female pairing pertained to Relationship Issues, in particular conflicts between marital partners.

As was seen earlier in Table 6, clients in fourteen out of the fifteen Male-Female pairings were marital partners, while clients seven out of the nine Female-Female pairings were siblings. Though the size of the sample here is quite small, it does point to a trend wherein men are more likely to take part in joint sessions when it comes to conflicts in marital relationships, whereas women may use the joint session space to discuss issues other than marital conflict such as psycho-education for the caregiver and the user-survivor, or conflicts within parent-child relationships.

**Table 17 – Thematic Break-Up of Emails (N=2122)**

<b>Thematic Code</b>	<b>Primary Issue</b>	<b>Secondary Issue</b>	<b>Tertiary Issue</b>
Emotional Distress	682	417	108
Relationship Concerns	346	120	51
Information Requests	247	41	13
Mental Health	224	42	5
Feedback	118	28	11
Suicidal Ideation	97	60	14
Academic Concerns	85	30	10
Career Related Concerns	66	22	7
Referral Request	51	16	7
Violence Against Women	43	30	4
Work-Life Concerns	41	32	2
Sexual and Reproductive Health Concerns	34	9	1
Economic crisis	27	19	2
Physical Health	25	19	2
Self-Image Concerns	10	15	4
Substance Abuse/ Addiction	8	4	1
Violence	7	2	0
Legal Concerns	5	0	2
Non-Suicidal Self-Injury	5	1	1
Disability	1	2	2
Grand total	2122	909	247

The data shown in Table 17 reveals that Emotional Distress, Relationship Concerns, Information Requests, Mental Health, and Feedback were the five most frequently cited Primary concerns with which callers approached the helpline. It must be pointed out here that the next most frequently cited concern over emails was Suicidal Ideation, indicating that counselling over email is often of a crisis nature. One also notes that the five most frequently cited primary concerns both over calls and over emails are more or less similar, with the exception of 'Feedback' being a prominent issue over emails.

Feedback emerged as a prominent category over emails as users usually write back stating their pleasure/displeasure at the content or the immediacy (or lack thereof) of emails. e.g. Often users write to the helpline's email address not expecting it to be a functional email address. When they receive an auto-response with basic information about the helpline which assures them that a human response will be sent to them in the next two working days, many often write back in appreciation of the fact that the service exists in the first place. Many others are appreciative of the fact that another person took the time to read their mail and write a reassuring response to them/ they received a reply from the helpline which they understand receives many calls and emails a day, some clients were just appreciative of the fact that a service such as iCALL exists.

On the other hand, oftentimes clients who have not received a human response to their email within the stipulated period of time wrote to the helpline to express their displeasure at not having received a response after having shared their feelings with a counsellor, while on other occasions, clients who unsuccessfully reached out to the helpline over the phone (either because they called during the non-working hours of the helpline, or those whose calls were not attended to, as all the lines at the helpline were busy, took to the email medium to share their concern over email and point out that they had been unable to connect with a counsellor over a phone calls. Though the helpline endeavours to respond to each call and email, the call and email flow at times may be quite high leading to a delay in response time.

The email medium differs from the telephonic medium by way that there is a higher number of purely information request mails than information request calls. This is because it is possible to speak to a client over the phone and explore further concerns than just information requests, while over emails this not possible. Also, over emails, clients who hear about the helpline through a partner agency or a website/newspaper it has been featured in get in touch over email primarily to enquire what the helpline offers and how the services can be availed. The email medium thus, often, serves as a convenient way to test the helpline's services

before actually making a phone call/longer email to the helpline.

A considerable number of emails pertaining to mental health were received by the helpline as a result of the helpline's number and email address being featured on the website of The Live Love Laugh Foundation which ran mass-media campaigns aimed at building awareness regarding depression and mental illness. Many clients which identified with the messages of these campaigns reached out to the helpline noticing symptoms akin to depression in themselves after reading about it on the foundation's website or after watching their TV ads on the same.

One would imagine that clients would use an asynchronous anonymous medium to avail counselling services on issues which are highly personal, but of a non-crisis nature (say Sexual and Reproductive Health related concerns). However, while the helpline received nearly a hundred (100) emails pertaining to Suicidal Ideation (wherein clients explicitly mentioned that they were feeling suicidal and vulnerable to attempting suicide), it received only thirty-five (35) pertaining to Sexual and Reproductive Health. This shows that the email medium, contrary to common-sense understanding, is not necessarily seen as a non-crisis medium by the client.

In 909 out of 2122 cases (approximately 42 per cent of total emails), clients approached the helpline with more than one distinct issue with which they needed help. Once again, Emotional Distress and concerns related to important relationships in the clients' lives emerged as the most frequently cited secondary issues. Interestingly here, Suicidal Ideation emerged as the third most frequently cited Secondary client concern. Themes such as Mental Health, Relationship Issues, Legal Concerns, Academic, Career or Work-Life Related Concerns, along with Disability and Self-image concerns were the Primary concerns in cases where Suicidal Ideation was identified as a Secondary Concern. Conversely, Violence against Women emerged as concomitant secondary issue in more than 10 per cent of the cases primarily coded under Suicidal Ideation, showing the strong link between experiencing Violence and Abuse and suicidality.

Lastly, the helpline received 247 emails where in more than two distinct issues of concern were identified (i.e. Secondary and Tertiary cases). Ninety (90) out of the

two-hundred and forty-seven emails (247) to have a tertiary issues were written by first-time clients, whereas the remaining one-hundred and fifty-seven (157) were written by follow-up clients, which shows that clients may go on to open further as they interact with counsellors over email rather than narrow down to more specific concerns as they progress.

**Table 18 –Five Most Frequently Cited Primary Issues Over Emails by Clients Identifying as Gender Female (N=1012)**

Themes	Frequency	Percentage of Total
Emotional Distress	420	32.68
Relationship Concerns	270	21.01
Information Requests	140	10.89
Mental Health	114	8.87
Suicidal Ideation	68	5.29
Total	1012	78.75

Looking at the five most frequently cited primary issues over emails by clients identifying as gender female, it can be seen that over 78 per cent of the total mails are accounted one notices that while the first four concerns are in line with the overall trend as seen under Table 18, Suicidal Ideation emerges as the fifth most frequently cited primary issues. Further, sixty-eight (68) out of the ninety-seven (97) emails coded primarily coded under Suicidal Ideation (over 70 per cent) have been made by clients identifying as gender female. This is in resonance with the corresponding figure observed over phone calls where over 66 per cent of calls coded primarily under Suicidal Ideation were made by callers identifying as gender female. If one were to further analyse the distribution of primary thematic codes as under Table-18 by gender, beyond just five themes, one would see that Violence against Women is eighth most frequently cited primary code for emails made by clients identifying as gender female. In fact, 42 out of the 43 emails coded under Violence against Women were made by clients identifying as gender female, and in only one case did a client identifying as gender male write to the helpline to report Violence against Women. The picture that emerges, therefore, over calls and emails, is that women are approaching iCALL with stories of relationship conflict, mental health concerns, suicidality, Violence and the overwhelming emotional outcome of experiencing these issues.

**Table 19 –Five Most Frequently Cited Primary Issues Over Emails by Clients Identifying as Gender Male (N=566)**

Themes	Frequency	Percentage of Total
Emotional Distress	245	31.94
Mental Health	103	13.43
Information Requests	94	12.26
Relationship Concerns	73	9.52
Feedback	51	6.65
Total	566	73.79

The corresponding five most frequently cited primary issues for clients identifying as gender male are the same five concerns as seen under Table 18. However, while Relationship Concerns are the second most frequently cited Primary concern overall over emails, Mental Health replaces them under Table 19, in a straight-swap, wherein Relationship Concerns become the fourth most frequently cited concern over emails sent by clients identifying as gender male (whereas Mental Health was fourth under the overall table). This, once again is in consonance with the trends seen over phone calls where Mental Health was the second most frequently cited primary concern as well. The picture that emerges therefore, is similar to what was seen over calls, wherein male clients primarily reached out seeking information, and describing their concerns in terms of mental health-related symptoms (besides speaking about overwhelming distressing emotions).

To gain a clearer understanding of the thematic codes and the interventions conducted under each category of calls, the codes and their respective interventions have been described below;

- **Academic Concerns:** Concerns pertaining to issues that are related to academic or educational programmes are coded under this category. Calls and emails under this category vary from information pertaining to academic programmes, study related concerns such as time management, difficulties in concentration, exam related anxieties like performance anxiety, and result related anxiety. Following are some examples of the same



"I am a medical student. I already have a few backlogs and I have a huge practicum tomorrow, I feel absolutely unprepared for this."

"As my exam is getting closer I am unable to concentrate on my studies, I am afraid I will fail the exam and will disappoint my parents."

Calls and emails under this theme were presented mainly by individuals in the age group of 11-30 years. Students are the ones who primarily reach out to talk about these concerns. In the age group of 31-70 years, it was parents who accessed the helpline to discuss academic concerns of their children. Like every year, a rise in calls and emails pertaining to Academic concerns was observed in the months starting from February- June. As this is the time of SSC & HSC board exams and exam results and admissions.

On these calls and emails counsellors primarily provided clients information about the respective exam/result procedures, if asked. The counsellors also worked with the clients to identify thoughts/behaviours that cause anxiety and distress them. Further ahead the counsellors help the clients work with unrealistic academic expectations they may have set for themselves. Often, relaxation techniques such as paced breathing, positive affirmations and guided imagery were used to work on concerns related to anxiety. Counsellors also helped students develop a study plan, map and schedule their day to help manage time and their study loads better. The counsellors help the clients develop resources by mapping their support systems, equipping the clients with skills to open up to their loved ones, and seek support when required.

Parents, often accessed the helpline to talk about their concerns related to their children's study patterns or emotional concerns which in turn affected their studies. The counsellors worked with parents to help them communicate better with their children, to help set limits on interference in their children's lives, and to learn to separate their own aspirations and fears for their children from those held their children, so that they don't burden their children with their own issues.

- **Career Related Concerns:** Calls wherein clients raised concerns about their career and/or sought vocational guidance were coded under this theme. The nature of concerns under this category pertained to lack of clarity about academic courses or options available to clients after high-school or under-graduation, or the academic qualifications required to enter into a desired profession, confusion about choosing an academic stream, disagreement about the same between parents and children, anxiety about what the future will look like if one is to pursue a career in a certain field. Mentioned below are some excerpts from calls and emails received under this category,

"My son didn't clear his 12<sup>th</sup> grade, he is really disturbed and so am I. Should I make him repeat the year or should I explore some other course for him?"

"I was forced to pursue engineering after my 10<sup>th</sup> but my interest lies in commerce stream. How do I speak my parents about this?"

I have passed 12<sup>th</sup> and I wish to pursue fashion designing but my parents are forcing me to apply for medicine saying that there is no scope in Fashion. What sort of opportunities are available in India for either of the courses?"

Calls and emails under this category often featured clients faced with a dilemma of making a choice between two areas or seeking information about the options available to them. Counsellors helped the clients in the above-mentioned areas as far as possible by helping them explore the pros and cons of each possible decision, and wherever needed, provided a referral (for e.g. when a client wanted to take an aptitude test to determine their ability). The counsellors also actively worked on enhancing communication between parents and their children so that both parties are able to see each other's point of view.

- **Disability – Physical & Intellectual:** This category involved calls and emails pertaining to physical as well as intellectual disability. 'Disability' here refers to blindness, low vision, motor disability, leprosy, auditory impairment, mental

retardation & severe mental illness (Persons with Disability Act, 1995).

Given below are some of the examples drawn from calls/emails coded under disability;

"My child has been diagnosed with mild intellectual disability. Can you tell me what form of treatment we should look at and what should we consider while caregiving?"

"Since, 25 years I have been physically disabled, I help in the family business but I keep on comparing myself with the able-bodied individuals and I feel like I am failing."

"I feel like my disability limits me. I can't take it anymore. "

Calls under this category were made by the individuals who suffered from the disability as well as their care-givers. Clients talking about these concerns often brought in concerns of emotional distress caused out of the difficulties associated with living with disability. Clients also shared concerns of difficulties in finding a job or an insensitive workplace and lack of disability friendly spaces. Here clients were educated about their rights. The counsellors worked with the clients to help them progress in terms of functionality, in cases of serve mental health conditions. In cases where clients wished to find job opportunities, they were helped by discussing various barriers in achieving this goal, preparing them for job interviews and supported when clients faced difficulties in continuing their job.

- **Economic Crisis:** Calls/emails in this category involved clients facing a financial crisis of some nature. While the distress originated from an economic crisis, the impact of the same was often psychological, leading clients to feel helpless and suicidal in some cases. Examples of the same are as follows,

"I am a farmer, I have suffered major loss in my crops due to the same I am in a financial crisis. I am really stressed I don't know what to do"

"I am in a lot of debt and I don't even have any assets left to sell and repay the loan. I am really distressed and considering suicide."

"I lent a lot of money to someone I know and my family doesn't know about this. The person is refusing to return the money. I am in a crisis and I am feeling lost about what to do."

Intervention in this area revolved around creating a safe space for the client especially when they were feeling vulnerable. Working on such issues is difficult considering that iCALL does not offer financial aid of any kind, and the solution to clients' issues are ultimately financial. However, stabilizing clients when they are emotionally vulnerable or suicidal, and referring them to organizations that offered debt counselling, or issue-specific financial aid was found to be useful in some cases. However, long-term intervention in such cases is ultimately quite difficult since iCALL isn't able to help such clients beyond a certain limit.

- **Emotional Distress:** Calls and emails coded under this category dealt with a profound experience of distressing, and overwhelming emotions such as anxiety, guilt, fatigue, loneliness, sadness, grief etc. The experience is akin to an 'emotional crisis'. Some examples are mentioned below: Given below are some of the examples of calls/emails from this category,

"My parent has just been diagnosed with brain tumour. I can't stop crying since then, I feel really shocked and helpless"

"I lost my wife a few months back. I can't get on with my life. "

"I feel really low, I don't know why. I think I am going to self-harm if my feelings don't change."

"I feel really anxious about future I am afraid of failing and that keeps me from trying."

"My partner doesn't have a job. I feel mentally frustrated as it is causing financial and relationship strain."

While it may be argued that each caller who calls or writes to the helpline faces 'emotional distress' in some way, this category pertains to such calls where the client is found to be overwhelmed completely by the distressing emotion(s). While the root cause of these emotions may be varied, the defining characteristic of such calls is the fact that the client is unable to work on the underlying cause given the intensity of the distressing emotion at that time. Calls under this category may therefore involve the client continuously crying for the entire duration of the session, or being absolutely blank. The role of the counsellor in such cases is to contain the emotion, and provide 'emotional first-aid' so to say. The focus of the counsellor on these calls is mainly assessment and probing to assess the severity and extent of the problem, along with providing basic emotional support.

Since therapeutic Interventions at this point would be too premature, the assistance offered mainly involves addressing the client's immediate emotional needs, making them feel emotionally safe and cared for, and providing a safe, holding environment where they can freely express their emotions. Often this may be all that clients need, as has been seen on many occasions where clients have mentioned that they 'just wanted to share' what was on their mind with an anonymous, yet qualified professional. Female callers were more likely to make such one-off 'vent-out' calls, with nearly 1597 out of the 2840 calls coded primarily under this category being made by female callers. Furthermore it was seen that clients who were single or unmarried were more likely to make such calls as compared to those in a relationship/married, with nearly 57% calls

primarily coded under this category being made by such callers.

- **iCALL Information:** Calls/emails pertaining to this category were requests for information about the helpline's services, specific details such as working hours, languages, information sharing practices, ethical practices. When clients found out about the helpline they would call to find out more. Over 50% of the times the counsellors could convert these calls where the callers went on to talk about other concerns in detail. One significant trend was a rise in calls/emails under this category followed by any publicity through media or by partner organizations.

"What does the helpline help with?"

"Do you guys work on relationship issues? I and my partner are having a difficult time, how can you help?"

Counsellors provided all the information requested by the clients over calls as well as emails. Along with this, client also often enquired about the process of counselling. Counsellors then provided psycho-education to the clients about the same.

- **Legal Concerns:** When clients reached out to the helpline to talk about any legal matters or an impending lawsuit their concerns were coded under this category. Some for the examples are as follows;

"My family is going through a legal battle with some relatives over property and family environment has become very distressing we keep on having conflicts."

"Me and my wife are getting a divorce can you tell me about the procedures here on?"

Often clients seek the helpline with legal concerns for information or referrals. In times, when individuals wish to work on the psychosocial impact of the legal

concerns they might be facing counsellors then help them work through that. When relevant the clients are referred to legal professionals, organizations that can help them. Training on personal laws and laws pertaining to Violence against Women and Children is provided to all counsellors at iCALL as part of their orientation at iCALL. However, the queries under this category may often pertain to questions pertaining to civil disputes or other criminal offences for which iCALL does not have the necessary expertise to intervene in (such as property disputes, labour disputes, wrongful termination, cheating, contesting a will etc.). In such cases, counsellors try and refer the clients to free legal-aid services wherever possible.

- **Mental Health:** Calls and emails coded under this category involved concerns related to diagnosed or suspected instances of mental illness, with or without past history of psychiatric treatment, for the self or for a significant other. As per iCALL's ethical policy, callers were not offered up any diagnoses or prescriptions but were instead provided references of registered medical practitioners and mental health professionals who could do the same for them. Some examples are as follows:

"I have been diagnosed by depression and I have been put on medications but I get a lot of nightmares and I am afraid of going back to work"

"My sister was diagnosed with schizophrenia a few years back. Since a over a month she is refusing to take any medications or to see a doctor."

"I have been feeling really low for some time now, I quit my job and am at home but I feel so anxious that I haven't left my home for three months now."

When dealing with concerns related to mental health calls/emails were made by both user-survivors as well as care-givers. In terms of primary issues cited over calls and emails, mental health featured amongst the five most frequently cited issues over both mediums.

Interventions under this category included psycho-education about the illness

involved, supportive work, illness management and referral to mental health professionals or organizations, in cases where the symptoms displayed by the client were indicative of the fact that the client had low functionality and was starting to lose orientation to everyday life. Often clients were sent books, strategies as an email attachment. This was followed over emails as well as calls but more so over emails. When working with caregivers, often providing safe, holding environment helped clients alleviate distress. Further ahead, counsellors also worked with caregivers to help manage their relative's illness. In terms of most frequently cited diagnoses under calls made under this category, clients reached out most often to talk about depression, OCD, Anxiety, Schizophrenia, and Bipolar Disorder. Owing to iCALL's collaboration with The Live Love Laugh Foundation – a foundation against depression that aims to create greater awareness and sensitization around depression and other mental illnesses, the number of calls and emails under this category have increased significantly during the period under review.

- **Physical Health:** When clients reach out to the helpline for concerns related to a physical illness or a distress emanating from a physical condition the call/email is coded under this category. The issues under physical illness range from lifestyle related illnesses such as diabetes, hypertension, chronic physical illnesses such as cancer, psoriasis etc. These illnesses tend to have a significant impact on one's mental wellbeing and lifestyle. Clients sought help most often from counsellors to gain information, manage the illness, manage the impact of the illness on different parts of their lives etc.

"I have been diagnosed with cancer and I am undergoing the treatment I try to be strong because I don't wish to worry my family members."

"I have taken a test for HIV and the result is tomorrow. I am feeling extremely anxious, I can't tell any of this to my parents."

"I have undergone operation for cancer. My doctor has asked me to walk daily but I feel breathless I am afraid if I don't do this there will be a relapse."



Physical health concerns often have a significant impact of social and emotional wellbeing. However, iCALL doesn't offer any medical advice or prescription for medications. When clients request for the same they are requested to check with their respective doctor. Counsellors at iCALL are taught to use the biopsychosocial model which talks about interrelations between physical health, psychological well-being and the socioeconomic, political and temporal context within which an individual is located. Thus, often while clients approached the helpline citing physical health issues, it was understood through assessment and probing that underlying psychosocial distress was concomitant with physical distress, if not a direct cause. Counsellors worked with clients to help them manage the impact of physical illness on their overall wellbeing, and taught them techniques that allow one to enhance physical well-being through self-care and compassion at the psychosocial level. Strategies in order to help achieve these were drawn from mindfulness, Cognitive school of therapy and grief models to name a few. These techniques helped them cope better with their illnesses.

Lastly, counsellors are also sensitized during their training regarding the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), wherein they are taught to bring in the rights-based framework into their interventions with clients diagnosed as suffering from a mental illness. For example, clients who were wary that they would be sacked from their jobs if their employers were to become aware of their psychiatric diagnosis were told that this was a discriminatory practice in direct violation of the Persons with Disabilities Act and connected them with organizations engaged in advocacy to protect the livelihoods of persons suffering from mental illness. iCALL counsellors also helped clients avail disability certification under mental illness, which is often an issue that clients and mental health professionals are unaware of.

- **Relationship Issues:** Calls and emails coded under this category pertained to issues in relationships with significant others –children, spouses, and family members, intimate partners or peers. Clients, in such cases, might want to address the distress emanating from the conflict or work through the conflict itself. It must be noted here that conflict here refers to relationship strain. Violence of any kind, through commission or omission is not treated as a 'relational conflict' by iCALL, but as Violence.

"We have been in a relationship for over half a decade, lately I don't feel like I can connect with him anymore."

"Me and my spouse are working people. We can't seem to find enough 'family time' I am worried that our children are unhappy about that."

"My son is very mischievous, he back answers but only at home and in no other setting. How can I handle him?"

Relational conflicts affect multiple areas of clients' lives. Clients might approach the helpline for these conflicts or even loss of a significant relationship. Counsellors often work towards normalising and validating the client's feelings in the first step. The techniques are quite often drawn from family systems therapy. Counsellors worked on communication patterns, forming alliances, sharing expectations, forming and continuing rituals that helped rebuild their relationships.

Wherever possible clients encouraged to bring in their partners for therapy. The counsellors conducted joint sessions with couples, parents and their children, even family members wherever it was possible. But, often in intimate/marital relationships, one and not all partners approached the helpline asking what they could do individually, as the other partner(s) were often unwilling to join in for therapy. In such cases counsellors tried to help the client realize that it was not their responsibility alone to fix issues in a relationship and that they solely were not responsible for the success or the failure of their relationships.

Guilt and shame over relationships that are not considered acceptable in Indian society (such as casual sex relationships, relationships with significantly younger or older partners, extra-marital relationships, relationships with relatives, etc.) too come up frequently. In such cases, the counsellors work towards normalizing these relationships and try and get the clients to focus on their happiness and the fact that the relationship is consensual, rather than what is considered 'socially acceptable'.

Under Parent-Child Relationship concerns, it was usually parents who reached out

to the helpline with regards to fights with their children. In such cases parents, would request the counsellors to speak with their children and communicate their thoughts or elicit the child's thoughts. In such cases, the clients were told that issues discussed over individual calls won't be shared with anyone owing to confidentiality. With parents, they were taught communication strategies that allowed them to connect to their children rather than taking disciplinary actions against children when they displayed 'problematic behaviours'.

- **Referral requests:** Calls/emails where clients sought referrals of a professional, organization, hospital etc. were coded under this category. iCALL maintains a detailed database of these organizations, hospitals, mental health professionals across India. In such cases the client was provided the requested referral and was also encouraged to speak to the counsellors if facing any emotional distress.
- **Self-Image Concerns:** Calls/emails under this category include concerns that talk about the client's idea of themselves, their identity, physical appearance, certain qualities, personality traits etc. Thus, the point of dissatisfaction and concern here is their own self-image and they might wish to work on the same.

"I have been shy since childhood. My self-esteem has always been low. I don't feel confident, I am always anxious when talking to others"

"I have been facing issues with regards to my weight. This has cost me a lot in my life. I can't connect to friends, I avoid going out, I don't even feel like looking in the mirror."

"I have a facial deformity and I always worried about that. I feel upset because no one talks to me or ever buys me a drink. "

Intervention strategies in this area focused on working towards acceptance and understanding how the socio-cultural experiences may have contributed their beliefs about themselves. Counsellors often work towards allowing the clients to see these faulty thought patterns that are critical in nature. Interventions also involve becoming more self-compassionate and kind, thus, helping reduce the

critical voices in one's head. Counsellors also shared resources that focused on body positivity, self-compassion over calls as well as emails.

- **Sexual & Reproductive Health Concerns:** Calls/emails pertaining to sexual orientations such as individuals identifying with non-heterosexual orientations, sexual practices such as sex positions, masturbation, reproductive health concerns such as menstruation, conception, contraception etc. and sexual difficulties such as premature ejaculation for example fall under this category. The gender wise distribution of calls under this category is heavily skewed towards male clients. Women often find it difficult to speak about concerns related to sexual and reproductive health despite the anonymity and confidentiality offered by the helpline.

"I feel that I am too young to engage in sexual intercourse. I feel aroused and I engage in masturbation but I feel extremely guilty after."

"I experience premature ejaculation. Due to which my spouse is extremely unhappy. I am afraid she will stop loving me if this continues."

"I am attracted to other females and I often notice women's attire and desire to dress up like that. Is it normal?"

Interventions in this category involved information sharing by psychoeducation in a language best understood by the client. Often the work involves normalising and validating the client because they might feel ashamed or guilty to feel this way or to ask their concerns in this area. Clients also called the helpline to talk about their sexual identities which may be non-heterosexual. The counsellors worked with individuals towards acceptance of the same by talking about internalised oppression, validating their experiences and feelings/ideas/beliefs/ sexual identities. Clients seeking information about contraception, sexual intercourse, menstruation, sexual practices, anatomy etc. were given information as well as resources in this area such as the Red Book, Blue Book, Sex and You etc.

- **Sexual Gratification & Prank:** Sexual gratification and prank caller are nuisance calls where clients might make up a fake situation and speak with the counsellors

with the intention of gaining sexual pleasure or a mischievous intention of joking. The counsellors can identify such callers when the narratives given by them are extreme or when they describe the sexual act for example, in great detail, which might not be necessary. The counsellors often limit these callers by telling them that the details are unnecessary but if the caller/emailer continuous to do so then they might be warned. In the case of some repeat callers, iCALL has a policy of answering first call of the day whereby if the client continuous to misuse the helpline they are informed and their calls are not answered for the rest of the day.

- **Substance Abuse & Habitual Addictions:** When clients seek help for concerns regarding dependency on a harmful substance such as alcohol, cigarettes, tobacco, marijuana or habitual behaviours such as watching pornography, masturbation, gambling etc. their calls and emails are coded under this code. Calls/emails were sometimes made/written by family members or the person themselves. Some examples of the same are as follows;

"My son is into heavy drugs and he has taken a lot of money from goons. Can you help me, I am feeling very helpless?"

"My spouse drinks heavily, some time back he agreed to stop because it was leading to a lot of fights. Then he started again, I don't know what to do."

"I consume a lot of substances and I tend to do it when I am feeling low. If I am not doing that then I am watching pornography. I feel like I have hit rock bottom because I have no control over these urges."

Sometimes the clients reached out to the helpline themselves, while sometimes it was their family members. In most cases the client was the spouse. Counsellors might talk to the clients about some screening techniques such as CAGE assessment. CAGE stands for questions on urge to **C**ut-down the substance, feeling **A**nnoyed when someone asks about it, **E**xperiencing Guilt for using substance and experiencing the need to consume substance as an **E**ye-opener to start one's day. Counsellors also focus on the range of options available for

them if they wish to work on these concerns. The primary assessment involves understanding where the client stands in the cycle of change to understand their motivation to change the situation. The cycle of change (Prochaska & DiClemente, 1993) comprises of six stages. Namely pre-contemplation where the client has no intention of changing behaviour, contemplation where the client is aware of the problem exists but with no commitment to action, preparation where the client intends on taking action to address the problem, action where the client works actively on modifying the behaviour, maintenance where the client works towards sustaining change by replacing the old behaviour by new ones and relapse where the client might fall back to old patterns of behaviour. The clients might choose to abstain from the addictive substance or behaviour or reduce it up till a point where it doesn't harm anymore. Counsellors often provided referrals to rehabilitation centres to caregivers in such cases. Counsellors also helped the clients in relapse prevention by helping the clients fight urges and by being with them through the time when the urge to relapse is high.

- **Suicidal Ideations:** Calls and emails pertaining to this category are where the client reports active thoughts such as suicidal ideations, or engaging in self-harming behaviour with an intention to end their lives. Given below are some of the examples of the same

"My wife passed away a few months back. I have been trying my best to cope but I can't take it anymore. I am planning to overdose on my medications and end this."

"I broke up with my partner, I thought it would be easy. I am alone now, I feel devastated. I have a plan to end my life."

"My parents had said that they would marry me off if I failed and I did. I left my home I am going to throw myself in front of a bus, I can't go back home."

In cases where it is known that a client is actively suicidal, counsellors, first and foremost, try and assess the current safety of the client with regard to where they are, what kind of harmful objects are available to them, what kind of planning they

have done, etc. Counsellors usually try and build on the act of reaching out to a helpline as a desire to live, and encourage the client to keep talking, while assuring them that it is possible that solutions to their problems may emerge through counselling. Though the helpline does not seek out identifying details from clients, it is done so in such cases, given that harm to self is an exception to confidentiality.

However, counsellors do not call back on the client's number without informing the client that they shall have to do so in case the call is terminated or if they feel that the client has not adhered to a pact made with a counsellor. On most occasions the counsellors have been successful in getting the client to agree to make a pact with them that they would call the helpline at a designated time, thereby eliminating the need for the counsellor to make an outbound call.

Clients are also asked to nominate a safe person who can reach them immediately. Details of this safe person are sought from the client and the counsellors often intimate such safe persons that they have been nominated so by the client and may be approached in case of need. Often this is the highest level of escalation needed in suicidal cases.

In rare cases, the helpline has had to reach out to emergency services such as Police helplines, Ambulances, Blood Banks, Women's shelters, Local Hospitals etc. where the client was unwilling/unable to provide a safe person and the level of crisis was high. Counsellors also provide referrals to other helplines that run twenty four hours a day to address the client's needs at times where the helpline is not functional.

- **Violence:** Emails and calls under this category are acts of physical, sexual, economic and emotional violence directed towards another individual. Given the need for special attention and emphasis required to issue of violence against women, iCALL has another category named '**Violence Against Women**' wherein if the call is with regards to any form of violence against women it is coded under that category. Concerns related to violence with anyone who is not a female are coded under the generic category of Violence. Following is a glimpse of concerns raised under these two areas.

"My husband is harassing me and my children, he takes away my salary, doesn't pay the children's school fees. I have faced all sorts of abuse, I want to register a complaint against him"

"My in-laws are physically and emotionally abusive towards me. They want more dowry from my parents but my parents don't have anything left. My husband threatened to throw me out of the house if I didn't give the money."

"My brother drinks a lot and abuses all family members and hits them what can we do about him."

A majority of the calls received under this category fall under Violence Against Women. Interestingly, a majority of the calls, both under Violence and Violence Against Women were made by women. 401 out of 451 calls were made by women. This signifies that women are much more proactive in talking about violence and seeking help for the same, as compared to men. The primary intervention involved ensuring safety of the person involved. The counsellors maintain a stance that violence is not justified or acceptable at any point in time. A large part of the work with women on this issue involves normalising and containing the feelings of shame, guilt, anger, helplessness and hopelessness that the survivor might have. Counsellors help the clients understand that the responsibility of violence doesn't lie on them. Counsellors are also taught to do a detailed assessment of safety that covers the kinds of abuse being faced by the client, the first instance of the violence, the worst instance of violence, the most recent instance of violence and the frequency of such violence. This helps clients identify the extent to which they have been violated and the patterns that help anticipate future violence. Counsellors also actively engage in safety planning by trying to identify social support structures available to the survivors of violence. They also spend a great deal of time clarifying myths related to violence, such as apportioning the blame for the violence on to the self, seeing violence as a sign of love etc. Given TISS' extensive work in the field of VAW, iCALL is well networked with organizations all over the country that work on this issue. Counsellors



regularly refer clients to TISS' wide range of Special Cells all across India, and NGOs working towards this field. The counsellors have also been trained on laws pertaining to VAW such as IPC Sections 498 A, 354, and 376 and the PWDVA. The helpline maintains an exhaustive list of Protection officers appointed by the government under the PWDVA, as well as women's organizations and helplines in various parts of the country.

- **Work-Life Concerns:** Concerns where the client spoke about concerns related to work such as dissatisfaction with job, conflicts with colleagues, difficulty in maintaining a work life balance, complaints against management, dissatisfaction with the logistics of the workplace and social, emotional and physical impacts of work life on them, are coded under this category

"I have been posted on a site out of the city. I am exhausted out of the travel and don't have energy left to engage with my family."

"My colleagues are really competitive. I don't feel like working, I don't feel hungry. What is happening to me?"

"My work is really exhausting, I feel I can't keep up with it. My absenteeism has increased, I can't complete simple tasks, I can't even concentrate on work. I just want to quit and run away."

Counsellors offer the clients a safe space to talk about their concerns. The work done by counsellors in such cases mainly focused on providing a safe space to the clients to vent out their negative feedback towards the company ensuring that they do not feel that their confidentiality will be compromised under any circumstances (given that most of these callers came from companies iCALL collaborates with). Counsellors provided them emotional and psychological support, taught them stress management techniques and provided a patient listening ear to quell the discontentment expressed by the client. Counsellors also focused on teaching better goal setting, time management and day planning skills to the clients. Lastly counsellors also worked towards making clients aware of burnout and helping them keep the same at bay through better self-care.

## THE WAY FORWARD

iCALL has now completed four years of functioning, and almost a year-and-a-half of its three-year partnership with the Mariwala Health Initiative (MHI), which is the helpline's principal funder for the period of 2015-18. The period under analysis in this report (April 2015 to August 2016) covers the entire period that iCALL has partnered with MHI. As seen through each and every section of this report, this was a period that witnessed tremendous growth in every aspect of the helpline's work, be it the team strength, the technological infrastructure available at the helpline, the usage of its services over calls and emails, and, most importantly, its reach across the country. The helpline has also witnessed significant growth in the area of partnerships. While existing partnerships such as L&T, and IIT-B continued and flourished, the helpline entered into newer sectors with partnerships with Hindustan Unilever, Dainik Bhaskar and Vishakha. Working with government organizations such as the Govt of Maharashtra, Govt of Madhya Pradesh and Govt of Uttar Pradesh, along with the Mumbai Police, furthered iCALL's efforts of replicating the iCALL model and demonstrating iCALL's ethics and protocols as ideals to be followed at the State and National level. The diversity in not only the kind of organizations the helpline partnered with, but also in the deliverables it provided to these partner organizations showed that iCALL is growing into a multi-dimensional organization, of which telephone and email-based counselling services are only one (albeit the central) dimension. The biggest challenge facing iCALL therefore, in the coming years is that of scaling up.

The first four years of the helpline's existence have focused mainly on the service delivery aspect of the helpline's functioning. Indeed, the name of the initiative itself reflects that it is a 'helpline', as has also been referenced several times in this document. However, the other dimensions of iCALL's work – training, consultancy, protocol development, research publications, as well as working towards stigma reduction and working towards prevention of psychosocial distress apart from intervention alone, have also grown in these four years, using whatever spare resources the helpline could allocate to these areas. As the demand on the helpline increases, the need for more trained and qualified mental health

professionals to address the increased demand is certainly something that will increase as well. However, iCALL also needs to consciously and intentionally focus on how the other dimensions of its work shall be scaled up, and if and whether it aspires to build these other dimensions to the same level of maturity as the helpline piece.

As pointed out in earlier sections of this document, the need for iCALL's services has already started to outstrip the helpline's capacities, often leading to calls being missed and responses to emails being delayed. Bolstering its employee strengths and finding better, faster ways to respond to emails is certainly an area that requires the helpline's immediate attention. Experience has shown that as the number of counsellors at the helpline increases, the number of calls and emails being handled by the helpline increase too. It is likely that the same trend will continue if the helpline were to increase counsellor strength from 12 to 16 and from 16 to 20 as well. However, the nature of the helpline's work is such that the cost of running the helpline does not become lesser at a larger scale of operations. Balancing growth along with sustainability is therefore a big question for the helpline.

As the size of the team increases, as do concerns over quality of the services. Providing supervision is already proving to be a challenge for the helpline at the current call/email volumes. Already, the helpline has created a cadre of senior counsellors who can provide peer supervision to newer recruits at the helpline, and the recruitment of a Programme Associate who will assist the Programme Coordinator in supervision and training of counsellors is underway. The helpline will need to build capacities of existing staff members to aid training and supervision, and in the future, explore the possibility of having shift-leaders/ supervisors as the size of the team and volume of cases being handled by the helpline goes up.

That the helpline has not only been able to receive regular coverage in the media, but has also cultivated partnerships such as the ones with Dainik Bhaskar and the Live Love Laugh Foundation that help it stay in the public eye, is a success in its own right. Getting regular media coverage and ensuring optimal utilization of the existing staff was one of the future challenges identified in the last iCALL report.

Working with the in-house PR agency at TISS and partnering with the aforementioned organizations has ensured the achievement of this target. The helpline now receives over a thousand calls each month without a push from the media.

Another goal which was identified in the previous report, was expansion of the helpline's hours. On this front, iCALL has been able to take its services from 12 hours a day to 14 hours a day in September 2015. From thereon, until the time of writing this document, no further expansion either in the number of working days, or working hours of the helpline has taken place. While the goal initially was to take the helpline seven days a week by the fourth year of the helpline's existence and move towards twenty-four hours a day eventually, learnings from the helpline's second National Consultative Meet of Telecounselling Helplines, forced it to reconsider these plans, as the representatives from other helplines operating 24\*7 indicated to iCALL that running a service round-the-clock requires a great deal of resources, which are not justified by the levels of usage of helpline services during the 'graveyard shift'. Given that iCALL, unlike many of the existing 24\*7 services, is a professionally run service, which also provides supervision, it would mean the resources required to run a service like iCALL round-the-clock would require an even greater number of resources. At the same time, there is a demand for the helpline's services during its non-working hours and days. How the helpline can expand given this dilemma is a question that needs answering in the months ahead.

Social Media and the Internet have proved to be a great avenue to increase the visibility of the helpline. The demand for email-based counselling too has grown dramatically over the past years. The helpline is in the process of building its own website that shall help consolidate its web presence further. It would serve the helpline well to focus on social media strategy more intentionally, as they are low-cost, high-impact publicity means, though they come with an inherent selection-bias. With consumption of content in regional languages over the internet, especially over social media on the rise, it would serve the helpline well to build content in regional languages. More importantly, there is a growing demand for

services to be provided over instant messaging or over video chat. With a proliferation of paid services over the internet which offer these mediums being witnessed over the past few months, iCALL too needs to start exploring these mediums.

As the reach of the helpline expands to diverse parts of India, the need for local level referrals is likely to rise as well. The helpline's current referral database may not necessarily have names of trusted professionals and agencies in parts of the country where mental health and other psychosocial support services are hard to find. Mapping these services is something that needs to begin soon.

Work with State Governments has been one of iCALL's strengths over the years. However, the work thus far has been on a piecemeal basis wherein the interaction of the helpline with the government after the training programmes have been delivered/ protocols have been developed is limited at best. iCALL shall now try to enter into longer-term partnerships with governments, which shall be on a larger scale than previous partnerships. Partnerships of such kind are already being pursued with the State Governments of Maharashtra and Madhya Pradesh. Efforts are also being made to take the partnership with Mumbai Police to a larger number of Police Personnel all across Maharashtra.

A big USP of iCALL for prospective employees is the fact that it is an organization that it encourages its team members to seek professional therapy. While in earlier years, the helpline had sought permission from the on-campus counselling centre to help its counsellors avail therapy free-of-cost, it now has a portion of its funds allocated under a 'Self-care Allowance'. Each counsellor can avail one therapy session a month, the cost of which shall be subsidized by the helpline. However, work on preventing burnout and promoting psychological well-being amongst its counsellors is something that the helpline now needs to focus on as well.

While iCALL is one of the best paying employers in the field of mental health, with attractive increments being offered to every employee upon contract renewal, attrition especially during the first six months and after the two-year mark, is

something that the helpline needs to address. Already, iCALL has introduced a probation period of three months, wherein employees are paid a slightly lower salary has been introduced. Further, counsellors are eligible to be promoted to a higher salary band after successful completion of their first contract with iCALL. Whether these measures lead to lesser attrition is something time will tell.

Competitions from other Employee Assistance Programme (EAP) Providers, some of whom offer toll-free services, as well as the option of availing face-to-face therapy in select cities, is something that iCALL needs to be wary of. Many of these providers also charge on a per-call/session basis as their employees are not full-timers, but consultants. iCALL may need to revisit its EAP offerings to better compete with such services.

iCALL's Data Management Software has made working easier in some aspects, and has introduced its own new set of challenges as well. The software would need to be constantly updated and modified to address the ever-changing needs of the helpline. Further, while the helpline has upgraded its telecom infrastructure, smarter technology can be helpful in more efficient call-distribution, and may also help in attending to calls that are missed by human respondents at the helpline. The helpline needs to continue exploring different technologies that can make its service more efficient so that the human resources available at hand can be utilized where required most.

iCALL's unique position of being a service located within a premier academic institution in the country provides an assurance for quality of services and research. Already, the iCALL model has been documented in a chapter in a peer-reviewed, international publication. Further research on the helpline's four year data, and journey needs to take place, especially since iCALL now has a dedicated professional looking at developing research publications.

iCALL has successfully expanded itself to an impressive scale in the past four years, and this trend of growth is likely to continue until the end of the funding cycle with MHI. It is therefore necessary that iCALL spends the next quarter not only

reflecting over its four year journey but also planning for the mid-to-long-term future. How iCALL is able to balance scalability with sustainability is the big question facing it in the years ahead.

022-25521111  
icall@tiss.edu  
Monday - Saturday,  
8AM - 10PM  
icallhelpline.org

Project Directors:  
Dr. Sujata Sriram, Ms Aparna Joshi

Report Written and Edited by:  
Paras Sharma , Tanuja Babre

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