



# ANNUAL REPORT

## 2012-13

**CENTRE FOR HUMAN ECOLOGY**  
**TATA INSTITUTE OF SOCIAL SCIENCES**





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## 1 - GLOSSARY

**Given below are some of the terms with the definitions, that have been used in the report.**

- ✧ **Blank calls** - Instances of only silence being heard from the caller's end; either due to technical issues or due to the caller not speaking throughout the call are termed as blank calls.
  
- ✧ **Follow-up calls** – Instances where the callers self-identify or are identified by counsellors as **repeat callers**, and continue discussing an issue mentioned on a previous call are defined as follow-up calls
  
- ✧ **Regular calls** – Instances where the callers repeatedly call the helpline without necessarily seeking counselling or emotional support or use the helpline as a means to chat with someone are treated as regular calls. Such callers may call the helpline several times in a month and are likely to

have developed a dependency on the helpline or one or more counsellors

- ✦ **Prank calls** - Instances where callers make repeated blank calls / speak about irrelevant issues / report false emergencies / make threats, to the Counsellor with the intent of playing a practical joke are termed as Prank calls.
  
- ✦ **Sexual Gratification Calls** – Instances 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 are termed as Sexual Gratification Calls.
  
- ✦ **Referral Calls** – Instances where callers contact the helpline to specifically seek the reference of a particular professional or an agency and do not wish to seek counselling over the telephone are referred to as referral calls



## **2 - FOREWORD**

The Tata Institute of Social Sciences (TISS) was established in 1936 as the Sir Dorabji Tata Graduate School of Social Work. In 1944, it was renamed as the Tata Institute of Social Sciences. Since its inception, the vision of TISS has been to be an institute that continually responds to changing social realities through the development and application of knowledge towards creating a people - centred ecologically sustainable and just society that promotes and protects dignity, equality social justice and human rights for all. As part of its responsibility towards addressing the problems and the emerging needs of society, the Institute has piloted and pioneered several new, time-bound social welfare programmes within well-established organisations/systems, or outside them, with the objective of demonstrating to the public, the need for such services. Such initiatives are known as Field Action Projects (FAPs). The FAPs over the years have demonstrated interventions with a wide variety of marginalised groups and issues, with a great degree of

success. iCALL the Psychosocial Helpline, an initiative by the Centre for Human Ecology, continues this rich tradition of FAPs by TISS

## **The Centre For Human Ecology (CHE)**

The Centre for Human Ecology (CHE) is an Independent Centre in TISS. CHE emerged out of the restructuring of TISS in 2006 as part of the School of Social Sciences, and became an independent centre in 2012. CHE runs two MA level teaching programmes in Applied Psychology in TISS.

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 centre has been actively engaged with the process of training counselling professionals (through class room teaching and field exposure) to address the unmet needs of the mental health sector. This on-going 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 centre therefore is in the best position to undertake field action project related to telephone counselling. Furthermore, given the scarcity of trained mental health professionals in India, an attempt to provide a centralised nodal professional counselling service that could reach out to serve populations in various parts of the country was considered as the next step in the extension of mental health services in the Indian context by CHE and TISS.

### **iCALL - Initiating Concern for All – The 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 basic educational background in psychology. The counsellors actively and supportively listen to individual's disclosures of emotional distress. They attempt to provide a safe and holding environment along with other assistance needed by the callers. Counsellors also offer email counselling services to those who wish to communicate this way. Initially conceptualised as a service to provide psychosocial and legal counselling and guidance, the current mandate of iCALL is to provide psychosocial assistance by telephone and email.

Inaugurated on 4<sup>th</sup> September 2012, iCALL has team strength of eight, including seven counsellors and a programme coordinator. 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 psychosocial and emotional needs. The counsellors work under the supervision of faculty from CHE who serve in an advisory capacity. The initial funding for setting up iCALL has been from the TISS. There have been on-going efforts to raise funds from other sources outside TISS as well. The response from callers has been growing with each advancing month. Since its inception in September 2012, the helpline's counsellors have answered over 4000 calls dealing with a diverse range of issues ranging from emotional distress, mental health, relationship issues, sexuality, gender based violence, study related issues etc.

iCALL stands for Initiating Concern for ALL. The name was coined by a former student of the MA Counselling program of TISS, in response to a request to suggest an appropriate name for the service being developed.

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

#### **Aim:**

To develop a facility that provides mental health services for people in 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 provide expertise and consultancy services for the development of helplines for other stakeholders.
- 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.



#### **4 - LAYING THE GROUNDWORK**

Prior to the initiation of the helpline's services, the Centre for Human Ecology convened a one day National Level Consultative Meet of representatives from helplines across the country. The meeting was attended by ten representatives from various organizations such as Sneha Helpline from Chennai, Tamil Nadu; the IPH Maitra Helpline from Thane, Maharashtra; Yuva Maitra Helpline by MAVA from Mumbai, Maharashtra; the Nana Palkar Smruti Samiti from Mumbai, Maharashtra; Parivartan from Bengaluru, Karnataka; LABIA from Mumbai, Maharashtra; TARSHI from Delhi and Vandrewala Foundation Helpline from Mumbai, Maharashtra and ten representatives from the Tata Institute of Social Sciences.

The objective of this first-of-its-kind National level Consultative Meeting of Helplines in India was to identify the best practices on a wide range of issues from the wealth of experience of the organizations invited for the meeting. Through the meeting, iCALL was able to identify what works best with regards to key decisions

one is faced with while setting up a helpline such as:

- ✧ ***Should the helpline's telephone number be a paid number, toll-free number or an unmetered number?***

Each of the helplines operated with a paid telephone number and mentioned that it did not affect the number of calls that they received as a result of this decision. Some of them in fact mentioned that having a toll-free number or an unmetered number results in a spike in the number of prank and sexual gratification calls. Thus it seemed more or less unanimous that a paid number was the way to go.

- ✧ ***What are the hours during which the helpline should operate?***

All of the participants were in agreement that call-flow was fairly low during the morning and the afternoon and picked up towards the evening and night. Most helplines mentioned that they had rescheduled their work-timings such that they could work later into the evening. The consensus therefore was that the helpline need not work



round the clock right away, rather try and work as late into the night as possible.

✧ ***Should the helpline employee full-time counsellors only or rely on volunteers completely or have a mix of both?***

There were pros and cons of each of the approaches expressed by the participants. While heart-warming and praiseworthy accounts of successful helpline initiatives being run on the strength of volunteers came forth, it was also realized that keeping motivation and commitment levels of volunteers was an uphill task. At the same time, while employing full-time employees and paying them a good salary ensures commitment and motivation, one needs to be watchful for signs of ennui and burnout. By and large, the consensus was that a helpline should initially begin with full-time employees as it may be difficult to get a project off the ground on the strength of volunteers alone, given that there are restrictions on the number of hours volunteers can clock in. With the aim of professionalization of the service, the decision to employ full-time counsellors with prior training was taken.

✧ ***What should the stance of the helpline's be on issues such as confidentiality and anonymity?***

All the participants mentioned that it was important to clarify that the helpline shall have a policy of shared confidentiality. Confidentiality and anonymity would be breached only if there was a possibility of harm to self, or harm to others. With regards to anonymity, most of the participants mentioned that their helplines did not use a caller identification system, and the ones that did mentioned that people are not averse to it, as increasing usage of mobile phones has made caller identification a given. Hence it was felt that one need not advertise complete anonymity.

✧ ***What should be the focus of the training for the helpline's counsellors?***

All of the participants were in agreement that a strong induction training programme is required for new joiners in each helpline. The focus of training was identified as perspective building, issue specific training and skill-based training. Training would need to be broad-based,

given that the scope of the helpline was wide, covering multiple issues and populations. Specific training on how to handle prank and nuisance calls was expressed by all the participants, along with a clarification about the need to contain such callers.

✧ ***How should one manage burnout and attrition amongst the helpline's employees?***

All of the participants, whether they belonged to a helpline run by volunteers or by full time employees, agreed that burnout and attrition are issues which every helpline is likely to face. Suggestions on battling attrition included allowing counsellors to take on other roles besides telephone counselling only, letting employees have a say in deciding their own job responsibilities, offering good salaries and sound training and supervision. With regards to tackling burnout, participants felt that good supervision and regular debriefing which allows counsellors to express discomfort and difficulties felt during calls was the best way to avoid burnout amongst counsellors. Thus all participants

recommended a supervised model of counselling over one where counsellors have no anchor points.

✧ ***Who should referrals be made to?***

All participants agreed that the norm should be first referral should be made to government hospitals and services. It was only if callers expressed problems accessing these government services that private practitioners should be given as reference. Participants mentioned that it was necessary to check who the referrals were being made to, in terms of checking the antecedents of the experts, and also determining costs of services and policy for working with clients referred by other services. The necessity to develop comprehensive, updated directories was emphasised by all participants.

✧ ***How should calls be documented?***

All participants expressed that calls should under no circumstance be audio-recorded. Documentation using paper-pencil, or directly into the computer was recommended. The need to develop a MIS for logging the calls was discussed, along with the possibility of

developing software that captured call details.

✧ ***How to avoid caller dependency?***

The topic of caller dependency on a specific counsellor was discussed. Most participants felt that caller dependency should not be encouraged under any circumstance. The policy should be to encourage callers to speak to the counsellor who took the call, rather than wait to speak to a specific counsellor. It was also advised that a consistent policy could evolve once there was an understanding about callers and the nature of calls received.

Protocols for call flow were discussed and a format for how a call would be responded to was developed. This protocol was used for training purposes as a format for all counsellors to follow.

The importance of publicity for the success of the helpline was emphasised by all participants, in the print as well as other media formats.

The inputs gained through this consultative meet greatly helped in making informed choices on each of the abovementioned issues, which helped lay a solid foundation on which the helpline was built on.

## **5 - TRAINING AND CONTINUOUS SKILL UPGRADATION**

Following the recommendations of the experts who participated in the National level Consultative Meeting, the counsellors employed at iCALL's were put through a rigorous twelve day training programme from 6<sup>th</sup> August 2012 to 18<sup>th</sup> August 2012, prior to the commencement of the helpline services. The focus of the training was both perspective building as well as skills training. The topics covered were as follows:

1. Understanding Gender – Mithun Sarvagod (Akshara Foundation)
2. Family in Crisis – Dr. Geeta Joshi (IPH)
3. Communication Skills – Adrian Rosario
4. Violence Against Women – Divya Taneja (RCI – VAW, TISS)
5. Counselling Skills – Ms. Akanksha & Ms. Jill (Ummeed)
6. Suicide – Johnson Thomas (Aasara)
7. Sexuality – Prabha Nagaraj (TARSHI)
8. Alternate Sexuality – Kavita Nair (Humsafar)

- Trust) & Shruti Chakravarty (LABIA)
9. Understanding Law – Adv. GH Khan
  10. Addiction – Mr. Madhav & Mr. Inderjeet (Muktangan)
  11. Helpline Counselling – Pratibha Nagaraj (TARSHI) & Sulabha Narayan (IPH, Maitra Helpline)

All counsellors were trained on the protocols that were developed for receiving calls. The ethical guidelines and standards were emphasised during the training. Methods of dealing with prank and nuisance calls were discussed through the use of mock calls and debriefing of calls. As part of the quality control measures, regular debriefing of the calls is done by the Coordinator and by the other counsellors to develop a broader understanding of how calls can be responded to. Regular case conferences are held with the faculty of CHE who provide inputs on call handling.

Calls received are entered on a MIS format that has evolved over time. The call data is entered on a shared document that all counsellors have access to. The shared



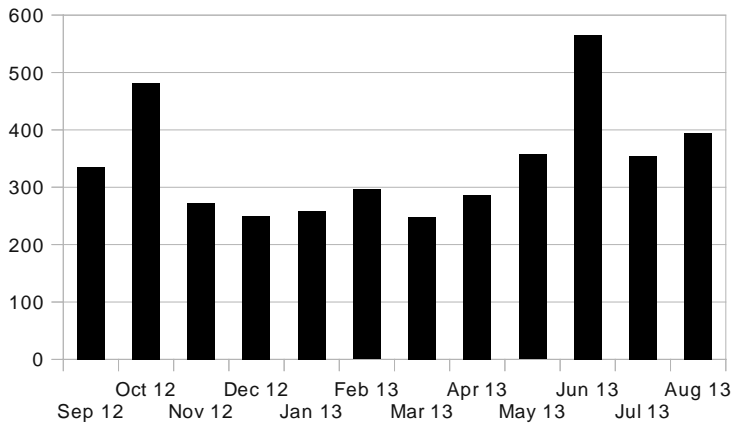
document is updated on a regular basis to ensure that the data is current, so that counsellors have access to all the call data, to help deal with follow-up callers.

Apart of from the training conducted during induction to develop perspective and skills, continuous training was undertaken through the year to maintain and build upon this skill set. The topics covered as part of the continuous training modules included Elder Abuse, the LGBT movement in India, Casual Sex and Understanding Violence against Women in context of the Criminal Amendment Act of 2013 and the NCRB Crime in India Statistics 2012.

The counsellors at iCALL also audited lectures on Working with Adults, Couples, and Families in Various Contexts which was part of the MA in Counselling Programme offered by the Centre for Human Ecology. The 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 and Data Analysis to further augment their skills.

## **6 - OVERVIEW OF PERFORMANCE FROM SEPTEMBER 2012 TO SEPTEMBER 2013**

The total number of calls received in the year was 4100. Out of the 4100 calls received, 2743 calls pertained to an issue that required counselling and/or emotional support (genuine calls) which amounts to 66.9 percent of the total calls received in the year. Around 2235 (81 percent) of the total number of genuine calls were from Mumbai. Whereas around 11 percent of the calls were outstation calls received from various locations such as Delhi, Bangalore, Gujarat, Kolkatta, Chennai, Uttar Pradesh, Karnataka etc. In addition, there were 4 International calls that came in through the year. The location for 8 percent of the calls was unknown since either the caller did not reveal his/her location or the counsellor did not get a chance to ask it.



2013 can be explained by the fact that the helpline received significant media attention in those months, which underscores the importance of publicity for the survival of a helpline.

## **Types of Calls**

Out of the total number of calls received, around 67 percent were genuine calls, indicating that the helpline was used for its intended purpose. Table 1, gives the breakup of the total calls received. Approximately 17 percent calls were blank calls, i.e. the caller did not say anything or the counsellor was unable to hear a voice at the end of the line. There have been instances of regular callers (callers who are not necessarily seeking any counselling but have developed a dependency on one or more of the counsellors) who hang up without saying a word when their call was not answered by the counsellor they wished to speak to. Lastly around 11 per cent of the calls were actually meant for the TISS board line, and were redirected accordingly whereas in some instances the line got disconnected after barely a sentence was

spoken by the caller. Such calls were coded as 'Incomplete'.

**Table 1: Break Up of Calls Received (N=4100)**

<b>Calls</b>	<b>Frequency</b>	<b>Percentage</b>
Genuine calls	2743	66.90
Blank	692	16.87
TISS Board line	481	11.73
Wrong Number	74	1.80
Test Calls	48	1.17
Incomplete	35	0.85
Promotional Calls	16	0.39
Internal	06	0.14
Out Bound	05	0.12
<b>Total</b>	<b>4100</b>	<b>100</b>

More than 58 per cent of the genuine calls were made by first time callers and around 24 percent of the calls were made by 'Follow-up' callers i.e. callers who call to report back on an issue which was discussed on a previous call,

as can be seen in Table 2. As iCALL does not identify its callers by their telephone number, only those callers who mentioned that they had called earlier or cases in which counsellors were able to determine from case records that the caller had called earlier were categorized under this heading. As the year progressed, the number of follow-up calls increased, showing that callers had begun using the helpline as a source of long-term psychosocial support, rather than a service to be approached only in acute distress. Around 12 percent of the calls were made by 'Regular callers' i.e. callers who call the helpline several times each month, to chat rather than seek assistance on a particular issue. Most of these callers have developed a dependency on the helpline, and in some cases, on specific counsellors.

Lastly, some callers called to gain sexual enjoyment through speaking to a counsellor; such calls where the caller had no genuine sexual concerns but called solely for the purpose of gaining sexual pleasure by talking about sexual issues or acts in graphic detail have been termed as 'Sexual Gratification' calls. The statistics given in Table

2 indicates that about 4.15 percent of the calls were of this nature.

**Table 2: Break Up of Genuine Calls (N=2743)**

<b>Type of calls</b>	<b>Frequency</b>	<b>Percentage</b>
New	1609	58.65
Follow up	651	23.73
Regular	333	12.13
Sexual Gratification	114	4.15
Others	36	1.31
<b>Total</b>	<b>2743</b>	<b>100</b>

### **Demographics of the Callers**

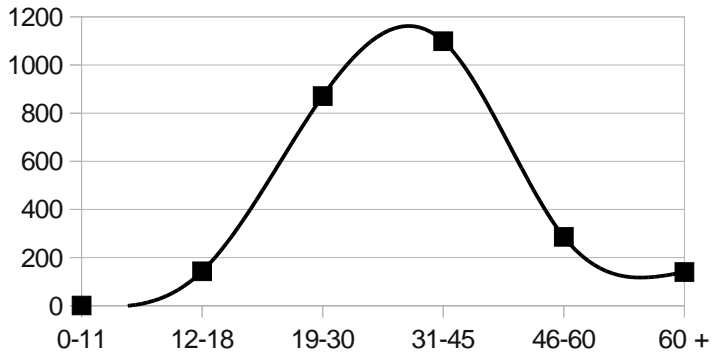
Table 3 shows that of the total number of callers, around 64 percent were male and approximately 36 percent were female. Such a skewed gender ratio was observed consistently across the year which is consistent with trends seen internationally.

**Table 3: Gender Break Up of Genuine Callers  
(N=2743)**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	1759	64.12
Female	984	35.87
<b>Total</b>	<b>2743</b>	<b>100</b>

With regard to reported ages of the callers, Figure 2 shows that majority of the callers (40 percent) belonged to the age group of 30-45 years. Callers between the age groups 19-30 accounted for 32 percent of the total calls; whereas approximately 10 percent of the callers belonged to the age groups of 45-60 years. Only around 5 percent of the total calls constituted senior citizens of sixty years and above and adolescents from the age groups of 12-18 respectively.





33 percent of the callers reported that they were married. In around 11 percent of the cases the marital status of the caller was unknown, wherein the caller did not reveal his/her marital status, or the counsellor did not get a chance to ask about the same. The data about Marital Status is presented in Table 4.

**Table 4: Reported Marital Status of Genuine Callers  
(N=2743)**

<b>Marital Status</b>	<b>Frequency</b>	<b>Percentage</b>
Single	1467	53.48
Married	912	33.24
In a Relationship	23	0.83
Divorced	08	0.29
Widow/Widower	05	0.18
Engaged	04	0.14
Separated	03	0.10
Unknown	321	11.70
<b>Total</b>	<b>2743</b>	<b>100</b>

With respect to the language spoken by the callers, a majority of the callers spoke in English (69 percent); whereas around 27 percent spoke in Hindi. Only 3 percent of the callers spoke Marathi. Marathi being the local language of Mumbai, the low number of Marathi speaking callers points a need for reaching out to the vernacular population, as shown in Table 5. While there were calls where callers spoke two or more languages, the classification of a call as an English or Hindi call depended on the language predominantly spoken on the call by both the caller and the counsellor.

**Table 5: Language Spoken by Genuine Callers  
(N=2743)**

<b>Language</b>	<b>Frequency</b>	<b>Percentage</b>
English	1909	69.59
Hindi	737	26.86
Marathi	95	3.46
Others	02	0.07
<b>Total</b>	<b>2743</b>	<b>100</b>

At the end of every call, counsellors ask callers where they heard of the helpline. This is done with the aim of identifying areas where publicity efforts need to be directed. As can be seen from Table 6 a majority of the callers (57.09 per cent) had heard of iCALL through print media sources such as newspapers and magazines whereas 17.71 percent of the callers mentioned that they had heard of iCALL through the internet and social media i.e. the Facebook page and Twitter handle maintained by iCALL. This data indicates that the newspaper publicity that iCALL has received has helped in ensuring call flow. Whenever there has been a newspaper story about the Helpline, the number of calls increases for that week, and then tapers off. An increasing number of callers also mentioned that they had heard of iCALL through their friends and families, some of whom had called the helpline themselves. Lastly, some callers heard of the helpline from other NGOs and Hospitals, where iCALL had placed its promotional materials.

**Table 6: Where Callers Heard of iCALL (N=2743)**

<b>Source</b>	<b>Frequency</b>	<b>Percentage</b>
Print Media	1566	57.09
Social Media/Internet	486	17.71
Word of Mouth	214	7.80
NGO	50	1.82
Hospital	48	1.74
Ask Me/ Just Dial	21	0.76
Schools/ Colleges	09	0.32
Others	349	12.72
<b>Total</b>	<b>2743</b>	<b>100</b>

## **7 - CORE THEMES DISCUSSED ON CALLS**

The core issues discussed by the callers were coded using the code book that was created for categorisation and data analysis of the calls. In all twenty-two different categories of calls were identified in the code book. The code for each call was determined on the basis of the call transcripts and the core issues identified by the counsellor who had received the call. Based on this the call was categorized into three categories (Primary, Secondary and Tertiary based upon the centrality of the issue). This categorization has been done keeping in mind how calls start with a particular issue, and during the process of exploration, other themes begin to emerge as well. The primary, secondary and tertiary categories therefore, do not just mention which issue was addressed first, but also which issue was jointly determined as the highest priority by the caller and the counsellor. For example, calls primarily pertaining to any kind of substance abuse were classified under 'Addiction'. Further, if the addiction 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, 'Workplace concerns' was considered as the tertiary code. A thematic analysis of the calls revealed that a majority of the calls pertained to Emotional Distress and Relationship Issues (with family members, marital partners or intimate partners). A considerable number of calls were also with regards to Sexual Concerns, Educational Concerns and issues related to Mental Health. There were also a considerable number of calls where callers solely requested referrals to an external party. Table 7 illustrates the most frequent issues that were attended to in the year.

**Table 7: Core Issues (N=3234)**

<b>Core Issues</b>	<b>Frequency</b>	<b>Percentage</b>
Emotional Distress	857	26.49
Relationship Issues	497	15.36
Sexual Concerns	350	10.82
Educational Concerns	276	8.53
Referral Calls	268	8.28
Mental Health Concerns	266	8.22
Addiction	235	7.26
iCALL Information	232	7.17
Workplace Concerns	68	2.10
<b>Total</b>	<b>3234</b>	<b>100</b>

With regards to the most prevalent (defined as the most frequently activated codes) and most prominent issues (the issue most frequently identified as the primary code), it was found that ‘Emotional Distress’ was the most prevalent as well as the most prominent issue. This was followed by ‘Relationship Issues’, ‘Sexual Concerns’, ‘Educational Concerns’ and ‘Mental Health’.

**Emotional Distress:** Calls pertaining to emotions that create mental or psychological pain and suffering were listed in the category of ‘Emotional Distress’. For



instance, emotions such as anger, fear, loneliness, sadness were a few of the emotions listed under this category. Callers who seek assistance for self or for significant other in this context fell within this code.

A few cases of such calls were:

*“I am very tired of being alone. I don’t have anyone to express anything. My friends are there but nobody feels special. I don’t feel like going home either, so I stay outside the home. I feel sad and alone...”*

*“I am feeling lonely. I will go back to abroad after two days and I don’t want to go back as I feel so lonely and I have nobody there...”*

*“I am feeling very sad because my father is not staying with us anymore. He left us and is now staying with another woman.”*

In the above mentioned instances, the emotions of sadness and loneliness can clearly be seen through the callers’ narrative.

Other instances such as the following poignantly portray feelings of fear and nervousness:

*“I am very nervous..I don’t know how to say and what do I really say.. I am really scared of opening up to my parents about certain events in my past”*

*“I am from a small village.. I am really scared to live here.. Mumbai life scares me...I don’t think I can cope.. I am really scared”*

*“I am not comfortable staying where I am... I am very scared to be alone in the afternoon... The place I stay in is far away from the main streets..I am very scared of being here...What do I do?”*

It was noticed that there was a higher number of male callers calling in for this specific issue as well. The male to female ratio was that of 392 Males and 204 Females. Most calls that came in were from the age group of 30-45 years (298 calls) followed by 153 calls from the 19-30 year olds.

**Relationship Issues:** Contrary to the other issues where the number of male callers was higher than female callers, relationship issues saw the trend being reversed, with 211 female callers, as compared to 155 male callers. The age group calling in the most with these issues were in the age group of 19-30 years of age, followed by the callers in the 30-45 years age range.

Table 8 illustrates the break-up of the calls that were coded under such 'Relationship Issues':

**Table 8: Relationship Issues (N = 497)**

<b>Issues</b>	<b>Number of Calls</b>
Relationship Issue- Intimate	224
Relationship Issue- Marital	160
Relationship Issue- Family	88
Relationship Issue- Parenting	25
<b>Total</b>	<b>497</b>

As can be seen, with regards to the calls coded under 'Relationship Issues' a majority of the calls dealt with

issues between intimate partners and issues between couples in a relationship (not including married couples), such as the quotes mentioned below:

*“I am feeling so depressed... because I loved a girl and she said no... I feel like killing myself..”*

*“I am in love with a girl.. we are very good friends.. I don` t know whether I should tell her or not because my parents have already fixed my marriage..”*

*“There was a boy who was interested in me and had proposed me but I had rejected him...later on after much thought I agreed to go ahead with him but when I approached him, he was already committed to someone else. This has hurt me a lot and I can't stop thinking about it... Now I don't know what to do...”*

This was followed by issues in the marital relationships:

*“I have been married for the last 7 years. These days my wife is not behaving properly. She goes to her mother's place anytime she wants. She spends around 8 hours on Facebook and talks on the phone for another 3-4 hours. I feel that she is having an extra marital affair.”*

*“My husband thinks I have an affair.. I have just a delivered a baby and he is now 40 days old and my husband hasn` t come to see him as yet..”*

*“I am not on talking terms with my husband. He is very reserved and expects me also to be like him. He does not allow me to go out or travel. It was a love marriage but now I don't have any love for him.”*

Conflict between family members resulted in a number of calls

*“I have two daughters.. They fight amongst themselves a lot.. The youngest of them constantly keeps saying that she will commit suicide.. There are a lot of issues in my family...I am worried what to do”*

*“I had a huge fight and left my family in anger...But I am incapable of dealing with this situation alone.. I wish i would have my mother or some of relatives with me..Please help me on how do I go ahead with this..”*

*"I am fed up with my family... I do not want to stay with them. I want to begin my life on my own. My younger brother is pampered a lot. My family always takes me for granted. I just want to take a break from this family life..."*

On a few occasions parents were concerned about the behaviour of their children, as can be seen in the illustrations given below:

*"My child just does not listen to me.. He does not study at all...He leaves home saying he is going for group study but I see him instead playing with his friends outside...How do I get him to listen to me... I am very worried"*

*"I am a working woman and have to travel a lot for work. Because of this I don't get enough time to look after my daughter who is 7 years old now...If I give time to her then it affects my performance at work...What do I do?"*

**Sexual Concerns:** Sexuality is a central aspect of one's being which encompasses sex, gender, identities and roles, sexual orientation, eroticism, pleasure, intimacy

and reproduction. Concerns regarding sex, anatomy, sexual health, sexual behaviour and sexual orientation thus fell under this code.

The most frequent calls were those concerning Sexual Intimacy. Some of the issues in concern with this theme were issues such as:

*“My wife does not show any interest in sex.. It’s been 8 months of our marriage...”*

*“I have had sex with my wife only twice and had pre mature ejaculation during both the times... I have been to a doctor and I am taking Ayurvedic medicines but nothing seems to help...”*

*“I had foreplay with my neighbour who is a married woman. Now I am unable to concentrate and keep thinking of only her... I want to come out of these thoughts...Please help me”*

Issues pertaining to Sexual Orientation, Gender Identity and sexual practices also frequently came up:

*“Is being homosexual good or bad?”*

*“I am homosexual and my parents are trying to get me married. Should I get married? Is it all right? Would there be a problem?”*

*“Since last 6-7 years I don't feel like I am a boy... I like wearing women undergarments. When no one is home I end up doing it. I also tend to go shopping for specific women clothes...”*

*“I have gender identity crisis. I like to dress up as a woman and apply make-up. I am very confused on how do I now go ahead. I have had sex with both the sexes and was comfortable with both...”*

*“I am gay and I like cross dressing. I have a doubt regarding sexual practices though. I am confused whether to indulge in anal sex or not... My partner expects to do a role play where he is dominating me..I am uncomfortable with it.”*

*“I masturbate and then feel really guilty... It is because it is not allowed in my religion...what do I do?”*



*“I masturbate and am worried so need your help...I want to know if there are any side effects of daily masturbation.”*

*“I have a problem of night fall... I get it very frequently and I really want to know how to stop it.”*

*“I keep telling my friend not to masturbate because masturbation spoils one's physique...”*

**Educational Concerns:** Educational Concerns were the fourth most prominent issue seen. Specifically, during the time when the HSC and SSC results were declared, the helpline received a large number of calls from distressed students and their parents on issues ranging from career choice, dissatisfaction over results, and worries about the future such as:

*“I want to study BMS.....My parents don't know about BMS though... In our family it is a compulsion to do engineering.....I don't think I have the confidence...I feel lost”.*

*“Tomorrow is my exam... I am worried... I have done my bit...but I have to revise... the gist comes to my mind... but sometimes I fear what will happen if I forget.. I am very scared”.*

*“I have failed in two subjects...I feel very sad... I don't know what to do....in my 10th board also I failed by just one mark... I even did a re-evaluation....there is no point of a re-evaluation though... I just don't know what to do...”*

*“I just got my HSC results.. I have scored 82% but I feel like I have let my family down and that I am now a huge disappointment...”*

**Mental Health:** In terms of prominence, issues pertaining to mental health where the caller or significant other of the caller sought guidance or counselling for a diagnosed or suspected psychiatric illness also came up quite frequently. Out of the calls coded under the

category of mental health, the most number of cases were for issues of 'Depression'. One such instance was as follows:

*"I have been diagnosed with Depression past 7 years... I do not feel like continuing the medications though.. I am just tired of everything... I don't feel like doing anything anymore..."*

The helpline also received a considerable number of calls from individuals suffering from and caregivers of individuals suffering from schizophrenia:

*"I am suffering from Schizophrenia and have been undergoing the treatment regularly. But I lost my job because of my behaviour and continue facing a lot of problems because of this disorder..."*

Issues revolving around Bi-polar disorder also came up frequently:

*“I am suffering from Bipolar Disorder from the past 9 years and now I am just losing hope. I have achieved a lot but... everything now is so insignificant...Please help me....”*

Other mental illnesses that callers spoke of included Obsessive Compulsive Disorders and Anxiety issues. The code of ‘Others’ was used in those cases where the caller could not explain his/her or the significant others' diagnosis accurately but mentioned that treatment was being/ had been sought.

*“I am having medicines...but I don't know what is wrong with me... I cannot get sleep.. I don't feel like eating anything nor do I go for work...”*

**Referrals Provided:** In quite a few instances, callers requested referrals to external agencies (such as face-to-face counselling facilities, vocational guidance centres etc.), or the counsellors identified a need to refer the

client to an external agency (such as government hospitals, police station, women's organizations etc.). In such cases, the helpline provided referrals to external agencies from the database. Following the policy of iCALL, the primary referral was always made to a government agency or service. It was only if the caller said that the service was not convenient, or did not serve the need, that a private agency was recommended. Referrals to private agencies and individuals were made after ensuring that they would be willing to receive calls referred by the Helpline.

The issues for which referrals were most frequently sought or provided by the counsellor were relationship issues, issues related to mental health and emotional distress. Educational concerns as well as violence against women were also calls that were provided with further referrals. Most often the referrals were provided to counsellors, psychiatrists and counselling centres. This was followed by referrals given for NGOs, hospitals and doctors. In cases of domestic violence and legal matters, referrals were provided to women's organizations and

lawyers. Lastly, in a few cases, callers were also provided with residential de-addiction and rehabilitation centres to help overcome addiction issues. This data is presented in Table 9.

**Table 9: Referrals Provided to the Callers (N=389)**

<b>Referrals Provided</b>	<b>Frequency</b>
Mental Health Professionals	118
NGOs	75
Medical Professionals	61
Legal Referrals	55
Board Result Helplines	11
Old Age Homes	5
Miscellaneous	2
<b>Total</b>	<b>389</b>

## **8 - FEEDBACK FROM CALLERS ON ICALL THE PSYCHOSOCIAL HELPLINE**

1. Caller said, "I'm feeling very relieved speaking to you. This is a TISS initiative that is why it is so good."
2. "iCALL always helps me. I discuss and implement the tips which counsellor gives. Your team is brilliant and please share this message to everyone that you are doing a great job."
3. She was very thankful and said "bahot acchha margadarshan kiya tumhne, abhi mujhe aisa lag raha hai ki mein kar sakti hoon. Dhanyavad."
4. She was thankful and said "I haven't expected this kind of discussion; I thought you will give me reference. Thanks for it."
5. He said, "woh incident ke baad toh mujhe lagta tha mujhe jeena hi nahi chahiye; par abhi lagta hai ki thik hai agar kuch bhi hua toh usko solve bhi karna chahiye, bahot shaant lag raha hai, bahot bahot dhanyavad."
6. Client said thanks and appreciated helpline that and said people like him have support of helpline when they are in problems. He said "May god bless you. And may your helpline grow!"

## **9 - OUTREACH ACTIVITIES**

Apart from the routine activities of receiving calls, iCALL is also active in the community. Various outreach activities have been organised over the past year. The activities planned have been to increase awareness about mental health issues and the possible services that can be accessed for addressing the same. Poster campaigns have been organised in schools and colleges as part of the initial awareness building activity when the helpline was launched. Apart from placing posters in the neighbourhood schools and colleges, workshops on specific themes were organised by the counsellors for schools, hospital, senior citizen groups, and agencies working with children and families. iCALL has its Facebook page, which has helped increase the visibility of the helpline. There is also a Twitter handle for the helpline.

iCALL brings out periodical e-newsletters on topics and themes of interest, as a part of the on-going outreach activity. The newsletters are widely circulated on the



mailing lists of the helpline and TISS to increase awareness about key issues and topics and to identify possible ways of dealing with the same. Newsletters have been prepared on issues such as exam anxiety, tips for parents with young children, suicide awareness and prevention.

Some of the outreach work done over the year is listed below:

- Workshop on stress management for children conducted at the Doctors for You Camp in Govandi, Mumbai.
- Awareness programme at Lioness Club (Mahul) Mumbai
- Workshop for parents of children living in resettlement area of Trombay, Mumbai about nutrition and importance of nutrition for the development of young children. This workshop was done in a balwadi in Trombay that serves the needs of low-income residents of the area.
- Attended and participated in a discussion and public interaction during Mental Health Week

2012, organised by Aasra, Mumbai

- Anger management workshop, followed by individual sessions with children of Vinay English High School, MAHDA Colony, Chembur, Mumbai.
- Workshop on rights of women, for adolescent girls and women at the Cheeta Camp Community Centre, Trombay, Mumbai.
- Participated in “Suicide Survivor’s Day” meet organised by Aasra, Mumbai
- Distributed cards and conducted awareness at the 1<sup>st</sup> Red Bull Soap Box Race, Bandra, Mumbai.
- Awareness building at Peace Walk in Powai, Mumbai.
- Publicity and awareness building at “Bombay Ki Kahani, Mumbai Ki Zubani” event in Mumbai.
- Attended a Forum on Domestic Violence at Savitribai Phule Gender Resource Centre in Parel, Mumbai.
- Presentation on Mental health at HELP library, Fort, Mumbai.
- Presentation on how Helplines address mental health issues at Sententia, the Festival of the

Centre for Human Ecology, TISS, Mumbai.

- Workshop on study habits done with children in Municipal school in Chembur.
- Workshop on relationship concerns of adolescents with adolescent boys and girls from Municipal school in Chembur.
- Anger management workshop at HELP library, Fort, Mumbai.
- Workshop on exam anxiety and how to overcome it with students from Sejal Coaching Classes, Tilak Nagar, Mumbai.
- Workshop at Alcoholics Anonymous Meeting held at Uran, Navi Mumbai.
- Orientation programme for freshman students in TISS Mumbai on stresses and strains of college life, and how to cope with the same.
- Workshop on EQ 101 with Freshman students at IIT Bombay, on Transitioning to University Life.
- Awareness building and publicity carried out at NGO Expo India, 2013, Mumbai.

## **10 - COLLABORATIONS**

During the year, iCALL has entered into collaboration with a number of agencies for providing mental health services.

**Axis Bank:** iCALL has entered into a Memorandum of Understanding with Axis Bank to run a Women's Safety Helpline for the employees of Axis Bank in Mumbai and Delhi, in order to address specific safety concerns for women in crisis situations. 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. The MoU is for a period of one year from May 2012.

**IIT Bombay:** iCALL has entered into an agreement with IIT Bombay to organize preventive mental health programmes for the students of IIT Bombay. The programme entails workshops to be conducted 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. An initial workshop on Transitioning to University Life was done with all freshman students at IIT Bombay. This is followed up with workshops for the mentors to enable them to recognise stressors and other mental health issues, along with methods of handling the same. The agreement with IIT Bombay is for a period of one year from August 2012.

**Madat Trust:** Madat Trust is an NGO in Mumbai which runs a website called [copewithcancer.org](http://copewithcancer.org). Madat Trust approached iCALL to request that psychosocial counselling for cancer patients is extended by iCALL counsellors. The iCALL helpline number is mentioned on the home page of [copewithcancer.org](http://copewithcancer.org) as a service providing counselling assistance. Apart from offering telephonic counselling, it is also proposed that the counsellors of iCALL run support groups on a range of issues for clients referred by Madat Trust.

**Gujarat Government 181 ERS Helpline for Women in Distress:** iCALL is working with the Gujarat Government to develop protocols for the proposed Emergency Response Service Helpline being developed in collaboration with the Gujarat Government, GVK Emergency Management & Research Institute, and Centre for Violence against Women, TISS. iCALL has developed protocols for call flow, and will also be training functionaries of the Helpline.

## **11- THE ROAD AHEAD**

The first year of iCALL has been eventful. The helpline has seen a steady increase in the flow of calls coming in. The issues raised in the calls have required therapeutic inputs from the counsellors. The increase in the number of follow-up calls indicates that callers are using the service for the purpose intended. Thus far, iCALL has been supported by TISS. The collaborations that the Helpline has entered into have succeeded in increasing the visibility and have also provided opportunities for income generation in a modest way. A challenge for iCALL in the future is to become a self-sustaining unit, capable of maintaining itself with minimum support from TISS.

Over the next year it is envisioned that iCALL will extend the hours of service. At inception, the plan was to develop into a 24\*7 service over time. At present, the helpline operates from Monday to Saturday 10.00 a.m. to 10.00 p.m. Over the course of the coming year, iCALL's services will extend to a 24 hour service, 365 days of the year. The

modalities of how to become a service operational round the clock will need to be worked out. The logistics required for such an eventuality needs careful planning and pre-work.

A new advertising campaign is being prepared, using the theme of “I Talk, I Conquer, iCALL”. This campaign signals a shift in the methods used this far for publicity of the helpline. A more focused approach, keeping in mind the key issues and themes that the helpline has worked on so far. The publicity campaign will be done in English and various Indian languages.

Publicity for iCALL so far has been in the English language media. There have been few stories in the vernacular press. Over the next year, efforts will be made to publicise the helpline in the vernacular press. Publicity in other media channels such television will further boost the number of calls.

Apart from telephonic counselling, the services of iCALL will be made available in other electronic means as well.



Plans are underway to offer Skype services for clients who need more sustained counselling. Counselling by email is already available. These services will be extended further.

The counsellors of iCALL will develop and run support groups on a range of issues. These support groups will be organised by iCALL and monitored by CHE. Issues such as dealing with loss, grief counselling, body image, and stress are some of the possible themes for support groups. A project to offer counselling services to clients in the Bandra Family Court is being planned, which includes group work, along with individual sessions, supplemented by the helpline service.

Care of the counsellors is an important concern for iCALL; efforts for continuous on-going training persist. Work is allocated among counsellors to ensure that distribution is fair, with all counsellors being involved in activities such as training, publicity and outreach, and research, extending beyond mere response to calls.

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 will be renewed and strengthened. The learning from these collaborations will be documented for future use and reference.

Further collaborations will be developed by iCALL. Proposals offering the services of the helpline will be sent to corporate houses in the country. This will extend counselling services to employees and families of employees of various companies in India. These efforts will be useful methods of generating revenue for iCALL.

On-going sustained research on the data available at iCALL is imperative. There is a paucity of process and outcome research on counselling in India. The data that is available with iCALL needs to be analysed and

disseminated. Apart from cataloguing the issues for which people are calling in to the helpline, it will also be possible to document the interventions used. It is envisioned that over time an indigenous model of counselling can be developed using the data from iCALL. iCALL's unique position of being a service located within a premier academic institution in the country provides an assurance for quality. There is much that iCALL can contribute to the development of the profession of counselling in India with respect to quality standards, ethics, and eventually an indigenous model for therapy.