



Tata Institute of Social Sciences

# REPORT

**SEPTEMBER 2013 - MARCH 2015**

**iCALL PSYCHOSOCIAL HELPLINE**

**A Field Action Project of Centre for Human Ecology**

**TISS**





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### **iCALL PSYCHOSOCIAL HELPLINE**

#### **A Field Action Project of Centre for Human Ecology**

#### **TISS**



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## **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 - centered 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 marginalised groups and issues, with a great degree of success. iCALL Psychosocial Helpline, an initiative of the Center for Human Ecology, continues this rich tradition of FAPs by TISS

### **THE CENTER FOR HUMAN ECOLOGY (CHE)**

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

The Center for Human Ecology (CHE) uses the term human ecology to encompass all aspects of human experience and everything in the environment that defines quality of life. The CHE 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 Center 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 centre be in touch with the emerging mental health needs and required mental health interventions. The telephone counselling initiative of CHE 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 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 has a team strength of eight including seven counselling psychologists and a programme coordinator. Faculty for CHE 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 12 hours a day, between 10 a.m. - 10p.m., Monday to Saturday.

The counselling service addresses different issues ranging from crisis oriented needs to more long term emotional needs. The response from callers has been growing with each advancing month. Since its inception in September 2012, the helpline's counsellors have answered over 20,000 calls and nearly 1000 emails dealing with a diverse range of issues ranging from emotional distress, mental health, relationship issues, sexuality, gender based violence, study related issues etc.

At its inception, iCALL was fully funded by TISS as a FAP. After the first year of functioning, the helpline has moved to a model of funding, whereby it is funded through a series of collaborations with organizations, such as corporate bodies, government agencies and NGOs whereby iCALL provides counselling and consultancy services for a fee. This model has resulted in the subsidizing of the cost of calls to the general public through these paid services.

## **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, marginalised and discriminated against.

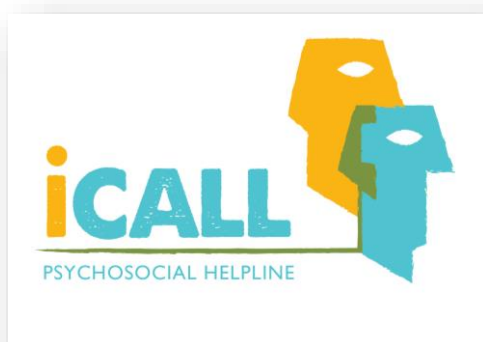
### **OBJECTIVES:**

- 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

## MOVING AHEAD – A NEW LOOK AND A NEW CAMPAIGN

With a successful first year that was both challenging and rewarding behind it, iCALL began its second year with the aim of increasing its reach to more people and building on the work done in the first year.

One of the biggest challenges for the success of a helpline is publicity. Given the stigma associated with mental health in India, counselling is not something one readily accesses, despite significant life-stresses. It requires sustained outreach efforts to ensure that people call and write in to the helpline. With this goal in mind, iCALL set out to develop a campaign that not only brought forth the kind of issues that were addressed through telephonic counselling, but also the manner in which the service, made a difference to the lives of those facing such issues. The helpline wanted to develop a user-friendly yet professional brand identity that summed up the core values and gave its users an image to associate with the service. These ideas contributed to iCALL's new brand identity and its mental health awareness campaign of 'I Talk, I Conquer, iCALL'



*iCALL's Brand Identity in Latin and Devnagari Script  
(Designed by Mira Malhotra – Studio Kohl)*

Designed by Studio Kohl - A design studio run by Mira Malhotra, an alumnus of the National Institute of Design, Ahmedabad, iCALL's brand identity aimed to communicate the idea that counselling is a collaborative process between the client and the counsellor, as represented by the overlapping faces of the two figures. Furthermore, in order to emphasize the idea that

counselling is something that concerns everyone regardless of caste, class, gender and sexual identity, the counsellor and the client have been represented by abstract figures coloured blue and yellow. The use of abstract figures also indicates that iCALL, as a service, looks at its clients, not as representatives of the social groups they belong to, but as unique individuals.



*A Collage of the 'I Talk, I Conquer, iCALL' Posters*

In addition to this, iCALL with the help of *Oscar Varghese Photography*, and Dhvani Shah – a freelance design professional who is an alumna of the National Institute of Design, Ahmedabad, developed posters on the five frequently cited themes it receives calls on: Academic Stress, Common Mental Health Disorders, Self-Image, Substance Abuse and Violence against Women. The posters, in keeping with iCALL's promise of confidentiality and anonymity to its clients, have been shot in such a way that the faces of the models remain unidentifiable, while clearly depicting the problems being faced by them.

Along with the images, each poster features a client narrative in the form of 'I' statements, which depict the journey from problem to help-seeking, and eventually resolution, through



iCALL. The copy for these posters was written by Nivedita Prabhu and Rashi Vidyasagar

These posters and iCALL's brand identity were unveiled on 11<sup>th</sup> October 2013 at the Tata Institute of Social Sciences, Mumbai, by Prof S Parasuraman (Director – TISS), in the presence of the students of TISS, fellow professionals from the field of mental health in Mumbai, the iCALL team and media personnel. The event, which was a part of iCALL's World Mental Health Week initiatives, witnessed the release of iCALL's first annual report.

The release of the annual report was followed by a panel discussion on the role of Helplines in addressing the aforementioned issues covered by the campaign. Prominent professionals from the field of mental health in Mumbai were part of this discussion. The panel was as follows:

- Ms Krishna Iyer (Programme Manager, Kripa Foundation) – Substance Abuse
- Ms Taranga Sriraman (Programme Coordinator, RCI-VAW, TISS) – Violence Against Women)
- Ms. Shivani Manchanda (Counselling Coordinator, IIT-Bombay) – Academic Concerns
- Ms Amrita Joshi (Assistant Professor, Centre for Human Ecology, TISS) – Body Image
- Mr Abhishek Thakore (Mental Health Activist and Convener of KahKasha Support Group for Individuals with Depression and Bipolar Disorder)

The event was widely reported in the media with newspapers such as Times of India, DNA, Afternoon D&C and The Free Press Journal covering the event. Additionally, iCALL was also featured on All India Radio (AIR) as well as Navi Mumbai Television (NMTV). These media features, followed by active on-ground publicity led to a spike in the number of calls and emails, which set the tone for the road ahead.

## REVIEW OF HELPLINE PERFORMANCE FROM SEPTEMBER 2013 to MARCH 2015

### Overview

The total number of calls received in the period Sept. 2013 to March 2015 was **17,314**, which was a sharp increase in the overall number of calls since year one. In addition to the 4100 calls received in 2012-13, the total number of calls attended by iCALL since inception is **21,414**. However, a considerable number of these calls were irrelevant calls, owing to the hit-and-miss nature of large scale online and print publicity. Out of the total calls received in this period, **7829** calls were found to be genuine counselling calls. This has taken the total number of genuine calls<sup>1</sup> handled by iCALL to **10,572** calls.

Additionally, the helpline received **950** genuine counselling emails. The data from the month of September 2013 to March 2015 showed a dramatic growth in the number of emails from less than 10 emails a month, to an average of about 50-60 mails per month by the end the of this period.

Data points to the reach of the helpline moving beyond just the city of Mumbai, with nearly **50 per cent** of the calls this year coming from locations outside of the Mumbai Metropolitan Region (Mumbai City, Mumbai Suburban, Thane Districts completely, and urban areas of Palghar and Raigad Districts). This is a departure from 2012-13 where **81 per cent** of the calls were made by callers based out of Mumbai. The gender-wise usage of the helpline too has become much more equitable since the first year. While last year the gender ratio of callers last year was **2:1** in favour of male callers, this year it has nearly moved to **1:1** with nearly **45 per cent** of the callers being female this year, as compared to around **36 per cent** in the first year. On the linguistic front, the distribution of calls more or less matches that of the first year with over **68 per cent** of callers speaking in English, and about **32 per cent** in Hindi and other regional languages. On an encouraging note, the number of languages in which callers have reached out have increased, to five different languages (up from three first year). Lastly,

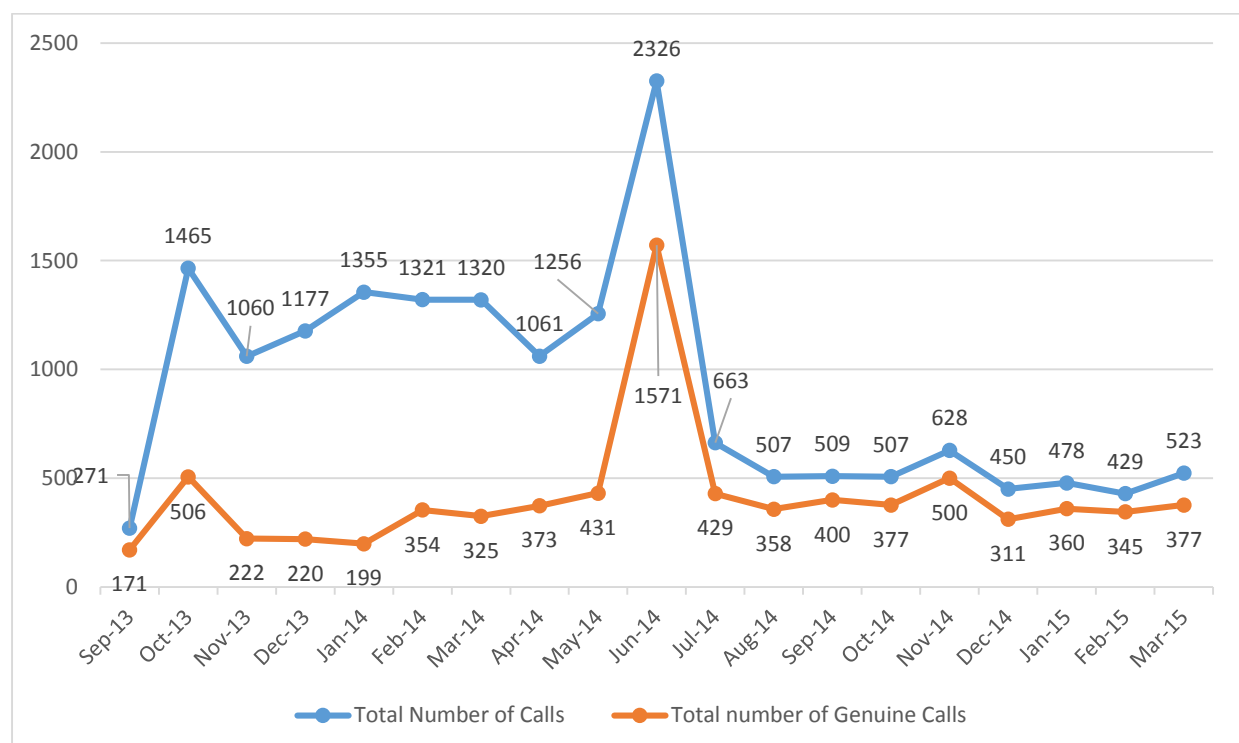
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<sup>1</sup> Genuine calls have been defined as calls pertaining to issues that required counseling and/or emotional support.

age-wise distribution of the callers has also become more diverse than the first year, with an increase in the number of calls from the below 20 years age and above 40 years age groups. All in all, the helpline seems to have moved closer to its mandate of delivering services to men and women from different age, linguistic and regional groups in India.

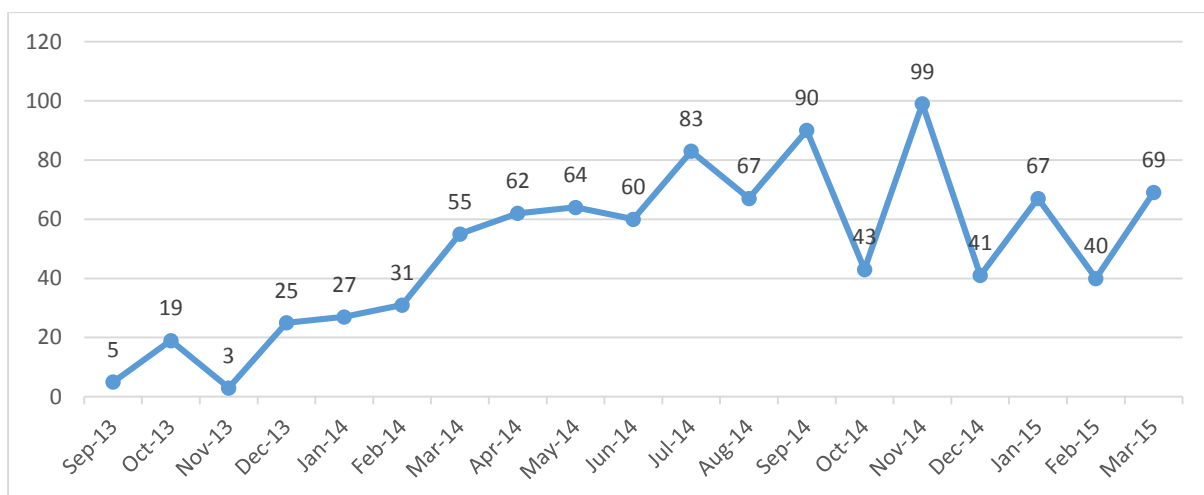
### Detailed Analysis of Calls

In the current period, the helpline had an average of over a 1000 calls each month. Starting with a low number of calls in September 2013, which was in keeping with the trends of 2012-13, the helpline registered a dramatic growth in the number of calls and later emails, after the launch of the 'I Talk, I Conquer, iCALL' poster campaign which received a lot of media attention, followed by extensive outreach in the following months, both online and offline. The helpline also registered its highest number of calls in a single month in June 2014, when the helpline received extensive coverage during the SSC and HSC board exam result season. By the end of the 2013-14, the number of calls had tapered down to an average of about 500-700 total calls in a month, which was a trend that sustained towards the end of the period under analysis. (Chart I).



**Chart I: Month-Wise Distribution of Total and Genuine Calls Sep 2013 – Mar 2015  
(N=17314)**

With regard to emails, the helpline experienced a gradual increase in the number of cases of email-based counselling in the months from December 2013 to February 2014, and then a sharp increase from March 2014 onward, around the time iCALL entered into a partnership whereby it would provide counselling services to employees and family members of a major Indian MNC. However, the increase cannot be attributed solely to the partnership as the number of emails continued to remain high even in months where mails from employees/family members of partner organizations were low. Following its online mental health awareness campaign #PickUpThePhone, on Twitter and Facebook in October 2014, the helpline registered 99 emails in the month of November 2014. Promotion of iCALL's number and email address on the website of the TV show – *Satyamev Jayate*, gave a boost to the helpline's usage, with regard to calls as well as emails.



**Chart 2: Month-Wise Distribution of Total Emails 2013-14 (N=950)**

The data in Chart 1 and Table 1, shows that of the 17,314 calls, a little over 54 per cent of the calls can be classified as irrelevant calls<sup>2</sup>. While this figure is quite high, it is still significantly lower than the number of irrelevant calls received by other helplines with toll-free numbers, which in some cases have been as high as 94 per cent of the total calls received by a helpline (Phadnis, 2014). Moreover, one cannot consider blank calls as completely irrelevant, as callers have often reported that they find it hard to speak to a counsellor at their first attempt, or choose not to go ahead with a call when the counsellor they last spoke to does not answer their call.

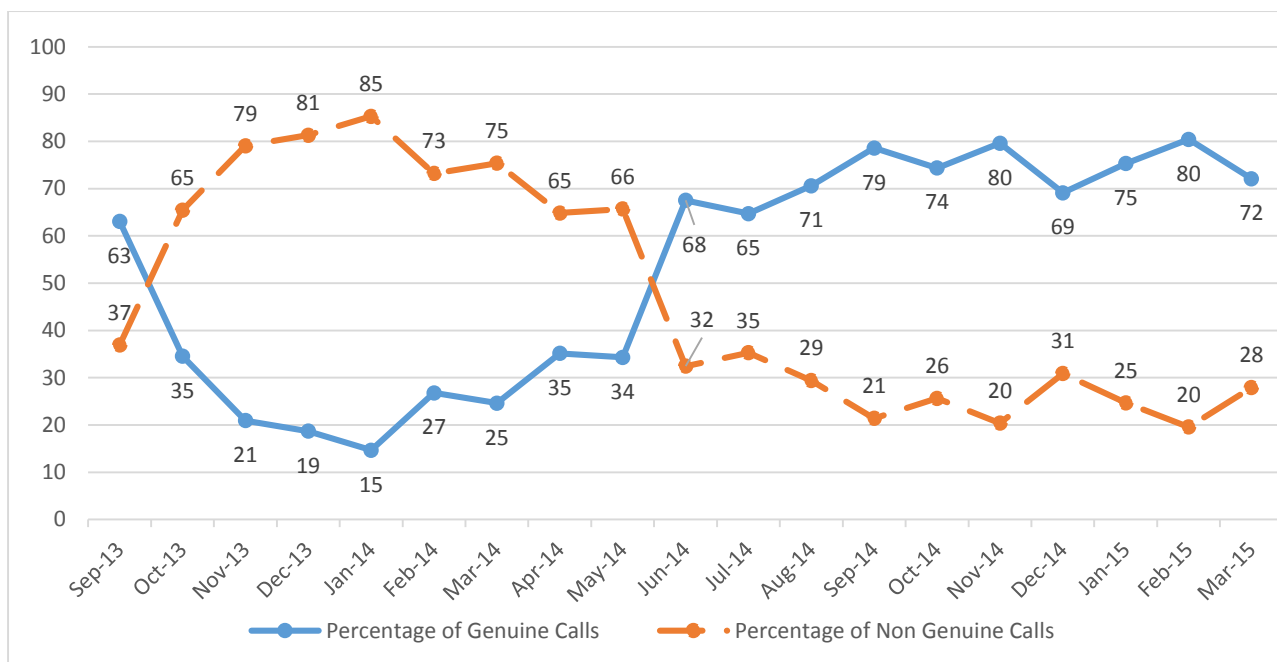
<sup>2</sup> Irrelevant calls have been defined by iCALL as calls which do not have a counseling intent.

**Table 1: Category-Wise Break-Up of Total Calls from Sep 2013 to Mar15  
(N=17286)**

<b>Call Type</b>	<b>Number of Calls</b>	<b>Percentage</b>
Blank	2164	12.52
Internal	66	0.38
Genuine	7805	45.15
Promotional	20	0.12
TISS Board line Calls	717	4.15
Wrong Numbers	6514	37.68
<b>Total</b>	<b>17286</b>	<b>100</b>

It was found that most irrelevant calls were made by callers who had found iCALL's number on the internet and mistaken it for a generic 'Customer Care' helpline, with most requests pertaining to assistance with online shopping, complaints regarding faulty electronic appliances, and banking related assistance. Similar experiences have been reported by a host of other helplines, working on different issues (Yadav, 2013), (Kaw, 2014), (Phadnis, 2014)

It was found that Search-Engine-Optimization (SEO) of iCALL's number as a suggested result to a search key of words such as 'Free Telephone Helpline' and 'Counselling', through the Google Ad Words service, led to a majority of irrelevant calls. When the online advertisement was suitably modified, a drastic reduction was seen in the number of irrelevant calls and the proportion of the same came down to less than a third of the total calls by the end of the 2014 itself as can be seen from the orange line on the chart below (Chart 3).



**Chart 3: Comparison of Percentages of Genuine and Non Genuine Calls out of Total Calls from Sep 2013- to Mar 2015**

The experiences of other toll-free helpline's with regard to a high number of irrelevant calls, and the helpline's own experience with online advertising , makes for a strong case against the use of toll-free numbers and paid advertising. The figures reported in Table I, are therefore a vindication of the helpline's conscious decision to refrain from using a toll-free number and to engage only in organic publicity.

Despite the high number of irrelevant calls in the given period, the monthly average of genuine calls received by the helpline nearly doubled from 228 calls per month in 2012-13, to 413 calls per month in the current period. 2012-13 Whereas 2743 calls were identified as genuine in 2012-13 of reporting, the current 19 months witnessed 7830 genuine calls (Chart 1), (Table 2).

**Table 2: Category-Wise Break-Up of Genuine Calls – Sep 2013 to Mar 15  
(N=7805)**

<b>Call Type</b>	<b>Number of Calls</b>	<b>Percentage</b>
New	4482	57.42
Follow-Up <sup>3</sup>	2147	27.51
Prank/Sexual Gratification <sup>4</sup>	381	4.88
Regular <sup>5</sup>	776	9.94
Incomplete	19	0.24
<b>Total</b>	<b>7805</b>	<b>100</b>

Out of the 7830 genuine calls logged in this period, the ‘call type’ was found to be entered correctly for 7805 cases. Out of this, nearly 58 per cent were made by first-time callers, which is an indicator that people who had not heard about the helpline/ had not accessed the helpline earlier, used its services for the first time in this period. In fact, the total number of first-time callers from Sep 2013 to Mar 2015 itself was higher than the total number of calls in 2012-13. This shows that the helpline reached out to a significantly higher number of people during this time.

Since iCALL does not store or record the telephone numbers of its clients in its MIS, only those callers who self-identified as having called the helpline earlier, or cases where counsellors were able to determine from the narrative transcripts that the caller had approached the helpline in the past, were logged as ‘Follow-Up’ calls. The proportion of follow-up calls in the current period was nearly 28 per cent. In addition to this, 10 per cent of callers were identified as ‘Regular Callers’ i.e. callers who access the service multiple times a month, with or without an active counselling need. In other words, nearly 40 per cent of first-time callers called the helpline more than once.

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<sup>3</sup> Follow up caller: When callers self-identify, or are identified by the counsellors as repeat callers, and continue discussing an issue mentioned on a previous call.

<sup>4</sup> Sexual gratification caller: Where callers start describing a sexual act, irrelevant to the issue being discussed, in graphic detail/ start using sexual language / make sexual requests or offer to the counsellor/ starts masturbating while talking to the counsellor.

<sup>5</sup> Regular caller: When callers repeatedly call the helpline without necessarily seeking counseling support, or emotional support, or use the helpline as a means to chat to someone.

**Table 3: Category-Wise Break-Up of Emails from Sep 2013- Mar15 (N=950)**

Email Type	Number of Mails	Percentage
New	444	46.74
Follow-Up	506	53.26
<b>Total</b>	<b>950</b>	<b>100</b>

When it came to emails, the rate of follow-up was much higher with more than half the total number of emails being follow-up emails. In other words, in almost every case, a client who reached out over email wrote back at least once. This shows that the helpline has been used both for short-term as well as long-term needs by its users, both over calls and over emails.

What is also noteworthy is that the proportion of prank/sexual gratification calls i.e. calls made by individuals with a mischievous nature or with intent of seeking sexual pleasure through a conversation with a female counsellor, was nearly identical to the figure for 2012-13. Similarly, the proportion of calls made by regular callers (also referred to by some helplines as ‘chat callers’) who called the helpline, not necessarily to seek counselling, but to just talk to someone, has in fact decreased in the current year, from over 12 per cent in 2012-13 to around 10 per cent in the period Sept 2014-March 2015. This means that the counsellors at iCALL have developed effective strategies to contain not only prank/sexual callers, but have also found ways to limit chat callers as well. This shows that a bulk of the time has been spent catering to genuine counselling calls.

### **Demographic Details of Callers**

**Table 4: Gender Break-Up of Calls (N=7829)**

Gender	Number of Calls	Percentage
Male	4316	55.10
Female	3512	44.90
Other	1	0.01
<b>Total</b>	<b>7829</b>	<b>100</b>

Table 4 shows that out of the 7829 cases for which gender data has been recorded, the distribution, though still skewed in favour of male callers, is quite balanced. While nearly 65



per cent of the calls in 2012-13 were made by male callers, that figure has been reduced to slightly more than 54 per cent this year (Table 4). The improvement in the gender ratio is an indication that the helpline has been able to reach out to women in a meaningful way. Moreover, on more than one occasion the gender distribution of callers in a given month tilted in favour of female callers, which is important, especially given the fact many helplines intended exclusively for women often report that an overwhelming majority of their calls were made by men. On one occasion, a caller identified as transgender. It must be mentioned here that iCALL records the gender of a caller based on what the caller identifies as. Therefore, in cases where callers born biologically male identify themselves as female or vice versa, the gender recorded is that which the caller identifies with. In case the caller does not identify with either Male or Female, the gender is classified as 'Other'.

Data from the emails shows that the gender distribution was skewed towards Male clients, with more than 58 per cent of mails coming from them. Clients identifying as female contributed slightly more than 41 per cent of the total mails. In some instances, the client had used a gender-neutral pseudonym; as a result, gender could not be determined. One of the possible reasons for this could be the fact that though women's access to telephones, at least in urban and semi-urban areas, is comparable to that of men, their access to computers or internet-enabled phones may yet be restricted. Additionally, the fact that a considerable portion of the total number of emails was received from a partner organization with a predominantly male work-force could be another possible reason for this uneven gender ratio over emails (Table 5).

**Table 5: Gender Break-Up of E mails (N=950)**

<b>Gender</b>	<b>Number of - Emails</b>	<b>Percentage</b>
Male	551	58.00
Female	391	41.16
Unknown	8	0.84
<b>Total</b>	<b>950</b>	<b>100</b>

With regard to the reported ages of callers, the helpline received calls from individuals from the ages 8 years to 80 years. The median age for the sample was 28 years. That the helpline is

primarily catering to adolescents and young adults becomes clear from the fact that over 48 per cent of the total calls to the helpline were made by callers aged 11 years to 30 years, (with more callers between the 21-30 years age bracket than in the 11-20 years age bracket). The increase in the number of calls from the 11-20 year age group in particular has been most dramatic in this period, with close to 18 per cent of the calls coming from this age group, up four-fold from around 5 per cent in 2012-13.

The extensive coverage the helpline received during the SSC and HSC board exams, and exam result season, along with the workshops conducted for the freshmen students at IIT-Bombay by iCALL could be possible reasons for the rise in the number of calls from this age-group. Callers aged between 30-50 years too, contributed one-fourth of the total number of calls, thereby showing that the helpline was extensively used by the middle-aged population as well (Table 6).

**Table 6: Age-Distribution of Callers (N=7829)**

<b>Age-Group (in years)</b>	<b>Number of Calls</b>	<b>Percentage</b>
0-10	2	0.03
11-20	1363	17.47
21-30	2407	30.85
31-40	1357	17.39
41-50	619	7.93
51-60	494	6.33
61-70	72	0.92
70 and above	58	0.74
Unknown	1447	18.50
<b>Total</b>	<b>7829</b>	<b>100</b>

The data shows that the calls are spread across the age ranges. A comparison of the data with that from 2012-13 showed that there were more calls from callers below 20 years of age, indicating that younger callers have started using the helpline more in the last year. About eight per cent of the total calls emanated from callers who were over 50 years of age. Lastly for nearly 19 per cent of the cases, callers either did not report their ages or counsellors were unable to capture the same.

**Table 7: Age-Distribution of Email Clients (N=950)**

<b>Age-Group (in years)</b>	<b>Number of Emails</b>	<b>Percentage</b>
11-20	87	9.16
21-30	176	18.53
31-40	27	2.84
41-50	2	0.21
51-60	7	0.74
Unknown	651	68.53
<b>Total</b>	<b>950</b>	<b>100</b>

Most clients who reached the helpline over email chose not to reveal their ages; only 32 per cent of the clients shared their ages over email. Out of those who did report their ages, most clients were found to belong to the 21-30 years age group, followed by the 11-20 years age group. This shows that it is the younger population which has been most active in using the helpline's online counselling facility (Table 7).

**Table 8: Source of Referral for Callers (N=7829)**

<b>Source</b>	<b>No. of Calls</b>	<b>Percentage</b>
Directories and Classifieds	9	0.11
Hospitals and Clinics	67	0.86
Internet and Social Media	2289	29.24
Other Helplines	93	1.19
Other NGOs	18	0.23
Outreach Events / IEC Materials	48	0.61
Partner Organizations	1519	19.40
Print Media	2100	26.82
Schools/ Colleges	9	0.11
TISS Campus	97	1.24
TV Shows	5	0.06
Unknown	632	8.07
Word of Mouth	943	12.04
<b>Total</b>	<b>7829</b>	<b>100</b>

While iCALL does not record or solicit identifying data such as telephone numbers in its MIS, counsellors routinely ask callers where they heard of the helpline, in the case of telephone-based counselling. This is done with the aim of identifying which publicity efforts are effective and which areas need to be paid more attention to. As can be seen from Table 7, the Internet and Social Media platforms have overtaken Print Media to become the chief source of phone calls to the helpline. The helpline's dependence on print media for its calls has reduced, with the proportion of calls as a result of print media shrinking to nearly half the figure for 2012-13. While print media accounted for nearly 58 per cent of the total calls in 2012-13, the figure in this period shrank to 27 per cent. This clearly indicates that the helpline found other sources to generate calls apart from print media. Word of mouth publicity contributed more than 12 per cent of the total genuine calls, up from slightly under 8 per cent in 2012-13.

The helpline's partnerships with various agencies contributed nearly 20 per cent of the total calls in the year, meaning that every one out of five calls were a result of publicity undertaken by a partner agency. This shows that a bulk of the increase in the number of calls and emails has been a result of the helpline's own publicity efforts. The helpline received calls from students from the TISS campus on nearly 100 occasions. Given that the Institute has a free face-to-face counselling facility available through the week, the data shows that there is a space for anonymous telephone/email based counselling even in spaces where face-to-face counselling is available.

**Table 9: Source of Referral for Email Clients (N=950)**

<b>Source</b>	<b>No. of Emails</b>	<b>Percentage</b>
Internet	95	10.00
Other Helplines	6	0.63
Outreach Session/IEC Material	33	3.47
Partner Organizations	345	36.32
Print Media	6	0.63
TISS Campus	32	3.37
Unknown	391	41.16
Word of Mouth	42	4.42
<b>Total</b>	<b>950</b>	<b>100</b>

An analysis of where email-based clients heard about the helpline revealed that the source of referral was only available for about 59 per cent of the cases. It must be mentioned here that unlike on calls, where counsellors routinely ask clients where they heard about the helpline is not feasible. This is because email-based counselling tends to be used mainly by those clients who may not be comfortable with telephone counselling; as suggested by some clients who were recommended to use the telephone counselling facility as a faster medium for getting a response. In order to keep email counselling, a medium which affords the maximum amount of anonymity, counsellors consciously do not seek demographic data unless relevant to the issue. Only cases where clients have volunteered their own information are available for analysis.

A closer look at Table 9 shows that employees and family members of partner organizations contributed to more than one-third of the total emails received during this period. Additionally, for about five per cent of the cases, the clients mentioned that they had heard about the helpline from someone who knew about the helpline and/or had previously used the helpline themselves. On more than one occasion a client who was happy with the helpline's online counselling facilities recommended it to their loved ones as well, which, along with the high-rate of follow-up over, is a great testament to the quality of the counselling services provided over email. About four per cent of emails were a result of publicity and outreach undertaken by the helpline at institutions such as IIT-Bombay. Slightly more than three per cent of the total emails came from clients who identified as students of TISS. A similar number of students from the TISS campus accessed the helpline over the phone. While only 10 per cent of clients mentioned that they had heard about the helpline over the internet, it was observed that the number of emails went up whenever the helpline was publicized over the internet and social media.

What is most interesting though is that Print Media, which is a chief source of calls to the helpline does not seem to have contributed to email-based counselling queries in a big way, at all. Given that this was the first time data from email-based counselling was subjected to the same kind of analysis as the phone calls (the number of clients who reached out to the helpline over email were negligible in 2012-13), the next report may offer deeper insights into the similarities and differences between the two mediums.

## **Thematic Analysis of Calls and Emails**

The core issues discussed by the callers were categorized using the code book classification and data analysis of the calls/emails. In all twenty-one thematic categories have been identified as mentioned in Table 10. The codes for each call/email were determined on the basis of the call transcripts and the core issues identified by the counsellor who had handled the call/email. Based on this each call/email was categorized into three categories (Primary, Secondary and Tertiary based upon the centrality of the issue). 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 – Marital'. Lastly, if the addiction had hampered work performance leading to the possibility of job-loss, 'Work-Life Concerns' was considered as the tertiary code.

The data shown in Table 10 reveals that Academic Concerns, Emotional Distress, Health (Mental, Physical, Sexual and Reproductive Health), Relationship Concerns and Work-Life Concerns were the main themes for which calls and emails were received. What is interesting is that the primary themes seen over calls and emails were more or less similar, which shows that the breadth and depth of issues seen across calls has also been observed over emails. While the sample size for emails is a slightly more than a tenth of that for calls, the trends are similar. In fact, clients over email seemed more likely to come straight to the point with the first mail itself and showed a much higher rate of follow-ups than was seen over calls. While email counselling may be seen as a more impersonal form of counselling, the disclosures of clients have been found to be just as emotionally significant as those by clients who accessed the helpline over the phone.

Yet another interesting insight was that while clients approached the helpline on 924 occasions over the phone to seek information about its services, they went on to discuss other more pressing issues on the same call on nearly 200 occasions. In fact, on fifty occasions, information seeking was relegated to the tertiary concern as other issues came to the fore. Similarly over nearly 53 per cent of the total emails were follow-up mails indicating that almost every client

who reached out to the helpline over email wrote back at least once. . This shows that counsellors have been successful in getting clients who wished to just know about the helpline to actually go ahead and discuss deeper issues on the same call, or to write back with a deeper counselling need.

**Table 10: Thematic Break-up of Calls and Emails**

Code	Primary		Secondary		Tertiary	
	Calls	Emails	Calls	Emails	Calls	Emails
Academic Concerns	1368	23	56	16	21	4
Career Related Concerns	121	17	50	4	15	3
Disability - Physical	4	0	2	0	0	0
Disability - Intellectual	2	0	0	0	0	0
Economic Crisis	28	9	66	5	11	4
Emotional Distress	1505	308	1763	220	219	18
Feedback	34	41	10	8	1	1
iCALL Information	730	147	145	8	49	3
Incomplete	5	4	0	0	0	0
Legal Concerns	21	0	13	0	4	0
Mental Health	1011	44	114	7	8	2
Physical Health	582	27	79	7	23	5
Prank/Sexual Gratification	290	0	3	0	1	0
Referral Request	128	17	114	7	42	2
Relationship Issues	935	176	346	58	72	14
Self-Image Concerns	7	5	6	0	2	3
Sexual & Reproductive Health	506	32	68	3	9	1
Substance Abuse	82	3	27	0	1	1
Suicidal Ideation	26	9	16	2	5	4
Violence	19	5	2	1	0	1
Violence Against Women	127	19	26	1	6	0
Work-life concerns	224	64	92	21	28	1
<b>Total</b>	<b>7755</b>	<b>950</b>	<b>2998</b>	<b>368</b>	<b>517</b>	<b>67</b>

**Academic Concerns:** Calls and emails pertaining to concerns related with educational programmes the callers themselves or their children were enrolled in were listed under this

category. The concerns reported by callers predominantly featured exam related anxieties, difficulties in concentration, anxiety and dissatisfaction over exam results, fear of failure, lack of motivation to study, etc. Some examples are as follows:

“I kept procrastinating studies since I was afraid of board exams. Now there are just a few days to go and I don’t think I will be able to finish my portion”

“Whenever I sit to study, nothing productive happens. I just can’t seem to focus on anything. I don’t know what is wrong with my concentration”

“My son was recently diagnosed with a learning disorder. He is set to appear for his board exams this year but he has difficulty remembering big chapters. How will he be able to cope with the vast portion?”

“The exam results are coming out tomorrow. Can you suggest some tips for me as a parent to help my child stay calm?”

Calls pertaining to academic concerns spike around the months of March and June-July which are the months when board examinations occur and when the exam results are declared. At the time when exam results are declared, there are a lot of the queries related to the admission procedures themselves. It was also observed that parents were as likely to call or email with such concerns, as the students.

From an intervention point of view, the main focus of the counsellors was to help students identify faulty ways of thinking; be they unrealistic expectations from the self, mental blocks when it came to particular subjects, fortune-telling (‘The paper is going to be a tough one this year since the last two years were easy’) and bring to their notice how such patterns of thinking lead to them feeling distressed. Students were advised certain stress management techniques such as guided relaxation, paced breathing, positive affirmations and positive visualizations. They were taught techniques that encouraged ventilation of fears and discouraged rumination



of negative thoughts. Lastly, counsellors often helped students chalk out day plans and study plans to help them divide their study-load into small, manageable chunks.

With regard to parents, the focus was to point out to them how their expectations and worrying can have a negative impact on a child who was already likely to be under significant stress. Parents were generally asked to refrain from setting targets with regard to exam results, to avoid threatening dire consequences if the child failed to meet expectations, or labelling their children as 'lazy', 'immature', 'casual' etc. when their children did not obey their instructions to study. In short, the focus was to draw the focus away from the child as the source of the problem, and help the parents see how they could help their children in some way at this time.

**Career related concerns:** Calls and emails pertaining to vocational/career guidance either for the client's children or for the clients themselves, were listed under this category. Typical instances covered under this category pertained to confusion over choice of future academic stream, disagreement between parents and children regarding their career paths, feeling like one is the wrong career stream etc. Some examples are as follows:

"I joined an engineering firm after completing my B.Tech from a reputed college. I went on to do my M.Tech as well and want to continue working in this field. However, my parents want me to do an MBA as well, which I have no interest doing"

"I am a Science student. I cannot choose between Engineering and Medicine after twelfth"

"I would have loved to pursue Psychology as my major but our financial condition was such that I had to opt for Economics. I am now struggling to deal with the subject and don't know what to do"

Tackling such calls was a challenge for the iCALL team as it involved not only being aware of

the various career paths available to a student depending on his/her stream, but also being updated with the entrance and admission procedures regarding the same. One also needed to be aware of different universities and institutions where the academic program desired by the client was offered. Counsellors made conscious efforts to update their knowledge in all of these areas to be able to handle these concerns effectively.

A big part of such interventions was introducing the client to concepts of interest and aptitude, which helped them make decisions regarding their future career on the basis of not just what they performed well in academically, but also what they can be happy doing in the long run. Moreover, counsellors encouraged clients to look beyond just average starting salaries, and 'safe career choices' and rather look at where their passions lie. This often involved making referrals to career guidance centres.

**Disability – Physical & Intellectual:** Calls/emails pertaining to this category dealt with disabilities as defined under the Persons With Disabilities Act, 1995 viz. blindness, low vision, leprosy, auditory impairment, loco-motor impairment, mental retardation and severe mental illness requiring full-time care. Given the low number of calls and emails under this category, examples cannot be quoted in the interest of confidentiality.

However, interventions pertaining to this focused primarily on caregiver burden; as such calls/emails were generally made by caregivers of client affected with these conditions. Efforts were made to refer caregivers to agencies – governmental and non-governmental – such as day-care centres, organizations offering occupational therapy etc. There were also a few queries pertaining to government benefits extended towards persons with disabilities, certification of disability etc.

**Economic Crisis:** This category included calls and emails where a financial crisis was either the primary stressor or one of the major stressors for the concerned client. Some examples are as follows:

“My husband and I put all our savings building our house. However, the land belonged to his mother. She has now transferred the ownership to my brother-in-law. We are now homeless with debts on our heads”

“I had taken a bank loan to start a transport business thinking that it would be a profitable line of work. But my business ran into major losses. Some of the cars have already been repossessed, and if I am unable to pay off the loan, all my assets will be sealed”

“I was cheated by my partners in my business. They have political influence so I cannot approach the Police. I don't know what to do”

Such cases were particularly challenging because the concerns brought forth by the clients were clearly genuine. Moreover, while the root cause of their distress was financial, the impacts were seen in all the areas of their lives, in particular, their psychological well-being. Not being able to offer much by way of solutions to these clients, made such cases especially difficult. The counsellors instead tried to focus on assessing how vulnerable the clients were to self-harm or suicide and tried working on ways to alleviate their distress psychologically. In cases of cheating and fraud, referrals were made to relevant Police authorities, legal facilities and in some case debt-counselling NGOs. Clients were also referred to NGOs that could offer them financial aid towards medical treatments, further education or livelihood, wherever possible.

**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:

“I find myself losing my temper very frequently since I joined this organization last year. I am also getting very forgetful. My doctor says that this is because I am stressed. I need help in overcoming this feeling”

“I have no one in this world to call my own. I am absolutely alone. How do I go on with life after this loss?”

“Since the breakup all I do is cry all day. I haven’t eaten or slept in two days. I even resigned from my job and told everyone that I am going to move back home”

“My wife and I lost our six-month-old baby a few weeks ago. I just can’t seem to move on with life”.

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 400 out of the 707 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 450 out of the 707 calls primarily coded under this category being made by such callers.

**iCALL Information:** Calls and emails pertaining to this category dealt with information seeking calls to enquire about iCALL's services, the helpline's working hours, the confidentiality of the information shared with the counsellors, and the kind of issues that could be addressed at the helpline. Such calls usually followed outreach efforts or media features. The focus of counsellors on such calls is to provide clear and accurate information to address the queries the clients may have and to encourage them to share any counselling needs that they may have. In quite a few cases, counsellors were successful in getting clients to go on and share an actual counselling issue on the same call. In such cases, information seeking became the secondary or tertiary need. The high number of calls under this category in the current year can be attributed to the fact that the helpline entered into several new collaborations during this period, which meant that partner agencies publicized the helpline to their target audiences.

**Legal Concerns:** Calls and emails coded under this category pertained to instances where callers wished to discuss a pending lawsuit, or wished to get guidance on legal matters. Some examples are as follows:

“I had purchased a flat at a housing exhibition some months ago and had even paid the first instalment of payment as per the builder’s instructions. The builder now says that he has sold off the flat to another customer and is asking me to either take a different flat in the same building or take my money back”

“My husband’s brothers cheated us by getting my mother-in-law’s entire property transferred under their name, including the house we live in”

“My neighbour has been carrying out illegal construction at a plot that is adjacent to my house. The work has weakened my house’s foundation. They have been harassing me since the time I have filed a complaint with the Municipal authorities regarding the same”

Clients, in such cases, may not be interested in seeking any psychological counselling and only reach out to the helpline for referrals to legal professionals, or organizations that can be of help to them. In some cases, clients have also requested the helpline to intervene, in order to put pressure on the Police or judiciary as well. In such cases, counsellors have had to inform clients that the helpline cannot intervene in such matters, and have tried to refer them to NGOs or professionals in the concerned areas.

**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 was listening to a talk on radio about Panic Disorder. I feel that I have all the symptoms that were described in the programme”

“I have been diagnosed with Bipolar Disorder and have been prescribed some drugs by my Psychiatrist. I read up about these medicines on the internet and saw that they have significant side-effects. Is it safe to consume medicines?”

“My mother is showing signs of depression for the past few months. She has lost weight, has a poor appetite and barely speaks to anyone. All her medical reports on the other hand are quite normal.”

“I have a sister who suffers from Schizophrenia and a mother who has been suffering from Bipolar Disorder since many years. Could you recommend tips to make my sister more independent?”

As was the case with calls pertaining to physical and intellectual disability, a majority of the calls under this category were made by the caregivers of clients diagnosed or suspected to be suffering from mental illness. A gender break-up of the 637 calls primarily coded under this category shows that 420 or, two-thirds of such calls were made by female callers. This is not surprising as women generally play the role of a caregiver to family members and loved ones suffering from chronic illnesses, physical or mental. The interventions made by counsellors on calls and emails pertaining to this category dealt in equal parts with psycho-education regarding mental illnesses, and providing referrals to other professionals and agencies who could assist in the management of these illnesses, either with a view of alleviating the client's illness, or reducing the caregiver's strain.

As per iCALL's policy, referrals were primarily made to government hospitals closest to the caller's location. Private referrals too were made on the request of clients, with a caution that the helpline is not responsible for the services provided by the concerned

professionals/agencies. While the helpline's counsellors themselves do not diagnose clients, most calls under this category pertained to common mental health disorders such as depression, anxiety disorders and OCD. On the other hand calls pertaining to severe mental health disorders such as Schizophrenia and Bipolar Disorder were generally made by the caregivers of those suffering from these disorders. In many instances, even clients who mentioned that they themselves, or someone close to them had been taking psychiatric treatment did not know the exact diagnosis. In such cases, counsellors advised clients to seek greater clarity from the concerned mental health professional rather than trying to guess the diagnosis.

**Physical Health:** Calls and emails coded under this category pertained to diagnosed or suspected instances of physical illness, with or without past history of treatment, for self or for a significant other. The physical health related concerns brought forth by clients to the helpline were diverse ranging from chronic and life-threatening illnesses such as cancer, to lifestyle related illnesses such as hypertension and diabetes. There were a number of calls pertaining to HIV/AIDS as well. Lastly, owing to iCALL's association with Ranbaxy, there were calls pertaining to Psoriasis as well. Some examples are as follows:

"My wife is suffering from throat cancer. She is a strong lady and her treatment is going on. Just wanted to know more about this cancer and of support groups for her"

"I have Psoriasis. I got engaged and was to get married in the next two months. But I have got a flare-up on my face. I have postponed the wedding and want to know if there is any way to overcome this condition completely"

"I have been diagnosed with hypertension. My doctor has told me that this is due to stress. Can you teach me ways to keep my hypertension under control?"

As was the case with mental health related concerns, the counsellors refrained from providing medical advice in such cases. Instead, counsellors tried to establish whether there was any connection between psychological stressors and physical health outcomes, and tried working on the psychological stressors in case there were any. In other cases, callers were provided



referrals to physical health and wellness professionals, as needed by them, from the iCALL directories. In the case of chronic and incurable conditions such as Cancer and Psoriasis, counsellors tried to work from a biopsychosocial point of view, and tried to educate clients about the importance of mental health and psychosocial wellbeing towards overall well-being. In cases where early symptoms of burnout could be seen through physical health counsellors also tried helping clients achieve better work-life balance through better time management and prioritization. Clients were taught relaxation techniques, and provided online self-help material in order on stress management and relaxation, to help them cope better.

**Relationship Issues:** Calls and emails coded under this category pertained to issues in relationships with significant others –children, spouses, family members, intimate partners or peers. Relational concerns are perennial and seem to affect male and female clients equally. Some examples are as follows:

“My wife and mother are having constant fights. I have tried to intervene but it does not seem to work. I don't know what to do?”

“I am in a casual sexual relationship with my boss. I have started to have feelings for him but I don't think he reciprocates these feelings. I feel like a slut”

“I just found out that my husband has been having an affair with an employee at his office who is almost 20 years younger than him. When I confronted him, he said that she is like a daughter to him”

“We had adopted a girl who is now 15 years old. After her 10<sup>th</sup> standard exam we told her that she is adopted. She started screaming and crying saying, ‘Why did you tell me this?’ Is there any way to repair this relationship?”

A majority of the concerns coded under this category pertained to issues in marital or intimate relationships. As a matter of policy, any calls or mails by women that involve violence in any form, both through acts of commission or omission, in relationships, get coded under the category of ‘Violence against Women’. Violence is not considered a ‘relationship issue’. The calls or emails placed under the category of relationship issues are topics of relational

discord, minus violence. Interventions by counsellors on relational issues work towards the idea that conflicts in relationship are not the fault of any one individual alone, but collectively the responsibility of all parties involved in the relationship. On several occasions, clients have called the helpline together with their partners in concerns pertaining to marital or intimate relationship. In other cases, both parties in an intimate or a marital relationship have individually sought counselling around the same time. In such cases, counsellors have made it a point to explain to both partners that what was discussed by one partner cannot be revealed to the other due to confidentiality concerns.

With regard to family conflicts, the focus usually is to ensure that the client does not get singled out or made the scapegoat. Counsellors, in such cases, try to identify sources of support, within the family or outside of the family, who can intervene or be of assistance to the client. In cases pertaining to marital or intimate relationships on the other hand, counsellors encourage clients to view conflict as a symptom of a problem in the relationship, rather than a problem with the partner. In other words, the focus is to try and separate the person from the issue. Counsellors also try and get the clients to see what made the relationship work in the past and what has changed since then. Helping clients move on from a relationship that has ended is something that is frequently done in calls and emails coded under this category. In such cases, counsellors work towards helping clients see that there is more to their identity than just the relationship, and try and help them rebuild their lives and move on from thereon.

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'.

Lastly, concerns with regard to parenting especially those pertaining to adolescents, come up frequently. In such cases, counsellors at the helpline work towards getting parents to view their children as independent individuals with their own likes and dislikes. The work also involves closely looking at and modifying parenting and disciplining styles to tackle 'problem

behaviours' more effectively.

**Self-Image:** Calls and emails coded under this category pertained to issues surrounding one's own opinion of one's physical appearance and one's perception of how others view the same. Clients reporting such issues usually expressed dissatisfaction with their bodily appearance and a strong desire to alter the aspect of their appearance which was leading to dissatisfaction. Given the low number of calls/emails pertaining to this code excerpts cannot be quoted in the interest of confidentiality. Intervention strategies in such cases focused on helping clients accept their bodies the way they are and being positive about their appearance. Counsellors often challenged client motivations towards weight loss/gain or cosmetic procedures, in order to try and understand the psychological gains that they expected as a result of these procedures. Counsellors shared resources on body positivity and positive affirmation aimed at loving oneself with such clients

**Sexual and Reproductive Health Concerns:** Calls and emails coded under this category pertained to issues related to sexual orientation and practices, sexual and reproductive health concerns, sexual difficulties etc. Questions regarding masturbation, sexual practices, non-heterosexual orientations, gender identity, sexual performance, contraception etc. were concerns raised under this category. An overwhelming majority of calls and emails pertaining to this category were made by male clients, indicating that women, even on an anonymous and confidential counselling service, find it difficult to talk about issues pertaining to Sexual and Reproductive Health (SHRH).

Interventions in such cases primarily pertained to providing complete and accurate information to client in a language best understood by them. Often, clients feel extremely guilty and dirty for having sexual urges or engaging in satisfaction of these urges. A major part of the work in such cases is focused towards alleviating guilt and making it known to the client that having and satisfying sexual urges is completely normal and healthy. Given the Supreme Court judgment on Section 377 in December 2013, several calls have also pertained to the acceptability of a non-heterosexual lifestyle. In such cases, as per the helpline's policy, clients are told that regardless of the law's stance on homosexuality, there is nothing abnormal or wrong about this. A large part of the work in this area is also focussed on providing sex education, especially with regard to the sexual response cycle, the anatomy, safe sex,

contraception and abortion. Clients have often been provided reading material prepared by organizations such as TARSHI to address these questions. Some examples are as follows:

“I like to wear my sister’s clothes, right from undergarments to her tops and jeans. But I am not gay. Is this normal?”

“I don’t watch porn or read sexual stories, yet many times I find that I have wet dreams. Why is this happening to me?”

“I have a habit of going through Facebook profiles of my female friends and masturbating to their pictures. I spend hours every day doing to this.”

“My partner and I are curious about Anal sex. Can you tell us if it is safe to do so and what precautions one must take while doing so?”

“I went to a massage parlour the other day and one of the women there performed oral sex on me. I am feeling guilty after doing this”.

**Sexual Gratification/Prank:** Calls and emails coded under this category pertained to instances where clients made up sexual concern with the mischievous intention of gaining sexual pleasure through talking to a counsellor. In such cases, counsellors try their best to limit the call by asking the caller not to misuse the helpline. If such calls continue, the calls are terminated the moment the caller tries to start sexual discussions again. In extreme cases, the client’s number is noted and they are informed of the same. Furthermore, they are warned that they could be reported to the Police. As is the case with each helpline, it is difficult to completely eliminate such calls and emails (Yadav, 2013), (Phadnis, 2014) (Kaw, 2014). Through our best efforts, we have been able to limit such cases to less than 5 per cent of the total cases. Another interesting observation was that all but one call pertaining to this category were made by male clients. In the one case where the caller identified as a woman, the counsellor suspected that a male client was trying to change his voice and was pretending to be a woman!

**Substance Abuse and Habitual Addictions:** Calls and emails coded under this category pertained to a dependency on harmful substances such as cigarettes, tobacco, and alcohol etc., and habitual behaviours such as gambling, masturbation etc. and requests for help for quitting the same. Some examples are as follows:

“My brother’s college friends introduced him to cocaine. They have all moved ahead in life, but he got addicted and ruined his career.”

“I work in a high-pressure job at an engineering site. My smoking habit has gone from a few cigarettes a day to at least two packs per day. I have not been able to quit despite my best attempts.”

“My husband is an alcoholic. We have tried to convince him to give up alcohol several times but he refuses to. Can you refer some rehab centres?”

“My son is addicted to weed. He is ruining his life and his marriage”.

As would be expected, a majority of calls pertaining to this category were made by caregivers and family members of those with the addiction. The work done by counsellors in such cases revolved around assessing the impact of the habit on the various areas of the client’s life as well as the lives of those related to the client. Violence in relationships was frequently found to be associated with addiction to alcohol and narcotics. Counsellors often provided referrals to rehab centres to caregivers in such cases. In cases where the client him/herself called, the focus was on offering a range of choices ranging from complete abstinence to gradual harm reduction. In a small number of cases, work revolved around maintaining abstinence i.e. clients approached the helpline when they felt prone to a relapse again. In such cases counsellors reminded them of the progress they had made and the painstaking efforts undertaken to overcome the habit in the first place and tried to get them to weigh the pros and cons of indulging in usage of the substance again.

**Suicidal Ideation:** Calls and emails pertaining to category involved instances where the client expressed active thoughts of attempt suicide or engaging in self-harm behaviour. In some cases,

clients reached out to the helpline after engaging in a non-lethal amount of self-harm behaviour such as cutting or consuming non-lethal dosage of prescription pills. Owing to confidentiality concerns, excerpts from such calls shall not be reproduced in this report. As can be seen from Table 10, calls and emails from clients who are actively suicidal are quite rare, contrary to popular perception. 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 usually record the client's telephone number, 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 number without informing the client that they have the number in the first place. They also seek the client's consent before doing so. Till date, there have only been two occasions where the counsellors have had to call back the client. On the other 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. Although there has not been a need to do so as yet, the helpline maintains a detailed database of emergency numbers such as Police helplines, Ambulances, Blood Banks, Women's shelters, Local Hospitals etc. in case any of these stakeholders may need to be activated. 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:** Calls and emails coded under this category pertained to acts of Physical, Sexual, Economic and Emotional Abuse directed towards the client by the spouse/spousal family, intimate partners, natal family, peers, or unknown parties. As can be seen from Table 10, there are two separate categories 'Violence' and 'Violence Against Women'. Though the operational definition of violence is the same in both categories, VAW is maintained as a separate category as the issue is distinct in itself. Surprisingly, an overwhelming majority of calls primarily coded under these two categories were made by women (58 out of 82). Even in the instances where calls were made by men, most of the calls were related to cases where the survivor of violence

was a woman. In most of the 19 cases where the survivor of violence was not a woman, the call to the helpline was made by a female caller. This shows that male callers, whether as survivors of violence themselves, or on behalf of a loved one, rarely approached the helpline on the issue of violence. Some examples are as follows:

“I have been married for the past 17 years. My husband used to hit me frequently. After I complained, the hitting stopped, but he continues to harass me emotionally and financially”

“My ex-boyfriend used to be very possessive. In the past he has threatened several male friends of mine. He has been saying that he will commit suicide if I don’t get back to him and sends me pictures of bruises which he has inflicted upon himself”

“My boyfriend forced me to perform oral sex on him during a fight. Is this rape?”

VAW is one of the issues on which counsellors are extensively trained when they join iCALL. Working against violence is one of iCALL’s biggest focus areas. The helpline has helped the Government of Gujarat set up a helpline that caters to women in distress. Counsellors are 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:** Calls and emails coded under this category covered a wide range of issues, be it dissatisfaction over job transfers, conflicts with colleagues, insubordination by juniors, complaints against the management, complaints regarding work-hours, and physical, emotional and social impacts of long work hours on oneself. A majority of such calls were made by employees of organizations with which iCALL has a collaboration with. Some examples are as follows:

"I work at a site and though I am supposed to be working 8-9 hours a day, I am regularly working more than 12 hours daily, not including travel to and from the site. Our team is also severely understaffed. We have complained to the site manager quite frequently, but no one seems to be listening to us"

"I feel that there is a lot of politics being played against me in this company. My previous boss misbehaved with me, after which I complained about him to the company. The department which I have been transferred to is led by a friend of my previous boss, and I am given very little work of consequence since I have been transferred here"

"I am working on a project and deadline is approaching fast. But nobody has told me what to do"

"I am a working mother. Whenever I leave for work, my child cries bitterly. I feel working like this is not worth it at all"

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.

## COLLABORATIONS

Over the last two years, iCALL has entered into collaboration with a number of agencies for providing mental health services. These collaborations range from providing crisis intervention services, executing CSR initiatives, providing employee assistance services, conducting training workshops, capacity building and protocol development etc., depending on the need of the clients. These collaborations with private and public sector companies, academic institutions, NGOs and government stakeholders allow iCALL to not only reach out to a larger audience, (which we may not be able to on our own), but also to keep the project sustainable. The funds generated through these collaborative partnerships are used towards payments of salaries of staff members, training and skill upgradation, publicity and outreach efforts, and upgradation of physical infrastructure of the helpline. This model of generating funds through collaboration has allowed us to not only continue not charging our clients for counselling services, , but also persist with our team of full-time paid professional counsellors.

**Axis Bank:** iCALL continued to partner with Axis Bank to as part of its *Be Safe Campaign* aimed at the safety of their women employees. The partnership in its first year was run as a pilot project and covered women employees based in the cities of Mumbai and Delhi. Upon successful completion of the pilot, the partnership continued and iCALL's services were extended to women employees all over India. iCALL counsellors receive crisis calls from female employees of Axis Bank, and subsequent to needs analysis, help is extended. Follow-up is done to ensure that appropriate assistance has been provided to the caller. Data on the calls received, the nature of the issues and the help provided is shared with Axis Bank on a monthly basis

**Gujarat Government 181 - ABHAYAM Helpline for Women in Distress:** iCALL continued its association with the Government of Gujarat and GVK-EMRI combine, towards training and monitoring of the 181 ABHAYAM Helpline for Women in Distress. iCALL, along with the Resource Centre for Interventions on Violence Against Women, (RCI-VAW) at TISS had helped develop protocols for the said helpline, and assisted in the initial orientation training for the pilot batch of counsellors. The helpline was introduced in three districts of Gujarat in February 2014. Following this, a week-long training programme was organized for

the Coordinator from Abhayam. The training included programmatic aspects of leading a helpline such as training, supervision, publicity, documentation and research, and information on sexuality, sexual and reproductive health.

Subsequently, iCALL's expertise was sought twice by the Government of Gujarat to help expand the operations of their helpline from three districts to cover pan-Gujarat in two-phases. iCALL trained the newly recruited social workers for Gujarat's Women Assistance Cells as a part of this training. The helpline now has been expanded to the entire state of Gujarat and continues to seek support and guidance from iCALL periodically.

**Government of Maharashtra - 104 Mental Health Helpline:** iCALL entered into collaboration with the Directorate of Health Services, Government of Maharashtra, to help in the setting up of a state-level mental health helpline. iCALL's responsibilities in this association included development of protocols and training materials, providing inputs for creation of data-management systems, assisting recruitment, training, monitoring and subsequent evaluation. iCALL worked with the Mental Health Cell at Arogya Bhavan, Mumbai and HMRI team (the organization responsible for the running of the 104 Helpline) at Pune, to initially develop protocols of best practices for the focus areas identified by the helpline and to develop input formats for data entry. An iCALL representative was also present on the selection panel for the recruitment of the helpline's counsellors. In February 2015, iCALL hosted a two-day orientation training at TISS for the pilot team of counsellors and the representatives from HMRI, which covered topics such as Introduction to Telecounselling, Women and Mental Health, Counselling for Children, Adolescents and Parents, Substance Abuse, and addressing suicide. iCALL is in the process of developing a manual that covers each of these topics in depth, which shall serve as a training document for future recruits of the helpline. The 104 Helpline was officially inaugurated on February 26<sup>th</sup>, 2015 by Dr. Deepak Sawant, Minister of Public Health and Family Welfare, Government of Maharashtra, and continues to seek assistance from iCALL.

**IIT Bombay:** iCALL continued its partnership with IIT Bombay to organize preventive mental health programmes for the students of IIT Bombay. After a successful round of orientation seminars and mentor training, the helpline was engaged for another academic year in the same capacity. In the second year, iCALL conducted workshops for student mentors of IIT Bombay

on a range of issues to enable these student mentors to provide assistance on mental health issues to their mentees. This was followed up with workshops on themes such as Exam Anxiety, Academic Stress and Relationship Management which were open for all the students at IIT Bombay. In March 2015, the helpline conducted a session on the topic of 'Academic Stress' and successfully conducted a third year of mentor training at IIT-Bombay.

**Larsen and Toubro Ltd:** iCALL entered into a MoU with Larsen and Toubro, Limited (L&T) – a major Indian engineering and manufacturing MNC in February 2014. The partnership was aimed at meeting the emotional and mental health needs of the employees and family members of L&T, all across India. In order to address these needs, iCALL provides Employee-Assistance Services by way of telephone and email-based counselling to these employees and their family members. Data on the calls received, with reference to the nature of the issues and the help provided is shared with L&T on a monthly basis. Additionally, in order to publicize the service within the organization, the iCALL team has travelled to various L&T sites across the country to deliver workshops on issues such as Positive Psychology, Work-Life Balance and Stress Management.

Additionally, iCALL organized a two-day training for representatives from diverse verticals of L&T, in order to equip with them basic skills in helping and to bolster their efforts towards publicizing the iCALL service among employees in their respective divisions/sites. The partnership was initiated as a one-year pilot, and catered to over 1500 L&T employees and family members of employees in the first year. Since then, the partnership has been extended for a period of one year, upon successful completion of the pilot period.

**Madat Trust:** iCALL's not-for-profit collaboration with Madat Trust - an NGO in Mumbai which runs a website called [copewithcancer.org](http://copewithcancer.org), has continued for a second year. Madat Trust initially approached iCALL to extend its services to cancer survivors and their caregivers. The iCALL helpline number continues to be mentioned on the home page of [copewithcancer.org](http://copewithcancer.org) as a service providing counselling assistance. Apart from offering telephonic counselling, iCALL developed a proposal for a bereavement support group for those who have lost a loved one to cancer. iCALL, through the Centre for Human Ecology organized a lecture on Palliative Counselling, delivered by Dr. Nagesh Simha, Medical Director, Karunashray Hospice, Bangalore.

**Ranbaxy Laboratories/Sun Pharma** - iCALL entered into a MoU with the dermatological division of Ranbaxy Labs – A Major Indian Pharmaceutical company, to execute its CSR venture titled *SPARSH*, aimed at addressing the psychosocial needs of patients stricken with the chronic auto-immune skin-disease – Psoriasis. Psoriasis, which is an incurable and disfiguring skin disease, remains relatively unknown despite being quite commonly seen in dermatology clinics across the world. Given the chronic and disfiguring nature of the disease, people stricken with this disease have been found to be at an increased risk for depression, body image issues and suicide. The *SPARSH* initiative partners with dermatologists at public hospitals all across Maharashtra and sensitizes them about the need for counselling among such patients and requests them to refer such patients to the helpline, where they are provided accurate information regarding the disease and makes them aware of the link between Psoriasis and psychological distress. Data on the calls received, the nature of the issues and the help provided was shared with Ranbaxy on a monthly basis. The partnership is initially for the period of one-year, six months of which were a pilot period, wherein the services will be limited to patients in Maharashtra. The helpline is currently in talks with Sun Pharma (erstwhile Ranbaxy) team to discuss ways to take the Sparsh initiative nation-wide.

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

One iCALL's biggest USPs as a helpline are the training opportunities provided to counsellors, not only at the time of joining but through their association with the helpline. This year was no exception to this, with counsellors being exposed to training both in-house and off-site. The counsellors working at the helpline each, receive feedback and inputs on each call/email that they attend at the helpline. This is ensured through the process of regular debriefing and case sharing. In addition to this, the counsellors of the helpline make case-presentations on a weekly basis, whereby they analyse a case handled by them using various diagnostic and therapeutic frameworks. These case presentations facilitate the development of a therapeutic plan for follow-up callers, or devise best-practices for unique and challenging cases. Counsellors, from time to time, also make paper-review presentations on themes relevant to their practice at iCALL, whereby they are each assigned a research publication and asked to present a brief summary of its salient points and applications for practice from the same.

Each new employee at iCALL undergoes three weeks of training during which they are not allowed to answer any calls/emails. During this period, they are exposed to training modules on themes such as Telephonic Counselling, Crisis Intervention, Suicide, Elder Abuse, the LGBT movement in India, Relational Issues, Sexual and Reproductive Health and Violence Against Women. Each module includes a mixture of research readings, videos, teaching, analysis of cases, and mock calls, which prepare the counsellor for the time when they eventually begin taking calls. Senior counsellors actively participate in the training of their newer counterparts through sharing of experiences and facilitation of mock calls. The new recruits also shadow the senior counsellors as they go about attending to calls and emails. The helpline also conducts a fair amount of outreach and training workshops. Newer recruits are often taken along as co-facilitators for such events, and involved in the preparation of modules and hand-out material for the same.

In addition to this, the entire iCALL team successfully completed the 'Basics and Beyond Online Course on Sexuality and Sexual and Reproductive Health and Rights' conducted by TARSHI (Talking About Reproductive and Sexual Health Issues), in the months of September to December 2013. The online course covered extensive information on issues related to sexuality, sexual and reproductive health rights and other allied themes over six detailed online

modules. Upon completion of these online modules, the counsellors attended a two-day long contact class at TISS which consolidated the learning from the online programme. The new recruits at iCALL were enrolled in the February – May 2015 batch of the same programme. One of the helpline's counsellors was also a part of a five-day training conducted by DAWN Worldwide in Association with CEHAT, (Centre for Enquiry into Health and Allied Themes), Mumbai titled *Building Communities of Care: Spiralling toward Strength*. The training was conducted by Sujata Warriar, Heidi Ross and Meg Bossong, who are advocates and activists in the area of Violence Against Women and Crisis Intervention. The training involved a three-day intensive course addressing gender-based violence with special emphasis on sexual violence and the short- term and long-term trauma for victims and appropriate ways of responding, followed by a two-day “Train-the-trainer” session which provided techniques to enable participants to disseminate the materials provided in the three-day intensive course to other advocates in the nation.

The iCALL team also attended some prominent conferences and meetings organized by other organizations working in the areas of mental health, Violence Against Women, Child Sexual Abuse, Digital Rights etc. Some of the conferences attended were as follows:

- *Connect Your Rights* – a day long workshop organized by Erotics India which explored the links between women's rights, sexual rights and internet rights
- Two-day Annual Meeting of AMAN Network of organizations working on the issue of Violence Against Women, organized by SNEHA, Mumbai
- Annual Stakeholders Conference on Child Sexual Abuse (ASCCSA) - A Two-Day conference organized by The Foundation, Mumbai initiated by Bollywood Actor – Rahul Bose

Lastly, counsellors also took courses offered by foreign universities by way of Massively Open Online Courses (MOOCs) on websites such as Coursera on topics such as Social Psychology, Moral Psychology, Behavioural Economics, and Data Analysis to further augment their skills.

## OUTREACH AND PUBLICITY

Effective outreach and publicity is simply, the life-blood of any helpline. In the past two years, the helpline has relied heavily on print media publicity for a bulk of its calls. However, coverage in print media outlets is at best, sporadic, and one constantly needs to use other forms of publicity to ensure that the calls do not dry up. While the helpline received nineteen print and online media features in the given period, most of the media coverage was concentrated within the months October, March, May and June viz. World Mental Health Week, Final Exams, Board Exam Results and Admission season respectively. Mental health remains out of media-focus for most part of the year. The helpline therefore cannot rely completely on print media for its publicity.

The answer to this is effective ground-level outreach. Keeping in mind the importance of outreach, it is considered as one of the key responsibility areas for each member of the iCALL team. In the past year, the iCALL team has been involved in outreach activities both self-initiated, and to aid partner organizations in publicizing the helpline's services to their target audiences. The kinds of outreach activities which the helpline has been engaged in have been varied – ranging from a press launch of a publicity campaign followed by extensive poster distribution, to awareness building sessions at various forums, to a viral hashtag campaign. Apart from this the iCALL team participated in several conferences and meetings in order to network with organizations in the field and thereby increase iCALL's linkages.

iCALL utilized the internet and social media in order to promote its cause. The helpline put out newsletters on important days such as World Suicide Prevention Day, World Alzheimer's Day, World Mental Health Week, International Day for Elimination of Violence Against Women, as well as regular monthly newsletters on issues such as Cyberbullying and its Impacts on Mental Health, Stress Management, Adjusting to College Life, Coping with Transfers, and Suicide Prevention. These newsletters are shared on the mailing lists of the helpline, all the campuses of TISS across India, and of course on Facebook and Twitter.



Mentioned below is a description of the outreach activities undertaken by the iCALL team:

- **Participation at Mental Health Awareness Weekend 2013 and 2014, organized by The Thought Company**

To mark the weekend of World Mental Health Week, iCALL participated in Mental Health Awareness Weekend, a two-day event open for the public, at Bandra Promenade Mumbai, which aimed at increasing awareness regarding mental health among the masses. The iCALL team put up a stall at the event for both days and spread the word about the helpline among those who attended the event. The iCALL team also delivered an hour-long talk on 'Dealing with Burnout'.

- **Participation at Mental Health Awareness Drive conducted by Rotary Club of Chembur**

Along with the Thought Co., and the Rotary Club of Chembur, counsellors at iCALL participated in outreach activities at prominent public spaces in Chembur such as Diamond Garden, Chembur Railway Station, Govandi Railway Station, and K-Star Mall, delivering public talks on Mental Health Awareness and enacting a short role play on how telephone counselling works. The event was attended by nearly 500 people across the four locations.

- **Workshops for Larsen & Toubro Limited**

As part of its partnership with L&T, iCALL developed workshop modules on themes such as Positive Psychology, Work-Life Balance, Emotional Intelligence, Parenting, and Stress Management. These workshops were conducted at L&T sites all across India in order to publicize the helpline's services among L&T employees and their families. In the past year, the iCALL team conducted more than forty workshops at locations such as Mumbai, Surat, Ranoli, Vadodara, Chennai, Coimbatore, Mysore, Kalinganagar and Angul (Odisha), reaching out to over 2000 participants, thereby helping iCALL reach out to people in various geographical locations.

- **Workshops for IIT-Bombay**

iCALL has been engaged with IIT-Bombay since early 2013, to provide workshops, sensitization trainings to the students at the campus. In the past year, iCALL delivered

workshops tailored to the needs of the students at IIT on issues such as ‘Coping with Academic Stress’, ‘Handling Relationships Effectively’, and ‘Stress Management and Relaxation’ which reached out to nearly 100 students. Additionally, building on the work done last year, iCALL conducted training on basic skills in counselling for the 2014-15 batch of student mentors in two batches in the month of July and August 2014. Through this the helpline trained nearly 150 student mentors and equipped them with basic helping skills and provided them resource materials to help refer fellow students whom they may identify as being distressed. The iCALL team also conducted a stress management workshop for the MTech and PhD scholars at IIT-Bombay who deal with exceptionally high academic workloads. In March 2015, the helpline conducted a session on handling academic stress for one hundred students at IIT-Bombay across academic programmes. This was followed by the first phase of mentor training for the 2015-16 batch of student mentors. The association with IIT-B continued to result in calls and emails from IIT students on a wide range of issues, both during their time at IIT, and in several cases, after they had graduated from the institute and started jobs.

- **Orientation Session for first-year students of the batch of 2014-16 at Tata Institute of Social Sciences**

iCALL addressed the 800-plus students from the incoming batch of 2014-16 and spoke to them about the challenges they can expect living away from family for the next two years and briefed them about iCALL’s services. The talk was met with an enthusiastic response and several TISS students reached out to the helpline via calls and emails throughout the year.

- **Outreach and Awareness Session at Nanavati College and KC College**

As part of the helpline’s outreach, counsellors delivered a talk for the final year students of Psychology at Nanavati College and KC College on telephones as a medium for providing counselling, and what a career in helpline counselling entails, which was attended by nearly 120 students.

- **Talk on Understanding Suicide at RD National College, Mumbai**

iCALL was invited to deliver a talk on 'Understanding Suicide' on the occasion of World Suicide Prevention Day, by the Department of Psychology at RD National College. The talk was part of the college's larger programme for the day and featured a talk by psychiatrist, Dr Harish Shetty as well. The event was attended by over a hundred students from colleges across Mumbai. The talk led to several calls by students who themselves were battling feelings of depression, or were concerned for a friend or a family member.

- **Poster and Card Distribution Campaigns at Schools and Colleges and Coaching Classes**

In the past year counsellors at iCALL distributed the helpline's posters, cards, brochures and other IEC materials at over twenty educational institutions in the helpline's vicinity and across Mumbai. Some of them are as follows:

- AFAC High School, Chembur
- Garodia International School, Ghatkopar
- General Education Academy, Chembur
- KC College Churchgate
- Kumud Vidya Mandir High School and Junior College, Deonar
- Mahesh Tutorials
- Nanavati College, Vile Parle
- OLPS, Chembur
- Sevadaan Special School, Kurla
- Shiv Shikshan Sanstha DS High School, Sion
- Smt. PN Doshi Women's College, Ghatkopar
- St. Anthony's School, Chembur
- Vidyalankar Classes
- Welingkar Institute, Matunga

- **Poster and Card Distribution Campaigns at Clinics, Hospitals and Pharmacies**

Given that hospitals and clinics account for a significant chunk of calls to the helpline, a conscious effort was made to reach out to private clinics, local hospitals and pharmacies around the helpline's vicinity as well as locations across Mumbai. The helpline's counsellors reached out to more than thirty-five such medical facilities in the past year

### **Online Publicity and the *#PickUpThePhone***

India, in recent years, has witnessed an upsurge in the usage of the internet. Social media forums such as Twitter and Facebook in particular, enjoy a great deal of popularity among the youth. iCALL, since its inception has maintained active Facebook and Twitter pages, which contributed to calls to the helpline. Following the launch of the 'I Talk, I Conquer, iCALL' campaign during Mental Health Week 2013, the helpline witnessed an increase in the number of clients utilizing its email counselling services, as well as a greater interaction on its social media platforms. The helpline regularly shared news articles, informative videos, newsletters and other online self-help resources through the year on these online platforms.

In an effort towards de-stigmatizing conversations around mental health on social media, iCALL launched a viral hashtag campaign titled *#PickUpThePhone* on the occasion of World Mental Health Day, on October 8, 2014. Under the campaign, Twitter and Facebook users were encouraged to send in a *selfie* with a placard featuring a message about why it was important to pick up the phone and call iCALL. The campaign was wholeheartedly supported by over a hundred and fifty Twitter and Facebook users mobilized by *Erobern Events*, who partnered with the campaign on a pro-bono basis, as well as prominent personalities such as stand-up comedian Aditi Mittal, Marathon Runner Sayuri Dalvi and Bollywood actress Tara Sharma, all of whom sent in a *selfie* towards this campaign. Aditi Mittal along with Chandrima Das, composed a jingle in English and Hindi for iCALL, as a part of this campaign. The campaign received significant offline publicity in newspapers such as Hindustan Times and The Times of India such as *LiveMint* and on FM Radio on *RadioCity 91.1 Chennai*. When the selfies were uploaded on Twitter on Facebook on World Mental Health Day, they were liked, and retweeted hundreds of times, resulting in the hashtag going viral.

## 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:

- “TISS has taken a very good initiative to help people on the phone. There are few things that you cannot share with others, but talking to someone even if you don't know that person helps. I am feeling so light!”
- “I am glad I called you as this made me aware of support groups of people facing problems similar to mine. It feels good to know I am not alone”
- “This helpline helped me rebuild my life and inspired me not to give up when I was vulnerable. Thank you so much!”
- “This call has helped me lessen my burden. Felt good talking to you”.
- “I got the space to speak and found a source of venting out to someone through your helpline”.
- “Thank you so much for your help! God Bless you! You have always been a very good support. I always call the helpline if I have any issues”.
- “Thank you so much. God Bless you and your family, always!”
- “You are doing a great service to society!”
- “I have called other helplines too but never felt comfortable there. So I stopped calling them. But from the time I have called your helpline I find it really helpful and can make decisions. I am happy to call your helpline”.
- “I am very happy that you were able to help. Thanks a lot. You have shown a new light to us. Will provide your helpline number to others”.
- “I am the youngest daughter-in-law in the house. My family lives far away. My in-laws are all in their 60's and I don't feel comfortable talking to them. I am glad to know there is a service like this that I can talk to”

- “Thank you so much. The exercise suggested by you was of great help. I can see the effects already”
- Thank you once again. You have been very helpful to me. I will call this helpline again when I feel like talking. I hope I always get to talk to a counsellor as nice as you!”
- “I am already feeling better by the end of the call”
- “I don’t think I will need to call you back after this conversation. I think I will now be able to clear this situation myself”
- “I can clearly see the steps I need to take going ahead”
- “Thank you! God Bless you! I will call you again if I face any other issues”
- “My sister said that she has been emailing this helpline and that it helped her a lot, and told me that I too should write to you guys”
- “Don’t have any problems today. Just called to wish you a Happy Diwali. I keep calling this helpline. Thanks a lot, thanks for everything!”
- “I am feeling better and after a long time I am feeling ‘normal’”
- “I have realised so much about the way I was looking at things wrongly through this conversation”
- “I am feeling much better already and looking forward to work on the things suggested”.
- “It feels good to know that I have power to control my words and actions!”

## THE ROAD AHEAD

The first three years of iCALL have been as rewarding as they have been challenging. There are certainly great positives to take from the manner in which the call and email flow has increased dramatically. The increase indicates that the helpline has been successful in becoming more visible in the public domain. The collaborations that iCALL has entered into in the current year have taken very close to our first-year goal of becoming a self-sustaining unit with minimum external support from TISS. These partnerships have also helped iCALL increase its reach in places it may not have been able to get to on its own in such a short span of time. Yet another success for iCALL has been the steady flow of media features which the helpline has been able to achieve without any publicity budgets. While these features have greatly helped in increasing the flow of calls and emails, they have also shown us that we have the potential to handle much higher volumes of calls and emails than we do on an average, with our existing staff strength. The foremost challenge in the coming year, thus, is to achieve optimal utilization of the given staff strength, by further increasing our call and email flow. This would require a mass-media campaign at a professional scale, which at present, may not be possible for us to execute on our own. Future collaborations would need to account for ways to not just keep the project financially viable but also to increase the visibility of the service.

While the helpline met and exceeded expectations on most parameters, our dream of extending our hours of service from 12 hours a day to 24 hours remained unfulfilled for want of financial and logistical resources. iCALL has now found the support it needed in the form of Mr Harsh Mariwala, who in his personal capacity was struck by the lack of awareness, high level of stigma and poor resources with regard to mental health in our country. The result of this convergence of visions towards the improvement of mental health in India is the 'TISS-Mariwala Health Initiative' which is an upcoming collaboration between TISS and Mr Harsh Mariwala. This partnership will ensure that the helpline moves to seven days a week by the end of year three and eventually twenty four hours a day by the first half of year four. The initiative aims to build on the existing iCALL infrastructure with the aim of creating greater awareness around mental health, offering effective service delivery in a holistic and timely manner and developing a robust referral system to come to the aid of those in need. The preparation with regard to logistical, financial, and personnel requirements for the same is currently under way. The helpline has already advertised vacancies to increase its team

strength, and plans a week-long training for its existing team as well as the future recruits in the month of May 2015.

In order to understand the challenges we may face as we enter this new phase, and formulate best practices to tackle them, we plan to hold a National level Consultative Meeting of Helplines in India in the month of April 2015. Furthermore, to enable regular sharing of knowledge, experiences and resources, and strengthen linkages between various governmental and non-governmental helplines in India, iCALL will explore the possibility of the setting up of a National Network of Telecounselling Helplines.

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 year. Future advertising campaigns shall focus on social media outlets such as Twitter and Facebook in a much more focussed way. Efforts are being made to develop user-friendly online resources such as self-help newsletters and articles, more than once a month to keep the conversation on social media active. Publicity for iCALL so far has predominantly been in the English language media, though the number of stories in regional newspapers marginally increased this year. Over the next year, efforts will be made to publicise the helpline in the vernacular press. Being promoted on the internet by public interest shows such as *Satyamev Jayate* gave a great boost to iCALL's image as a mental health service. Efforts shall be made to publicize the helpline further through television to boost the number of calls.

Email-based counselling too has been predominantly in English. Though, there have been some emails written in Hindi, they have been typed in Latin script. Given that the helpline offers telephone counselling in multiple languages, iCALL plans to offer email based counselling written in *Devnagri* and other Indian language scripts to make the helpline more accessible to the non-English speaking population.

iCALL's work with the State Governments of Gujarat and Maharashtra thus far, has been quite fruitful. It has always been our goal to take the iCALL model to the State level and eventually the national level. iCALL shall continue its work with these two government helplines in a training and advisory capacity and approach more state governments and central ministries to work towards realization of this goal.



Professional development and personal well-being of counsellors continues to be a great concern. iCALL engages in regular dialogue with its team of counsellors to keep burnout at bay. iCALL has already sought permission from the on-campus Health Centre so that its team can avail medical and counselling assistance available at TISS free-of-cost. Going ahead, the helpline plans to set aside a portion of its funds towards mental health needs of its team. A formal policy for dealing with counsellors own counselling needs is being developed.

At the same time, continuous on-going training at the in-house level persists. The helpline has been trying to offer newer learning and professional opportunities to its team such as conducting training, undertaking publicity, outreach, and research to decrease monotony of their work. While iCALL is one of the best paying employers in the field of mental health, the helpline is also working towards a performance-based appraisal policy to keep attrition in check.

Referral networks used by iCALL will be strengthened. The existing referral network will be augmented, and directories for other cities and States of India will be prepared. This is in keeping with the intention of iCALL becoming a nation-wide service, accessible for all individuals.

The existing collaborations that iCALL has entered into as pilot projects will be expanded to full-fledged long-term programmes. The helpline will work towards strengthening and consolidating these partnerships and making the necessary changes as per the learning from the pilot period, before pursuing future partnerships with other agencies, private or public.

In order to keep up with the large volumes of data being generated on a daily basis and enable seamless transition from one call to another, without violating client anonymity and confidentiality, iCALL has developed and adopted a Data Management Software. The software allows secure cloud-based storage of data, making sensitive client information more secure than ever. It has also enabled richer analyses of data, thereby allowing more in-depth reporting of the work done by iCALL. In line with TISS' commitment to the larger social good, the helpline plans to use its existing data to help create a greater understanding of mental health issues of the community, its expressions and manifestations across different regions and social

demographic groups and help develop effective interventions to address the same.

There exist no ethical guidelines or protocols for setting up a professional telephone counselling service on the lines of iCALL. Publications that document iCALL's effective strategies are currently being developed. Such documents will be helpful for all stakeholders including the government and will feed into programmes and policies dealing with mental health. Richer documentation of our work, development of case studies that negotiated tricky ethical dilemmas and research writing on iCALL's model of counselling, will also help in knowledge dissemination and replication, which will allow other organizations and individuals to take the work done by iCALL forward.

The helpline is also in the process of developing its own website, which will not only increase its online visibility but also provide a host of online resource material on preventive mental health and self-care. Moving ahead, the helpline shall focus in a larger way not only towards delivering psychosocial interventions to those in need, but also towards preventive mental health. The helpline shall engage in greater outreach and awareness building in order to increase sensitization towards mental health in the country, and destigmatize help-seeking. The upcoming partnerships that iCALL shall enter into will also allow it reach out to the hitherto unreached, and marginalized in a much more meaningful way, by increasing iCALL's reach and penetration to non-urban areas.

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. It also allows the helpline to work with governmental and non-governmental organizations in the country to strengthen existing mental health services, and further the development of counselling as a profession in India. The last two and a half years have shown that there is certainly a need for a service such as iCALL and that its model of services is both sustainable and replicable. The challenge for the future therefore is scale up the model to the heights it has the potential to achieve!

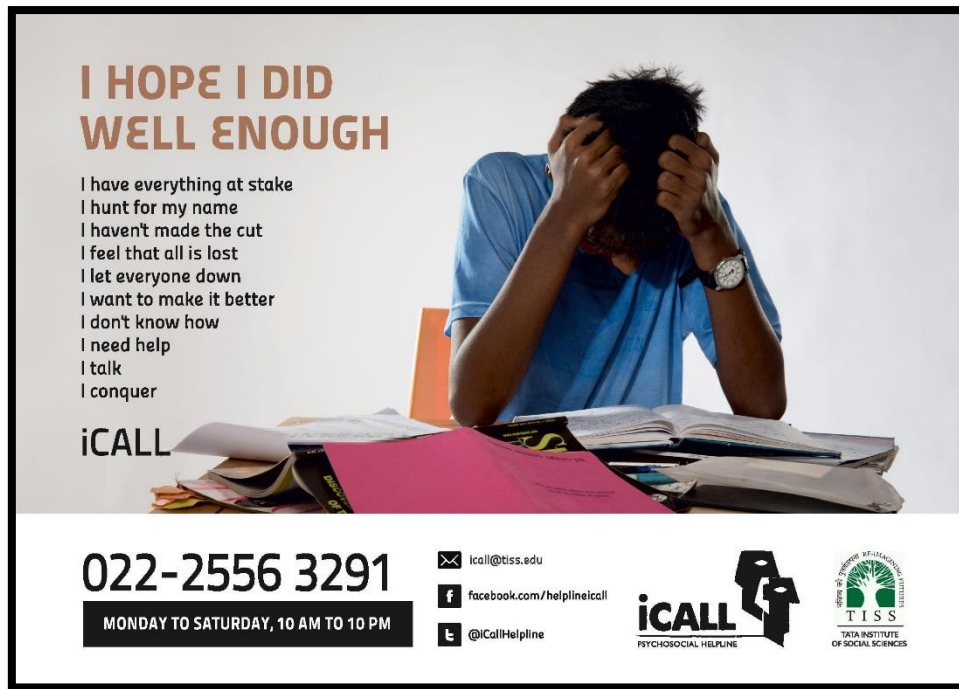
# Appendix



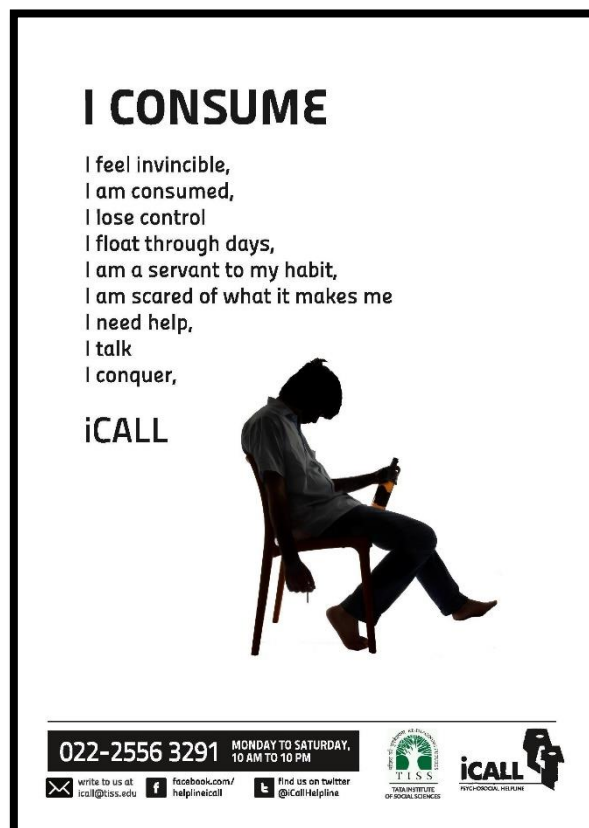
*Poster on the theme of Violence Against Women as part of the 'I Talk, I Conquer, iCALL' Campaign*



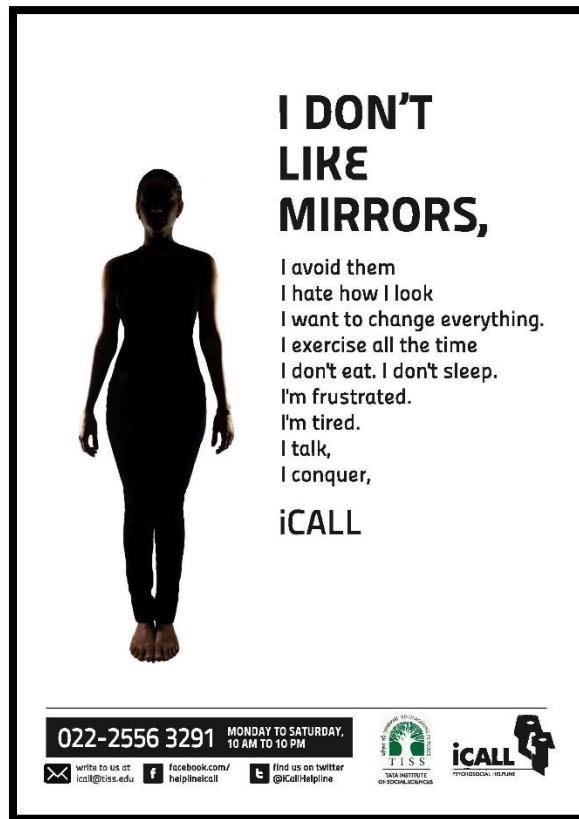
*Poster on the theme of Emotional Distress as part of the 'I Talk, I Conquer, iCALL' Campaign*



**Poster on the theme of Academic Issues as part of the 'I Talk, I Conquer, iCALL' Campaign**



**Poster on the theme of Substance Abuse as part of the 'I Talk, I Conquer, iCALL' Campaign**



**Poster on the theme of Body Image as part of the 'I Talk, I Conquer, iCALL' Campaign<sup>11</sup>**

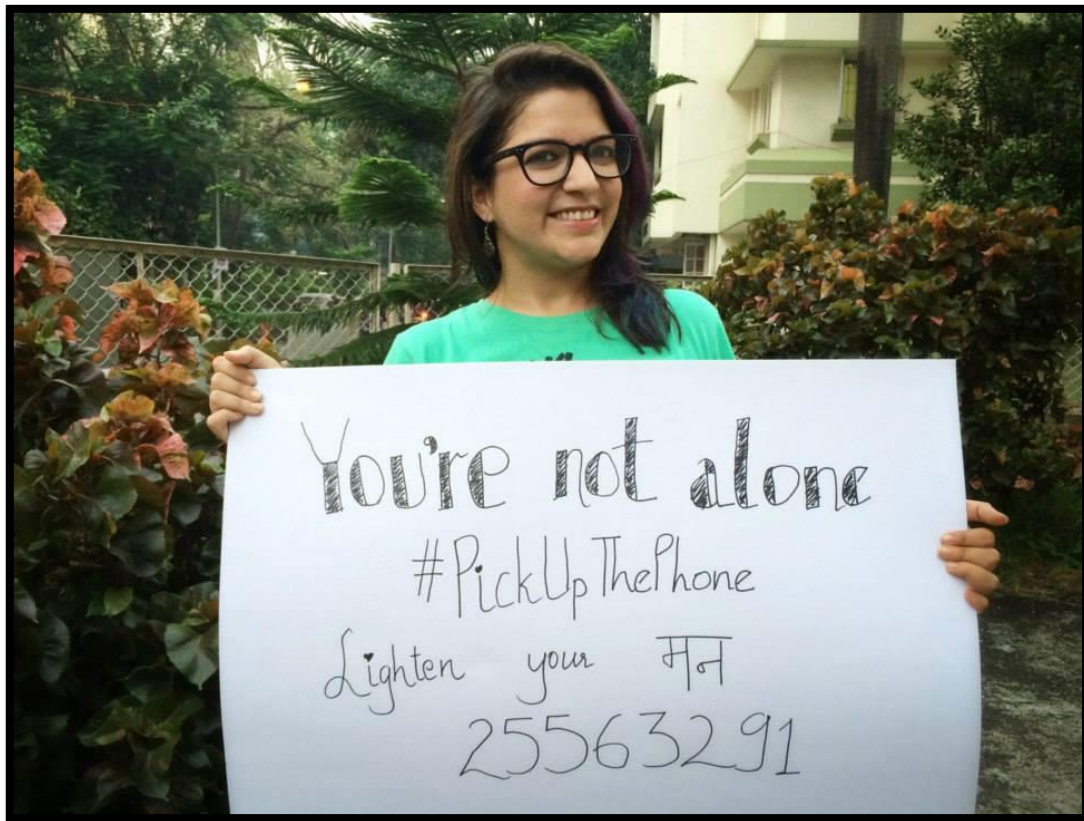


**Actress Tara Sharma's Contribution to the #PickUpThePhone Campaign**

<sup>11</sup> Photo Credit for 'I Talk, I Conquer, iCALL' - Oscar Varghese Photography, Copy – Rashi Vidyasagar, Nivedita Prabhu, Poster Design – Dhvani Shah



(Photo Credit – Tara Sharma)



**Comedienne Aditi Mittal's Contribution to the #PickUpThePhone Campaign**

(Photo Credit: Aneesh Bhasin)



**Collage of Some of the Contributions to the #PickUpThePhone Campaign**

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